

Quality of Life of Women with Physical Disabilities in Bangladesh



By
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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.

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Table of Contents

Contents

Board of Examiners	ii
Statement of Authorship	iii
Acknowledgement	iv
Table of Contents	v
List of Tables	vii
List of Figures	viii
List of Abbreviations	ix
Abstract	x
CHAPTER I: Introduction	1
1.1 Background	1
1.2 Justification of the Study.....	4
1.3 Operational Definition.....	5
CHAPTER II: Literature Review	6
2.1 Quality of Life of Physical Health	7
2.2 Quality of Life of Psychological Health.....	8
2.3 Quality of Life of Social Relationship	10
2.4 Quality of Life of Environmental Health	11
2.5 Education and Employment Factor	13
2.5 Key Gaps	14
CHAPTER III: Methodology	15
3.1 Research Question, Aim and Objective	15
3.1.1 Research Question	15
3.1.2 Aim	15
3.1.3 Objective	15
3.2 Research Design	15
3.3 Study Setting and Period	16
3.3.1 Study Setting	16
3.3.2 Study period	16
3.4 Study Participants.....	16
3.4.1 Study Population	16
3.4.2 Sample Size.....	16
3.4.3 Sampling Technique	17

3.4.4 Inclusion Criteria	17
3.4.5 Exclusion Criteria	17
3.4.6 Participant Recruitment Process	18
3.5 Ethical Consideration	19
3.5.1 Informed consent	19
3.5.2 Unequal relationship	20
3.5.3 Risk and beneficence	20
3.5.4 Confidentiality	20
3.6 Data Collection.....	20
3.6.1 Data Collection Method.....	20
3.6.2 Survey Tool.....	21
3.7 Data Management and Analysis.....	21
3.8 Quality Control and Quality Assurance	22
CHAPTER IV: Results	23
4.1 Socio-demographic Characteristics	23
4.2 Overall Perception of Quality of Life and Overall Perception of Health.....	25
4.3 Quality of Life of Different Domains.....	26
CHAPTER V: Discussion	27
CHAPTER VI: Conclusion	30
6.1 Strength and Limitation.....	30
6.1.1 Strength of the Study	30
6.1.2 Limitation of the Study	30
6.2 Practice Implication.....	31
6.2.1 Recommendation	31
6.3 Conclusion.....	32
List of Reference	33
APPENDICES	38
Appendix A: Ethical Approval.....	38
Appendix B: Information Sheet and Consent Form [English Version]	39
Appendix C: Information Sheet and Consent Form [Bengali Version]	43
Appendix D: Data Collection Tool [English Version]	48
Appendix E: Data Collection Tool [Bengali Version]	51
Appendix F: Supervision Record Sheet	55

List of Tables

Serial number	Name of the table	Page no
Table 1	Socio-demographic characteristics of the participants	23-24
Table 2	Overall perception of quality of life and overall perception of health of the participants	25

List of Figures

Serial number	Name of the Figure	Page no
Figure 1	Quality of life scores of different domains	26

List of Abbreviations

ADL	Activities of Daily Living
BHPI	Bangladesh Health Professions Institute
CDD	Centre for the Disability in Development
CRP	Centre for the Rehabilitation of the Paralysed
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning
IRB	Institutional Review Board
NGO	Non-government organization
JUPF	Jatiyo Protibondhi Unnayan Foundation
KAFO	Knee Ankle Foot Orthosis
PWDs	Person with Disabilities
QoL	Quality of Life
SCI	Spinal Cord Injury
SPSS	Statistical Package for Social Science
WDDF	Women with Disability Developmental Foundation
WHO	World Health Organization

Abstract

Background: Women with physical disability are the important part of our society. In Bangladesh, women with disabilities have historically faced double discrimination because of their disability and their gender. Physical disability affects a person's physical functioning, mobility, physical capacity and also impact on activities of daily living (ADL). Women with physical disabilities experience various barriers due to their disability.

Aim: The aim of the study was to identify the quality of life (QoL) of women with physical disabilities in Bangladesh.

Methods: A cross-sectional study was conducted among 70 women with physical disabilities who were selected by using purposive sampling technique. The WHOQOL-Bref, a 26 items questionnaire was used to assess the QoL of women with physical disabilities in physical, psychological, social and environmental health domain. Descriptive statistics analysis was done by using SPSS version 20.0.

Results: The age range of the participants was 20-77 years. Most of the participants were homemaker (57.1%) and 81.4% of them used different types of assistive devices. It was found that overall perception of QoL (2.94%) was better rather than overall perception of health condition (2.84%). Additionally, the scores of physical, psychological, social and environmental health domains were 21, 17, 10 and 24 respectively.

Conclusions: The QoL of women with physical disabilities show that environmental health was better than the other domains and the social relationship had the least score. This suggests that, to ensure better QoL for women with physical disabilities changing the attitude of the society is very important.

Key words: Women, Quality of Life, QoL, Disability, Physical disability.

CHAPTER I: Introduction

1.1 Background

Physical disability is a substantial and long-term condition that affects any part of a person's body and impairs and limits physical functioning and affects a person's mobility, physical capacity, stamina, or dexterity. It also, impacts on activities of daily living such as walking, grooming, bathing, toileting, eating, and brushing and decreases the ability to complete the work. Physical disabilities can occur in two ways- by born or acquiring it due to an accident, injury, side effect of a medical condition, etc. (Berg, 2020; Clause, 2021).

Women with physical disabilities are a part of our society. A physical disability does not necessarily stop a woman from performing a specific task but makes them more challenging, as getting dressed or difficulty gripping and carrying things (Berg, 2020).

A total of one billion people or 15% of the world's population experience some form of disability, and 2-4% of them experience severe difficulties in functioning. The global disability prevalence rate is around 10% (World Health Organization, 2011).

World Bank suggests that, in general, disability rate is higher among women than men. However, the evidence lacks information on the global rate of women with physical disabilities (The World Bank, 2021).

Marchildon (2018) stated that, disability prevalence is higher in developing countries.

An estimated 80% of Person with Disabilities (PWDs) live in developing countries.

Disability is a leading economic and social phenomenon in Bangladesh which is also listed as one of the developing countries. There is an estimated 16 million or 10% of the total populations have a disability and more than half of them are female

(Cdd.org.bd.). According to the Household Income and Expenditure Survey 2016, among the total population of Bangladesh, the disability rate of the male population is (6.27%) and female population is (7.59%). In the rural area, the disability rate of the male population is (6.53%) and the female population is (8.0%). In the urban area, the disability rate of the male population is (5.57%) and the female population is (6.5%). The data shows that, in Bangladesh, disability prevalence is higher among women than men which was also mentioned in other literature (Rahman, 2017). In Bangladesh, PWDs faces unjustified discrimination in society. They are also excluded from education and employment opportunities. They are neglected in the family as well as the community (crpd-report, 2015).

Evidence highlights that, women with physical disabilities face countless barriers in the developing countries due to gender inequality. Disability and poverty are linked because disability can increase the possibility of poverty and poverty can increase the risk of disability. Developing a disability could have social and economic impacts that lead to barriers to education and employment as well as earnings, which can therefore lead to poverty. On the other hand, poverty can result in disability because poor people cannot access good health care, good food, or secure living conditions, which can all result in disabilities. Accessibility is a significant barrier for people with physical disabilities (Marchildon, 2018).

In Bangladesh, women with physical disabilities are more vulnerable. The main causes for disabilities are maltreatment, superstition, and poverty. Society people neglect them, and they do not get any positive attitude from the society. Women with disabilities have comparatively less scope for education and employment. They also have seen as family burden (Islam & Rahman, 2014). Women with disabilities have comparatively limited opportunities to establish marital relationship than men. They

also faces many difficulties to perform household chores (Hosain et al., 2002).

Women with disabilities have historically faced double discrimination because of their disability and their gender also they have experienced discrimination in many settings, including education facilities, employment facilities, health care facilities, barrier to marriage, low priority in society, exclusion from community activities and cultural inclusion (Quinn et al., 2016).

Although there are some researches on QoL of PWDs in different county, compare with that there are limited researches on QoL of PWDs in Bangladesh. Moreover, to the student investigator's knowledge there is only one qualitative study was conducted in a particular district of Bangladesh about situation of women with physical disabilities. Nevertheless, women with physical disabilities need more attention in Bangladesh. Therefore, this research explored the QoL of women with physical disabilities in Bangladesh. In this study, student investigator finds out how disability affects the physical, psychological, social and environmental health domain and how their quality of life changes after disability. This study added the new information about women with physical disabilities and their QoL. This study will play an important role later when working for women with physical disability in Bangladesh in an increased knowledge base.

1.2 Justification of the Study

QoL is an important issue that gives information about a person's lifestyle in any situation or environment. PWDs are viewed negatively by their society most of the time and sometimes they get disappointed about their disability (Hosain et al., 2002). Various disability service centre, government, and non-government organisation (NGO) will be benefited from this study because from this study they will find out what kind of problem women with physical disabilities are most commonly facing in Bangladesh. When they identify the problem then they will be able to provide standard service for women with physical disabilities as well as can advocate to remove the barriers for women with physical disabilities to enhance participation. This study is also very important for the occupational therapy profession because as a health care professional occupational therapists work with women with disabilities and this study result could be helpful to provide them a quality service. When occupational therapists as well as other health care professionals will work with women with physical disabilities, this information will act as evidence to provide multidisciplinary health care services for women with physical disabilities. This study is also important for the researchers because they will be able to get familiar with the updated information and current knowledge about the QoL of women with physical disabilities. If any researcher can do further research about this topic, then this research creates additional knowledge.

1.3 Operational Definition

Quality of Life: QoL has been defined by the World Health Organisation (WHO) Quality of Life Group as “an individual’s perception in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns” (World Health Organization, 1996).

Disability: According to The International Classification of Functioning Disability and Health (ICF), “Disability is seen as a result of an interaction between a person (with a health condition) and that person's contextual factors (environmental factors and personal factors). Disability also denotes impairments in body functions and structures, activity limitation and participation restriction” (World Health Organization, 2001).

Physical disability: According to Persons with Disabilities Rights and Protection Act in Bangladesh, “Physical disability refers to a person who does not have one or both hands or legs, or is partly or fully paralyzed in hand or leg function and/or cannot balance themselves without support” (Women with Disability Development Foundation).

CHAPTER II: Literature Review

This literature review chapter is an overview of a few articles that highlight the QoL of a person with physical disabilities including women. This literature review chapter also portrays the evidence of overview of people, especially women with physical disabilities in a few domains, such as physical health, psychological health, social relationship, environmental health, and education and employment factor.

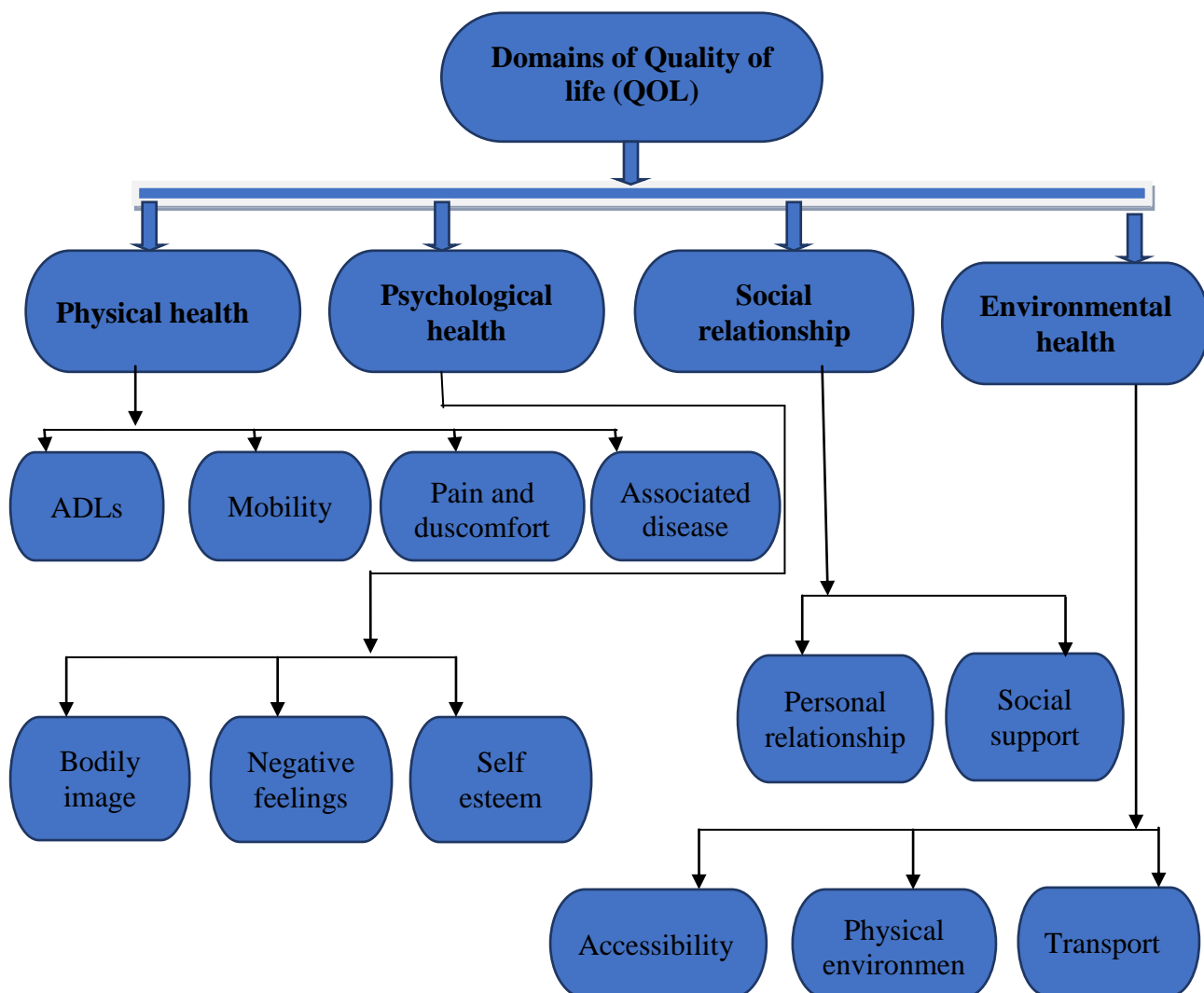


Fig: Overview of literature review

2.1 Quality of Life of Physical Health

Physical health is the well-being of the body and the proper functioning organism of individuals and the ability to perform daily tasks and live comfortably in one's body.

Physical health includes activities of daily living, mobility, pain and discomfort, associated disease etc which is found in the existing literature. (Nishat, 2021).

A cross-sectional study was conducted in south-east Poland to assess the QoL and the level of disability of the oldest people. The sample consisted of 498 community people whose age 80 years and over (Ćwirlej-Sozańska et al., 2020). Another cross-sectional study was conducted in Udupi Taluk, India aimed is to assess the QoL among persons with physical disabilities and the impact of physical disability on ADL. Total 130 participants were selected for this study by using the convenience sampling technique and the age range of the participant was 18-76 years (Kuvalekar et al., 2015). Both the study found that the participants faced challenges in some necessary activities such as mobility, transfer and stair climbing due to their physical disability (Ćwirlej-Sozańska et al., 2020; Kuvalekar et al., 2015). Ćwirlej-Sozańska et al., (2020) also emphasised that the PWDs faces high level of barriers in ADL and participation.

Gobbens (2018) determines the association between ADLs and IADLs disability items and quality of life through a cross-sectional study. The sample consisted of 377 Dutch people who were 75 years or older. The author showed that person with physical disabilities faces difficulties to do their everyday activities. Ordinarily, it should be marked that the percentages of the IADL disability items are higher than the percentages of the ADL disability item. The author also showed that disability have the greatest impact on QoL of older people and ADLs and IADLs is negatively associated with QoL because they faces difficulty in performing activities that is

necessary for independent living (Gobbens, 2018). Similarly, previous authors found that the most of the participants has problem in ADL. Almost half (43.8%) of the respondents required minor help in their ADL and some (13.1%) of the respondents required major help in their ADL (Kuvalekar et al., 2015).

Another cross-sectional study was conducted nearby Uttar Pradesh, India where the participants are only polio survivors. The age range of the participants was 18-32 years. The author found that the participant faces many problems in mobility and used assistive devices. Majority of the participants of them used a wheelchair and the rest used tricycle, crutches, motor two wheelers etc. for their mobility (Ganesh et al., 2020). Similarly, previous author showed that the mobility of PWDs affected their necessary activities and found that around 4% of participants were immobile, while 10.8% needed a wheelchair and 36.9% needed the help of a person for walking (Kuvalekar et al., 2015).

Ćwirlej-Sozańska et al., (2020) found that significantly lower QoL present in people who have other chronic diseases such as coronary heart disease, Osteoarthritis of the joints and or spine, Spinal pain syndrome, Obstructive pulmonary diseases, Urinary incontinence, Diabetes, Osteoporosis, Rheumatic disease, hypertension, depression etc. The another author showed that the participants had associated disease except physical disabilities such as hypertension, diabetes, and asthma that also indicates lower QoL (Kuvalekar et al., 2015).

2.2 Quality of Life of Psychological Health

Psychological health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Also psychological health includes bodily image and appearance, negative feelings, Positive feelings, Self-esteem, Personal

beliefs etc which is found in the following literature. (Centers for the Disease Control Prevention, 2021).

A qualitative study was conducted in the Satkhira district, Bangladesh to know the situation of women with physical disabilities at rural area in Bangladesh. The sample consisted of eight women with physical disabilities whose age range 18-60 years. The author found that psychological condition was weak among women with physical disabilities (Islam & Rahman, 2014). Another study also supported this findings. It showed that quality of life was poor among respondents in the psychological health domain as compared to the physical health, social relationship and environmental health domains (Kuvalekar et al., 2015).

This study also found that the participants have negative feelings, and they also have a lot of dilemmas about the bodily image, spirituality, self-esteem, etc. They have also problem because of their physical appearance, which restrains from their participation in social gatherings and family functions (Kuvalekar et al., 2015). Similarly, another study found that the participants also have negative feelings about their condition. They feel shy in public places, like- School, college, market, etc. Due to their physical condition, they could not do their necessary work for this reason. They got humiliated by their family members. So, all time they are psychologically weak. This study has some limitations. Authors told that this study was carried out in a district area in Bangladesh. Author recommended that further study can be conducted in another rural area of Bangladesh. They also recommended that to undertake further study on all kinds of PWDs should be included (Islam & Rahman, 2014).

Hosain et al., (2002) conducted a mixed study in two villages under Jessore district of Bangladesh. The age range of the participants was 5-30 years. In this study, the author collected data through house-to-house survey. The author found that women with

physical disabilities and girl children suffered more from negative attitudes than males, resulting in critical adverse effects on their psychological health. Another author stated that psychosocial condition is a vital factor for all. Women with physical disabilities want to communicate with community people without any social barriers as a member of society. In this regard, they are very optimistic, but they do not get a proper response from the community. They also faces negative attitudes from the community (Islam & Rahman, 2014).

2.3 Quality of Life of Social Relationship

A social relationship refers to the connection that exists between two or more individuals and is a building block of society. Social relationships are composed of both positive and negative interactions and representing opposing effects as well as social relationship includes personal relationship, social support etc which is found in the following literature (Social Science, 2021).

Disability had negative effect on QoL as well as social relationship of the respondent. Kuvalekar et al., (2015) found that Physical disability affects the social participation and marriage of the respondent. Similarly, two Bangladeshi studies showed the similar findings that women with physical disabilities face many barriers to their marriage as well as disability had operative devastating effect on the marriage prospects. Especially, women with physical disabilities suffers more such as they cannot marry or divorce (Hosain et al., 2002; Islam & Rahman, 2014). Where one author also found that sometimes women with physical disabilities stay in a bad marriage for fear of losing custody of their children (Islam & Rahman, 2014).

Islam & Rahman, (2014) found that both the poor and non-poor are affected by disability. But those who are already in a vulnerable position and those financial conditions are worse they suffered much more. For those who are already in a

vulnerable position, any type of social, economic, or environmental shock hits harder them. Also, disability increases dependence, not only among children and the elderly but also adults who are of working age. Women with physical disabilities depending on their family person to complete their work for this reason they are seen as a family burden, and everyone thinks that they cannot achieve anything. Even family members do not show a positive attitude towards them. They never get equal rights like their other siblings. A few of them get some honor from their family but is not equal. Though as a human being they have equal rights to their family but for having disability, they are counted as the family burden (Islam & Rahman, 2014). On the other hand, another a qualitative study was conducted in Bangladesh including 15 women who had either spinal cord injury or amputation that aimed to define the current barriers and facilitators to socio-economic inclusion for women with a physical disability living in the community in Bangladesh. The authors found that women with physical disabilities faces negative social attitude and does not get strong support from their family. Also women with physical disabilities are excluded from different community activities and social support (Quinn et al., 2016).

2.4 Quality of Life of Environmental Health

Environmental factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Environmental health includes accessibility and quality, financial resources, physical health, transport etc which is found in the existing literature. (Australian Government, 2015).

A quantitative study was conducted through self-reported survey questionnaires and analysed differences in experienced environmental barriers between individuals with and without disability. Data were collected from different sites in South Africa, Sudan Malawi, and Namibia. The authors found that both person with and without

disabilities faces environmental barriers such as- transportation, the natural environment, and accessing health care services. But PWDs faces more severe environmental barriers. The PWDs faces many difficulties for their environment barrier, like- accessible bus is not available, asymmetrical roads, accessible buildings are not available in public places, muddy road in rainy season, etc. Many times PWDs cannot receive health care services properly because of- lack of transportation and the inaccessibility of natural environment, in combination with distances and general poverty, and limited health care services in poorer contexts, etc. (Visagie et al., 2017). On the other hand, a qualitative study was conducted in different areas of Dhaka city aimed to assess the accessibility in built environment of women with physical disabilities in Bangladesh. The study consists of 50 women with physical disabilities who were selected randomly. The author found Bangladesh has lack of accessible transportation. As a result, women with disabilities face difficulty for transport uses. Additionally, accessible public institution rate is unavailable for women with disabilities. Only 10% of the public institution have a ramp but the only ramp is not sufficient for creating independence of women with physical disabilities(Akter & Rahman, 2019). Similarly, the another author found that most women reported difficulty in accessing public places due to inaccessibility of transport and public buildings (Quinn et al., 2016).

2.5 Education and Employment Factor

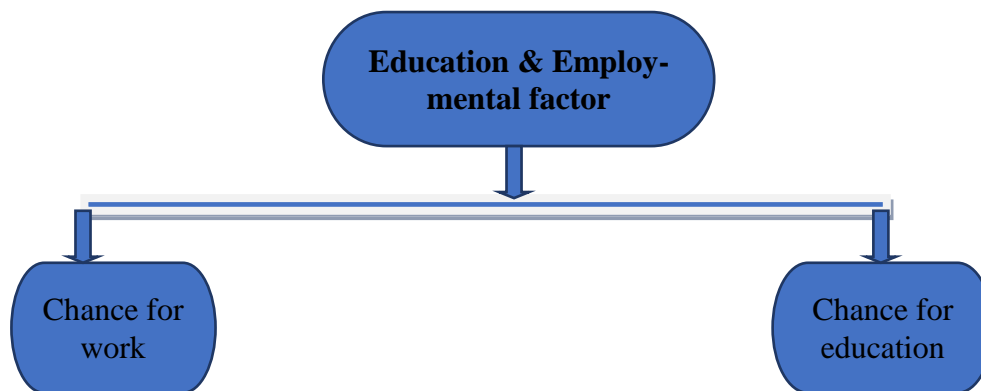


Fig: Overview of education and employment factor

Education and employment are an important indicator to determine the socio-economic status for PWDs. This can be an important factor that affecting QoL and health (Barišin et al., 2011; Islam & Rahman, 2014).

In Bangladesh, one study was conducted on both male and female and the authors showed that the working person with disabilities were earning much less than a person without disabilities and some of them were even dismissed from their jobs because of their disability. Also disability has markedly reduced the possibility of education and employment (Hosain et al., 2002). Contrariwise, two studies were conducted only among women where one study included 318 women with disabilities, 160 of whom were employed and 158 were unemployed and the authors found that unemployed women with disabilities had a lower self-assessed health related QoL and a significantly lower self-assessed overall QoL than employed women. Education level or relationship status also may have an impact on their QoL (Barišin et al., 2011). Another study found that only a few women with physical disabilities get the chance to be educated. Firstly, their families send them to primary school but the further maximum of them do not get any chance to admit in the secondary school, and

about 10% of them get chance for education. So, they have less scope for education (Islam & Rahman, 2014).

2.5 Key Gaps

- There was a lack of literature about the quality of life of women with physical disabilities in Bangladesh.
- There were a lot of studies regarding Persons with physical disabilities and their QoL in other countries but specifically women with disabilities QoL were not enough explored.
- In some study there were no clear information about ethical clearance and no clear information about how to reduce bias.

CHAPTER III: Methodology

3.1 Research Question, Aim and Objective

3.1.1 Research Question

How is the QoL of women with physical disabilities?

3.1.2 Aim

The aim of the study was to identify the quality of life of women with physical disabilities in Bangladesh.

3.1.3 Objective

- To find out overall perception of health and overall perception of QoL of women with physical disabilities.
- To find out the QoL related to physical health of women with physical disabilities.
- To find out the QoL related to psychological health of women with physical disabilities.
- To find out the QoL related to social relations of women with physical disabilities.
- To find out the QoL related to environmental health of women with physical disabilities.

3.2 Research Design

The cross-sectional approach of quantitative design was selected for this study to explore the QoL of women with physical disabilities. Student investigator found out the percentages of different variable related to the QoL of women with physical

disabilities and collected the data at a specific point of time. As the student investigator collected the quantity of responses and numerical data; analyzed the data, so it was the most suitable study design for this study (Madisha, 2018). The student investigator also chose this method because of the specific population group of the study, i.e. women with physical disabilities are selected at a specific period of time (Cherry, 2019).

3.3 Study Setting and Period

3.3.1 Study Setting

The data were collected from some disability service centre within and nearby Dhaka district. Such as, Centre for the Rehabilitation of the Paralyzed (CRP), Savar; CRP Manikgonj; CRP Mirpur; CRP Ganakbari; Jatiyo Protibondhi Unnayan Foundation (JPUF), Mirpur; Women with Disability Development Foundation (WDDF); and Centre for the Disability in Development (CDD), Savar.

3.3.2 Study period

The period of this study was from April 2021 to February 2022.

3.4 Study Participants

3.4.1 Study Population

Study population was the women with physical disabilities above 18 years who have congenital or acquired physical disabilities.

3.4.2 Sample Size

$$N = \frac{Z^2 \cdot pq}{d^2}$$

$$= \frac{Z^2 \times p(1-p)}{d^2}$$

N= Sample size

Z = the standard normal deviated usually set at 1.96 which correspondent to 95%

p = 50% = 0.5

q = (1-p) = 0.5

d = 0.05 degree of accuracy required

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

$$= 384$$

As it was pandemic situation and student investigator had only 1 month for data collection, it was quite difficult to reach this large number (n=384) of sample size. That is why investigator selected 70 participants.

3.4.3 Sampling Technique

Purposive sampling technique was followed to collecting the sample of the study. It is one kind of non-probability sampling also known as judgmental, selective, or subjective sampling. Purposive sampling helped student investigator to reach the selected sample which mainly fulfils the requirement of the study and related to the objective of the study. This sampling is usually based on characteristics of a population for this reason, a specific population was selected for this study i.e., women with physical disabilities. Additionally, the participants were selected based on some inclusion and exclusion criteria. So that, student investigator selects purposive sampling technique for this study (Crossman, 2020).

3.4.4 Inclusion Criteria

Investigator included participants for this study who had following characteristics.

The inclusion criteria were:

- Women with congenital and acquired physical disability.
- Age: participants aged over 18 years.

3.4.5 Exclusion Criteria

Women with physical disability were excluded from the study who had following criteria:

- Women with physical disability who had speech impairment that restricted meaningful communication.

3.4.6 Participant Recruitment Process

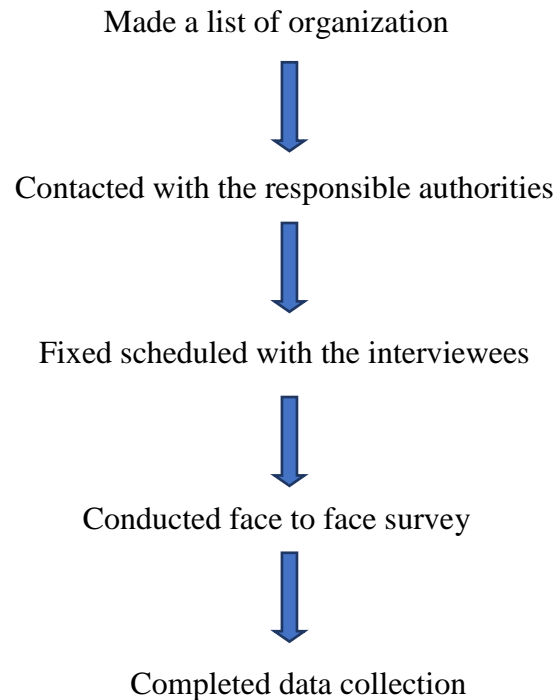


Fig: Overview of Participant Recruitment Process

At first, the student investigator selects some disability service center within and nearby Dhaka district and listed the name and location of the organization as well as find out the name and contact number of the responsible authorities from different sources. Then student investigator contacted with the responsible authorities by face-to-face and over the telephone and took permission for data collection. At the same time student investigator also took information that how many participants can be reached from their organization. After that, student investigator fixed a date and time with the participants according to their availability. The student investigator then collected data through face-to-face survey with the participants in the pre-scheduled

time and completed the data collection process.

3.5 Ethical Consideration

Before conducting the study, the ethical clearance number (CRP/BHPI/IRB/11/2021/522) has been sought from the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) by explaining the study purpose (see Appendix A for Ethical Approval). After getting permission student investigator was starting the research work. Student investigator also took permission for using the Bengali version of WHOQOL-Bref questionnaire from the responsible author who is already completed research on the validity and reliability of the Bengali version of WHOQOL-Bref on an adolescent population in Bangladesh (Izutsu et al., 2005). (See Appendix E for Bengali version of WHOQOL-Bref questionnaire).

3.5.1 Informed consent

To collect data, at first participants' need to be informed about the study. Student investigator gave an information sheet to every participant that included all the information about the research and clearly stating the aim and objective to the participants. If participants' have any question about the study purpose, student investigator answered the participants question properly. Those who willingly participate in this study they must give their consent by signing the consent form. Then their data have been taken. Withdrawal form has been attached with the information sheet, and participants were informed that they can withdraw their participation before data analysis (see Appendix B and C for English and Bengali version of information sheet and consent form).

3.5.2 Unequal relationship

The student investigator did not have an unequal or power relationship with the participants.

3.5.3 Risk and beneficence

There was no risk or benefit involved in this study.

3.5.4 Confidentiality

The information provided by the participants will be confidential. It will be used anonymously for education, discussion with the supervisor or publication purpose.

3.6 Data Collection

3.6.1 Data Collection Method

Student investigator collected data through face-to-face survey with a structured interview questionnaire. The interview questionnaire includes some socio-demographic information and Bengali version of WHOQOL-Bref questionnaire. Face-to-face survey has been used in this study because it is the most important and popular data collection method that helps with more accurate screening and the respondent is more likely to give their full attention and the interviewer get the quality of response. Also, face-to-face survey can capture the participant's emotion and verbal and non-verbal behavior. Through face-to-face survey the student investigator kept the participants focused on the interview (DeFranzo; Marshall, 2016). The student investigator took 70 data through face-to-face survey and each interview generally took 15 to 20 minute time. In the interview time the student investigator has explained the question in the local language to facilitate the understanding of the participants.

3.6.2 Survey Tool

The student investigator used WHOQOL- Bref questionnaire (short version of WHOQOL-100) for data collection (see Appendix D and E for Bengali and English version of WHOQOL-Bref questionnaire). It comprises 26 questions that contain two items about the overall quality of life and the general health, and the 24 items contains four domain: Physical health with 7 items, Psychological health with 6 items, Social relationship with 3 items and Environmental health with 8 items. Each item of WHOQOL- Bref is scored from 1-5. The mean score of each item is needed to calculate the domain score. When we calculate all domain scores by simple algebraic sum then we can find the raw score. The raw score is very essential because the raw score highlights the domain's findings. After getting the raw score, converting the raw scores in to transformed score. The first transformation method converts scores to range between 4-20, comparable with the WHOQOL-100 and the second transformation method converts domain scores to a 0-100 scale according to guidelines. Domain scores are scaled in a positive direction (i.e., higher scores denote higher quality of life) (see Appendix D and E for Bengali and English version of WHOQOL-Bref questionnaire). Socio-demographic information sheet also used along with WHOQOL-Bref questionnaire (see Appendix D and E for Bengali and English version of socio-demographic information). The socio-demographic information include age, area of residence, educational level, marital status, job type, family type, types of assistive devices and caused behind the participants disability.

3.7 Data Management and Analysis

The data were entered into the Statistical Package for Social Science (SPSS) version 20.0. After data entry the student investigator recode three questions for transforming negatively framed questions to positively framed questions according to scale

instruction. After that, calculate all four domain score according to the scales instruction. Then the data were analyzed through descriptive statistics analysis. Descriptive statistics are those that describe, organize, and summarize the data and include think as frequencies, percentages, and description of central tendency and descriptive of relative relation. All the findings were described in bar and tables which were easily understandable for reader.

3.8 Quality Control and Quality Assurance

Quality control was ensured following the data management cycle. Student investigator focused on the measures that can be taken during data collection. Information gathering is the important part of data life cycle. Firstly, student investigator gathered information properly. After taking all the data then data entry process was completed properly. Quality control and quality assurance prevent errors and ensured the quality of data before it was entered, analysed, and maintaining the quality of data throughout the study. Student investigator randomly monitored some data to make sure there was no mistake in data entry. After that the data analysis process completed according to scale instruction and supervisor guideline. The student investigator took the responsibilities for the transparency of the study. And maintained proper documentation and used all the documentation according to supervisor guideline. Student investigator stored the study documents with proper responsibility (Stobierski, 2021).

CHAPTER IV: Results

This chapter includes the socio-demographic information, the overall perception of QoL and overall perception of health of the participants, QoL domain score (physical health, psychological health, social relationship, and environmental health) of the respondent and its findings.

4.1 Socio-demographic Characteristics

Table 1 Socio-demographic characteristics of the participants

Variable	Category	Frequency(n=70)	Percent (%)
Age	Age in years		Mean age 38.06 (SD ±13.783)
Area of residence	Rural	29	41.4%
	Urban	41	58.6%
Educational level	Primary school	14	20.0%
	Secondary school	20	28.6%
	Higher Secondary school	13	18.6%
	Tertiary	17	24.3%
	Signature only	6	8.6%
Marital status	Single	18	25.7%
	Separated	4	5.7%
	Married	38	54.3%
	Divorced	4	5.7%
	Widowed	6	8.6%
Job type	Paid	30	42.9%
	Homemaker	40	57.1%
Family income	Monthly		Mean income 24181.43 (SD ±30965.943)
Type of assistive device	Wheelchair	43	61.4%
	Crutch	11	15.7%
	Modified shoe	1	1.4%
	KAFO	1	1.4%
	Walking frame	2	2.9%
Caused behind the participant's disability	Stroke	15	21.4%
	SCI	14	20.0%
	GBS	5	7.1%
	Polio	11	15.7%

Amputation	10	14.3%
PLID with nerve compression	3	4.3%
Adult CP	1	1.4%
Short limb	5	7.1%
Bone deformity	1	1.4%
Burn	1	1.4%
Transverse myelitis	1	1.4%
Myopathy	2	2.9%
Spina bifida	1	1.4%

Table 1 showed the participants' age, area of residence, educational level, marital status, job type, family income, types of assistive devices and causes of disability. The total number of participants of the study was (n=70). The mean age of the participants was 38 years with SD ± 13.783 , minimum and maximum age of the participants was 20-77 years. Maximum participants (n=41) lived in urban area 58.6 % and the rest (41.4%) lived in rural area. The findings showed that most of the participants (57.1%, n=40) were homemaker and other participants (42.9%, n=30) were in a paid job and the mean family income of the participants was BDT 24,181 monthly.

Table 1 also showed that maximum participants (81.4%) used the assistive device. Among them most of the participants (61.4%) used wheelchair and a little number of participants (1.4%) used modified shoe, 1.4% (n=1) used Knee Ankle Foot Orthosis (KAFO).

4.2 Overall Perception of Quality of Life and Overall Perception of Health

Table 2 Overall perception of QoL and overall perception of health of the participants

Variable	Category	Frequency (n=70)	Percent (%)	QoL score
Overall perception of quality of life	Very poor	2	2.9%	2.94
	Poor	19	27.1%	
	Neither poor nor good	30	42.9%	
	Good	19	27.1%	
	Very good	0	0%	
Overall perception of health	Very dissatisfied	2	2.9%	2.84
	Dissatisfied	28	40.0%	
	Neither satisfied nor dissatisfied	20	28.6%	
	Satisfied	19	27.1%	
	Very satisfied	1	1.4%	

Table 2 showed the findings of Overall perception of QoL and overall perception of health. Among all of the participants Maximum participants' (42.9%) overall perception of QoL was neither poor nor good and minimum participants' (2.9%) overall perception of QoL was very poor. On the other hand the maximum participants' (40.0%) overall perception of health was dissatisfied and the minimum (1.4%) participants' overall perception of health was very satisfied. The mean score of the overall perception of QoL was 2.94 and the mean score of the overall perception of health was 2.84. According to WHOQOL-Bref scale instruction the higher scores denote the higher QoL. So, in summary, the overall perception of QoL was better than overall perception of health.

4.3 Quality of Life of Different Domains

Figure 1 QoL scores of different domains

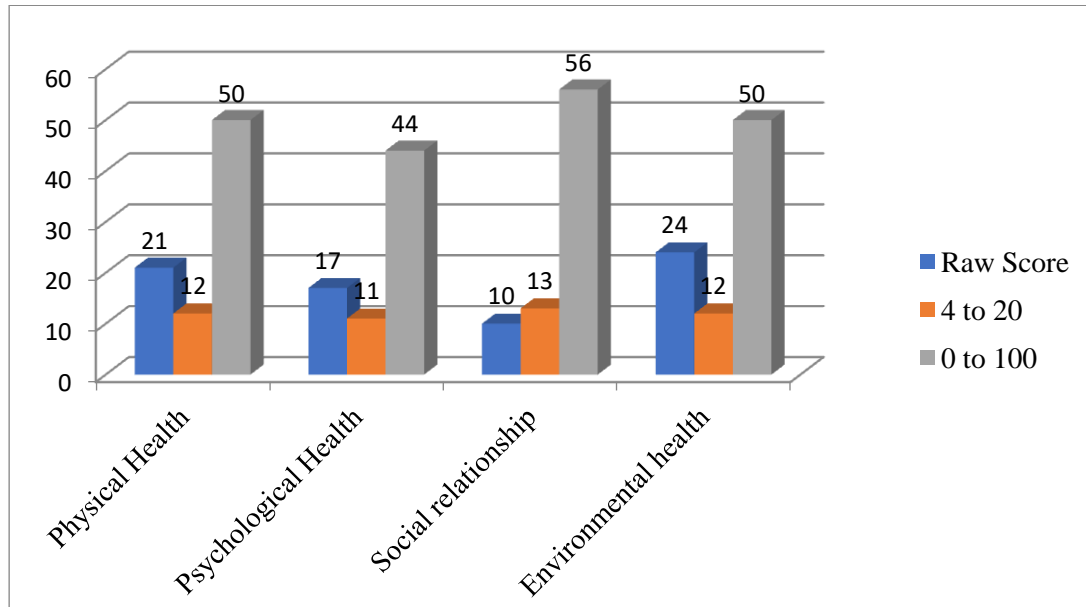


Figure 1 showed the findings of the physical health domain, psychological health domain, social relationship domain and environmental health domain. Student investigator only showed the raw score according to WHOQOL-Bref scale instruction. By this raw score, it can be understood what the findings of the domain are as well as easily find out which domain have the higher score and which domain have the lower score. In Figure 1, blue colored column showed the raw score of the participants. The raw score of the physical health domain was 21, the psychological health domain was 17, the social relationship domain was 10 and the environmental health domain was 24. The findings show that the environmental health domain has the maximum score, and the social relationship domain has the minimum raw score. According to WHOQOL- Bref scale instruction the higher scores denote the higher quality of life. So, within all four domains the highest QoL was found in the domain of environmental health and the lowest QoL was found in the domain of social relations.

CHAPTER V: Discussion

The aim of the study was to identify the QoL of women with physical disabilities in Bangladesh. This study shows that maximum participants completed their primary (20.0%) and secondary (28.6%) education, and the minimum participants perform signature only (8.6%). A literature showed that most of the participants were completed their secondary education (Barišin et al., 2011). Another study showed that maximum participants were found to have primary education (46.9%) also a majority of the participants were illiterate (26.6%). In Bangladesh, only a few (10%) women with physical disabilities get the chance to be educated (Islam & Rahman, 2014). The majority of participants of the current study used mobility aids (81.4%) where wheelchair users were the most (61.4%). Another study showed that the majority of the participants require major (13.1%) and minor (43.8%) help in their daily living activities. While 10.8% needed a wheelchair and 36.9% needed help from others for walking and some participants are immobile (Kuvalekar et al., 2015). In the other study, where the participants are only polio survivors majority of the participants of them used a wheelchair (Ganesh et al., 2020). The study findings show many reasons behind the participant's disability majority of the participants had a stroke (21.4%) and Spinal Cord Injury (SCI) (20.0%). The previous study showed most of the participants 36.15% had a congenital disability and 26.2% of respondents had post-polio residual paralysis (PPRP). The other two causes were respectively stroke and accident (Kuvalekar et al., 2015).

The study findings show the QoL domain score of the respondent where the environmental health domain score was highest, and the lowest QoL domain score found in the social relationship domain. The QoL was found poor in the psychological

health domain and height in the social relationship domain as compared to the physical and environmental health domains of the respondent (Kuvalekar et al., 2015). Another researcher found the lowest QoL in the physical health domain and the height in the social relationship domain (Ćwirlej-Sozańska et al., 2020). Unemployed women had lower quality of life domain scores than employed women (Barišin et al., 2011). These results are not similar to the current study because these researches are conducted in different country and their culture and socio-economic condition are different. In Bangladesh, women with physical disabilities face many difficulties for their disability. In our society PWDs are treated differently from person without disabilities and people show sympathy to them which makes them feel embarrassed (Hosain et al., 2002). Women with physical disabilities face negligence from society and even from their families (Islam & Rahman, 2014).

The PWDs faces many difficulties for their environmental barrier. The reasons behind this accessible bus is not available, asymmetrical roads, accessible buildings are not available in public places, muddy road in the rainy season (Visagie et al., 2017). Women with disabilities face a similar environmental barrier in Bangladesh. They face difficulty for transport uses because of lack of accessible transportation in Bangladesh. Only 10% of the public institution have a ramp but only ramp is not sufficient for creating accessibility for PWDs (Akter & Rahman, 2019). Another author found that most women reported difficulty in accessing public places due to inaccessibility of transport and public buildings (Quinn et al., 2016). According to the current study findings, environmental health condition is relatively good as compared to the other domain. But the student investigator reviewed different literature and found that the environmental context is not good in Bangladesh. A possible cause of this inconsistent result is the student investigator collected data from the different

disability service centers and the environment of the disability service center is accessible for PWDs. The participants who came to the disability service center for treatment purposes, maximum of them stayed there for two weeks or more time before data collection. A big number of participants are doing their job in these centers and stay within there. According to WHOQOL-Bref scale instruction, all participants have answered the question about their immediate last two weeks' feelings and experience before data collection. For this reason, the student investigator did not get the actual findings of the environmental health domain according to the Bangladeshi semiotic.

CHAPTER VI: Conclusion

6.1 Strength and Limitation

6.1.1 Strength of the Study

The strength of this study was:

- This study added the current knowledge about women with physical disabilities and their QoL.
- As data was collected from different disability service center so there was much variation in socio-demographic background of the participants.
- The Bengali version of the WHOQOL-Bref tool is already validate. Since it is culturally validated tool, so there was no need to change the question for data collection.

6.1.2 Limitation of the Study

The limitations of the study were:

- The study sample was collected from some disability service centers within and nearby Dhaka district which restricted the generalisability of the findings.
- This study was conducted with a small sample size, (n=70) which was not enough to generalise the study findings.
- The student investigator got only four weeks' time for data collection that was very limited for the student investigator.
- The participants did not represent any specific community. Their data was taken from different disability service centers which was not their actual community.

6.2 Practice Implication

Occupational Therapist and other practitioner who are working for women with physical disabilities must advocate for helping women to find their voice to ensure the rights of women with physical disabilities and get rid of discrimination in the society. The professionals also arrange awareness program in the local community of the women with physical disabilities for dispel misconceptions and stereotypes surrounding PWDs. Also, the attitude and behavior of the community people become more positive and impactful through the awareness program.

Occupational therapy promotes health and well-being for PWDs as well as women with physical disabilities. Depending on the present condition of the women with physical disabilities and their QoL occupational therapist enhance their abilities to participate and engage in ADL and makes it possible to enjoy independent living as well as provide specialized service for women with physical disabilities.

6.2.1 Recommendation

Some recommendations for the further researcher are:

- This was an undergraduate study and time was very limited. So, it was hard for the student investigator to include a big number of participants. So further study is recommended with a bigger sample size.
- It is recommended to undertake further study that might be shown the association between socio-demographic factors and domains of QoL.
- All kinds of PWDs should be included in the further study.

6.3 Conclusion

The purpose of the study was to identify the QoL of women with physical disabilities in Bangladesh. To ensure a better QoL for women with physical disabilities changing the attitude of the society towards PWDs is very important. In our society, PWDs are treated differently from person without disabilities. It is very important to create awareness in the society about the disability issues. The result shows that the overall perception of QoL is relatively better as compared to the overall perception of health. For better QoL, it is important to remain a good score in all four domains. The maximum amount of the participants used assistive devices and they face difficulties in mobility, transfer, and their ADLs. Most of the participants in this study are educated who are in a paid job they have better education also better QoL than others.

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APPENDICES

Appendix A: Ethical Approval



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

Ref:

CRP/BHPI/IRB/11/2021/522

Date:

15/11/2021

Mahmuda Hasan Lopa
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-17
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the research project proposal "Quality of life of women with physical disabilities in Bangladesh" by ethics committee.

Dear Mahmuda Hasan Lopa,
 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 Arifa Jahan Ema as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

The purpose of the study is to determine the quality of life of women with physical disability in Bangladesh. Should there any interpretation, typo, spelling and grammatical mistakes in the title, it is the responsibilities of the investigator. Since the study involves questionnaire that takes maximum 30 to 40 minutes and have no likelihood of any harm to the participants, the members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held at 9:15 AM on 15 September, at BHPI (29th IRB Meeting).

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

Best regards,

Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

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

Code no-

Participants Information and Consent sheet

Research topic: Quality of life of women with physical disabilities in Bangladesh.

Researcher: Mahmuda Hasan Lopa, B.Sc. in Occupational Therapy (4th year),
Session: 2016-2017, Bangladesh Health Professions Institute.

Supervisor: Arifa Jahan Ema, Lecturer in Occupational Therapy, Department of
Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: The study will be conducted in within and nearby Dhaka district.

Part-1 Information sheet:

Introduction:

I am Mahmuda Hasan Lopa, student of 4th year B.Sc in Occupational Therapy, session (2016-2017), Bangladesh Health Professions Institute (BHPI), to complete B.Sc in Occupational Therapy from BHPI, it is mandatory to conduct a research project in 4th year. This research project will be done under the supervision of Arifa Jahan Ema, Lecturer in Occupational Therapy. The purpose of the study is to identify the quality of life of women with physical disability in Dhaka, Bangladesh. Therefore, I am inviting you to participate in this research. Your valuable participation would strengthen this research project. The detail of the research is written in this information sheet. If you find it difficult to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

The general purpose of the study is to know quality of life of women with physical disabilities in Bangladesh. In Bangladesh, there are a few researches on quality of life of person with physical disabilities. Therefore, I am interested to know more about the quality of life of women with physical disabilities because there is no research on this issue in Bangladesh. Your information will be helpful to reveal the understanding of your quality of life through your voluntary participation in this study.

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

Before signing the consent form, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to sign the consent. If you ensure the participation, a copy of your consent will be given to you. Your participation in this research project is voluntary.

The benefits and risks of participation:

There is no stimulus and remuneration for participation in this research. There will be no risk you and you will not face any type of physical or mental extermination by answering the question.

Confidentialities of information:

By signing this consent, you are allowing the research staff to study this research project to collect and use your personal information, such as: name, age, sex, marital status, income, contact number etc. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. In any publication and presentation, the information will be provided in such a way that it will remain confidential.

Information about promotional result:

It is expected that the result of this study will be published in various social media, websites, and reviewed journals and presented in difference conference.

Source of funding to manage research:

The cost of this research will be spent entirely by researcher own funds.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation before data analysis. We encourage you to inform the reason. But if you do not wish to let us know, please mention it on the withdrawal paper.

Contact address with the researcher:

If you have any question about the research, you can ask now or later. If you wish to ask question later, you may contact any of following- Mahmuda Hasan Lopa, B.Sc in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute, Contact number: 01833032893, Email- mahmudahasanlopa116@gmail.com

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (CRP/BHPI/IRB/11/2021/552). This proposal has been reviewed by institutional Review Board (IBR), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka, whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IBR, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Participant’s Withdrawal From

(Applicable only for voluntary withdrawal)

Reason for withdrawal (optional):

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

Whether permission to previous information is used?

Yes/No

Participant’s Name:

Participants Signature:

Date:

Consent form

For Participants who are taking part in interviews:

Please read the following statements and put tik (✓) on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the above named study.

1. I confirm that I have understood the information Sheet for the study or that it has been explained to me and I have had the opportunity to ask questions. -----Yes / No
2. I have satisfactory answers to my questions regarding with this study. -----
-----Yes / No
3. I understand that participation in the study is voluntary and that I am free to end my involvement before the data analysis. -----Yes / No
4. Information from interview might be examined by research supervisor. However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information. -----
-----Yes / No
5. I have sufficient time to come to my decision about participation-----Yes / No
6. I agree for quotations from my interviews to be used in the above study-----
-----Yes / No
7. I agree to take part in the above study-----Yes / No

Signature of the Participant _____ Date _____

For Investigator

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

Investigator's signature _____ Date _____

Appendix C: 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: ০২-৭৭৪৫০৬

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষণার বিষয়: “বাংলাদেশের শারীরিক প্রতিবন্ধীতার স্বীকার মহিলাদের জীবন যাত্রার মান নির্ণয় করা”।

গবেষক: মাহমুদা হাসান লোপা, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন-২০১৬-২০১৭ ইং, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা-১৩৪৩।

তত্ত্বাবধায়ক: আরিফা জাহান ইমা, প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা-১৩৪৩।

গবেষণার স্থান: এই গবেষণাটি পরিচালিত হবে ঢাকা জেলার কাছাকাছি এবং ঢাকা জেলার মধ্যে।

তথ্যপত্র:

ভূমিকা:

আমি মাহমুদা হাসান লোপা, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে, বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৬-২০১৭ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের প্রভাষক আরিফা জাহান ইমা এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এই গবেষণার উদ্দেশ্য হলো শারীরিক প্রতিবন্ধীতার স্বীকার মহিলাদের জীবন যাত্রার মান নির্ণয় করা। আমি আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি, আপনার মূল্যবান অংশগ্রহণ এই গবেষণা প্রকল্পকে জোরদার করবে। গবেষণার সমস্ত বিস্তারিত এই তথ্যপত্রে দেওয়া আছে, আপনার যদি তথ্যপত্রটি পড়ে কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দিষ্ট প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্য:

এই গবেষণার সাধারণ উদ্দেশ্য হলো শারীরিক প্রতিবন্ধীতার স্বীকার মহিলাদের জীবন যাত্রার মান নির্ণয় করা (ঢাকা, বাংলাদেশ এ)। বাংলাদেশে শারীরিক প্রতিবন্ধীতার স্বীকার ব্যক্তিদের জীবনযাত্রার মান নিয়ে আল্প কিছু গবেষণা রয়েছে। কিন্তু আমি শারীরিক প্রতিবন্ধীতার স্বীকার মহিলাদের জীবনযাত্রার মান সম্পর্কে জানতে আরো বেশি আগ্রহী, কারণ বাংলাদেশে এই বিষয় নিয়ে কোন গবেষণা হয়নি। আপনার স্বচ্ছায় অংশগ্রহণের এবং আপনার দেওয়া তথ্যের মাধ্যমে আপনার জীবন যাত্রার মান প্রকাশ করতে সুবিধা হবে।

এই গবেষণায় অংশগ্রহণের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাক:

আপনার কাছ থেকে সম্মতি পত্রে স্বাক্ষর করানোর আগে, গবেষণা প্রকল্প পরিচালনার সমস্ত বিবরণ এই অংশগ্রহণ নোটের মাধ্যমে আপনাকে বিস্তারিতভাবে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান তবে আপনাকে সম্মতি পত্রে স্বাক্ষর করতে হবে। আপনি যদি অংশগ্রহণ নিশ্চিত করেন, আপনার সম্মতি পত্রের একটি অনুলিপি আপনাকে দেওয়া হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ স্বচ্ছাধীন।

অংশগ্রহণের সুবিধা ও ঝুঁকিসমূহ:

এই গবেষণায় অংশগ্রহণের জন্য কোন বাহ্যিক চাপ এবং পারিশ্রমিক নেই। আপনার কোন ঝুঁকি থাকবে না এবং প্রশ্নের উত্তর দেবার সময় আপনি কোন প্রকার শারীরিক বা মানসিক ক্ষতির সম্মুখীন হবেন না।

তথ্যের গোপনীয়তা:

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পে জড়িত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। যেমন- নাম, বয়স, লিঙ্গ, বৈবাহিক আবস্থা, আয়, মোবাইল নাম্বার ইত্যাদি। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য, যা আপনাকে শনাক্ত করতে পারবে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য সাংকেতিক ভাবে উল্লেখ করা হবে। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্যের ভিতরে ঢুকতে এবং চিহ্নিত করতে সক্ষম হবেন। সাংকেতিক উপায়ে চিহ্নিত ডেটা পরবর্তী ডেটা বিশ্লেষণের জন্য ব্যবহার করা হবে। তথ্য পত্র একটি তালাযুক্ত বন্ধ স্থানে রাখা হবে। তথ্যের ইলেকট্রনিক সংস্করণ বিএইচপিআই-এর অকুপেশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংরক্ষণ করা হবে। যে কোনো প্রকাশনা এবং উপস্থাপনায়, তথ্য এমনভাবে প্রদান করা হবে যাতে আপনার তথ্য গোপন থাকবে।

প্রচারমূলক ফলাফল সম্পর্কে তথ্য:

আশা করা হচ্ছে যে, এই গবেষণার ফলাফল বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট এবং জার্নালে প্রকাশিত হবে এবং বিভিন্ন সম্মেলনস্থানে উপস্থাপন করা হবে।

গবেষণা পরিচালনার জন্য আর্থের উৎস:

এই গবেষণার সমস্ত ব্যয় সম্পূর্ণভাবে গবেষক তার নিজস্ব তহবিল থেকে ব্যয় করবে।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কে তথ্য:

আপনার সম্মতি সত্ত্বে, আপনি ডেটা বিশ্লেষণের আগে আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। তবে আমরা আপনাকে কারণ জানানোর জন্য উৎসাহিত করছি। কিন্তু যদি আপনি জানাতে না চান, প্রত্যাহার পত্রে এটি উল্লেখ করবেন।

গবেষকের সাথে যোগাযোগের ঠিকানা:

গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে আপনি এখন বা পরে জিজ্ঞাসা করতে পারেন। যদি আপনি পরে প্রশ্ন জিজ্ঞাসা করতে চান তবে আপনি আমার সাথে যোগাযোগ করবেন-
মাহমুদা হাসান লোপা, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট(বিএইচপিআই), যোগাযোগনম্বর: ০১৮৩৩০৩২৮৯৩, ইমেইল: mahmudahasanlopa116@gmail.com

অভিযোগ:

এই গবেষণা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন অভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে যোগাযোগ করবেন (সিআরপি/বিএইচপিআই/আইআরবি/১১/২০২১/৫৫২)। এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট, সিআরপি, সাভার, ঢাকার প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে পর্যালোচিত ও অনুমোদিত হয়েছে। কমিটির কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে রক্ষা করা নিশ্চিত করা। আপনি যদি আইআরবি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-এ যোগাযোগ করুন।

অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধুমাত্র স্বৈচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

প্রত্যাহারের কারণ (স্বৈচ্ছাধীন)

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পূর্ববর্তী তথ্যের অনুমতি ব্যবহার করা হয় কিনা?

হ্যাঁ/না

অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীদের স্বাক্ষর:

তারিখ:

অনুমতি পত্র

যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য:

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলো পড়ুন এবং হ্যাঁ বা না-তে টিক চিহ্ন (✓) বসিয়ে বলুন যে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পেরেছেন এবং আপনি উপরের নামকৃত গবেষণায় অংশ নিতে সম্মত।

1. আমি নিশ্চিত করছি যে আমি অধ্যয়নের জন্য তথ্য পত্রটি বুঝতে পেরেছি বা এটি আমাকে ব্যাখ্যা করা হয়েছে এবং আমি প্রশ্ন জিজ্ঞাসা করার সুযোগ পেয়েছি। -----হ্যাঁ / না
2. এই গবেষণার সাথে সম্পর্কিত আমার প্রশ্নের সন্তোষজনক উত্তর পেয়েছি। -----হ্যাঁ / না
3. আমি বুঝতে পেরেছি যে অধ্যয়নে অংশগ্রহণ স্বৈচ্ছাধীন এবং ডেটা বিশ্লেষণের আগে আমি আমার অংশগ্রহণ প্রত্যাহার করতে পারব। -----হ্যাঁ / না
4. সাক্ষাৎকার থেকে পাওয়া তথ্য গবেষণার সুপারভাইজার দ্বারা পরীক্ষা করা হতে পারে। যাইহোক, সমস্ত ব্যক্তিগত তথ্য অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি তদন্তকারী এবং সুপারভাইজারকে আমার লিপিবদ্ধ করা তথ্য ব্যবহার করার অনুমতি দিয়েছি। -----হ্যাঁ / না
5. অংশগ্রহণের বিষয়ে সিদ্ধান্তে আসার জন্য আমার পর্যাপ্ত সময় আছে।----- হ্যাঁ / না
6. আমি আমার সাক্ষাৎকারের উদ্ধৃতিগুলি উপরোক্ত গবেষণায় ব্যবহার করতে ইচ্ছুক। -----
--হ্যাঁ / না
7. আমি উপরোক্ত গবেষণায় অংশ নিতে ইচ্ছুক -----হ্যাঁ / না

অংশগ্রহণকারীর নাম _____ তারিখ _____

তদন্তকারী

আমি উপরোক্ত অংশগ্রহণকারীকে অধ্যয়নটি সুনির্দিষ্টভাবে ব্যাখ্যা করেছি এবং তিনি অংশ নিতে সম্মতি প্রকাশ করেছেন।

তদন্তকারীর স্বাক্ষর _____ তারিখ _____

Appendix D: Data Collection Tool [English Version]

Socio-demographic Information

Date

1. Name -
2. Age -
3. Sex-
4. What kind of problem or disease has caused your physical disability.....
5. Educational level - (a) Illiterate (b)Primary Schools (c)Secondary Schools (d)Tertiary
6. Marital status- (a)Single (b)Separated (c) Married (d)Divorced (e)Widowed
7. Job type- (a)Paid (b)Unpaid
8. Family income - Monthly
9. Do you use mobility aids- (a)Yes (b)No
10. If yes which types of mobility aids do you use-
11. Area of residence- (a)Rural (b)Urban
12. Do you have any disease except disability? -
.....
13. Contact number:

WHOQOL- Bref Questionnaire

Instruction: The following question asks how you feel about your quality of life, health or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think is often the best one.

Please keep in mind your standards, hopes, pleasure, and concerns. We ask that you think about your life in the last two weeks.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following question asks about how much you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday daily life?	1	2	3	4	5
11.	Are you able to accept your	1	2	3	4	5

.	bodily appearance?					
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?					
14	To what extent do you have the opportunity for leisure activities?					
		Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity of work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the condition of your living places?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two days.

		Never	Seldom	quite often	Very often	Always
26	How often do you have negative feeling such as blue mood, anxiety, depression?	1	2	3	4	5

Appendix E: Data Collection Tool [Bengali Version]

ব্যক্তিগত তথ্য

তারিখ:

1. নাম -
2. বয়স -
3. লিঙ্গ -
4. কি ধরনের সমস্যা বা রগের কারণে আপনার শারিরিক প্রতিবন্ধকতা তৈরি হয়েছে
5. শিক্ষাগত যোগ্যতা - (a) নিরক্ষর (b) প্রাথমিক বিদ্যালয় (c) মাধ্যমিক বিদ্যালয়
(d) তৃতীয় গঠনসংক্রান্ত
6. বৈবাহিক অবস্থা- (a) অবিবাহিত (b) আলাদা থাকে (c) বিবাহিত
(d) তালাকপ্রাপ্ত (e) বিধবা
7. চাকুরির ধরন- (a) বেতন সহ (b) বিনা বেতনের
8. পারিবারিক আয় – মাসিক
9. আপনি কি সহায়ক যন্ত্র ব্যবহার করেন? (a) হ্যাঁ (b) না
10. যদি হ্যাঁ হয় তাহলে আপনি কোন ধরনের সহায়ক যন্ত্র ব্যবহার করেন?
.....
11. বসবাসের এলাকা- (a) গ্রামীণ (b) শহুরে
12. শারিরিক প্রতিবন্ধকতা ছাড়া আপনার অন্য কোন রোগ আছে কি? -
.....
13. মোবাইল নাম্বার

গবেষণার প্রশ্নাবলী

এ অংশের মূল্যায়ন, আপনি আপনার জীবন, স্বাস্থ্য ও অন্যান্য দিক সম্পর্কে কি জানেন, সে সম্পর্কে দয়া করে সবগুলো প্রশ্নের উত্তর দিন। যদি কোন প্রশ্নের উত্তর কি হবে তা না বুঝেন তবে যেটিকে সবচেয়ে সঠিক মনে হবে সেই উত্তরটি দিন। এটা প্রায়ই প্রথম উত্তর হতে পারে।

আপনার মান, আশা, আনন্দ ও বিবেচ্য সমূহ স্বরন রাখুন। আমরা আপনার জীবনের গত দুই সপ্তাহের কথা স্বরন করতে বলবো।

সবগুলো প্রশ্ন পড়ুন, আপনার অনুভূতি যাচাই করুন এবং পাশের ছকে যে উত্তরটি সঠিক মনে হবে সে নম্বরটিতে বৃত্ত তৈরি করুন।

		খুব খারাপ	খারাপ	ভালও নয় খারাপও নয়	ভাল	খুব ভাল
1.	আপনার জীবন যাত্রার মান কেমন?	1	2	3	4	5
		খুব অসন্তুষ্ট	অসন্তুষ্ট	সন্তুষ্টও নয় অসন্তুষ্টও নয়	সন্তুষ্ট	খুব সন্তুষ্ট
2.	আপনার স্বাস্থ্য নিয়ে কি আপনি সন্তুষ্ট?	1	2	3	4	5

নিচের প্রশ্নগুলো গত দুই সপ্তাহে নিম্নবর্ণিত অভিজ্ঞতাগুলো কি পরিমাণে হয়েছে সে সম্পর্কে।

		একদম না	কম	মোটামুটি	বেশি	খুব বেশি
3.	শারিরিক ব্যাথার জন্য আপনি কি পরিমাণ প্রয়োজনীয় কাজ থেকে বিরত ছিলেন ?	1	2	3	4	5
4.	আপনার দৈনন্দিন কার্যক্রম ঠিক রাখতে চিকিৎসা কতটুকু প্রয়োজন?	1	2	3	4	5
5.	আপনি জীবনকে কতটুকু উপভোগ করেন?	1	2	3	4	5
6.	জীবনকে আপনার কতটুকু অর্থপূর্ণ মনে হয়?	1	2	3	4	5

		একদম না	কম	মোটামুটি	বেশি	খুব বেশি
7.	আপনি কাজে কতটুকু মনসংযোগ করতে পারেন?	1	2	3	4	5
8.	আপনি দৈনন্দিন জীবনে কতটুকু নিরাপত্তা অনুভব করেন?	1	2	3	4	5
9.	আপনার ভৌত পরিবেশ কতটুকু স্বাস্থ্যকর?	1	2	3	4	5

নিচের প্রশ্নগুলোতে জানতে চাওয়া হয়েছে - গত দুই সপ্তাহে আপনি কতটুকু সম্পূর্ণভাবে কোন কাজ করতে বা অভিজ্ঞতা লাভ করতে পেরেছেন।

		একদম না	কম	মোটামুটি	বেশি	খুব বেশি
10.	আপনার কি প্রতিদিন কাজ করার মত শক্তি আছে?	1	2	3	4	5
11.	আপনি কি আপনার শরীরের গড়ন নিয়ে সন্তুষ্ট?	1	2	3	4	5
12.	আপনার কি প্রয়োজন মেটাতে যথেষ্ট টাকা আছে?	1	2	3	4	5
13.	আপনি কি দৈনন্দিন জীবন-যাপনের জন্য প্রয়োজনীয় তথ্য পান?	1	2	3	4	5
14.	অবসর কাটানোর / বিনোদনের সুযোগ আপনারা কতটুকু আছে?	1	2	3	4	5
		খুব খারাপ	খারাপ	ভালও না মন্দও না	ভাল	খুব ভাল
15.	আপনি কতটা ভালোভাবে চলাফেরা করতে পারেন?	1	2	3	4	5

নিচের প্রশ্নগুলোতে জানতে চাওয়া হয়েছে - গত দুই সপ্তাহে আপনার জীবনের বিভিন্ন দিক নিয়ে আপনি কতটুকু সন্তুষ্ট?

		খুব অসন্তুষ্ট	অসন্তুষ্ট	সন্তুষ্টও নয় অসন্তুষ্টও নয়	সন্তুষ্ট	খুব সন্তুষ্ট
16.	আপনার ঘুম নিয়ে আপনি কতখানি সন্তুষ্ট?	1	2	3	4	5
17.	দৈনন্দিন কাজ করার ক্ষমতা নিয়ে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5
18.	আপনার কাজ করার ক্ষমতা/ দক্ষতা (ক্যাপাসিটি) নিয়ে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5
19.	নিজেকে নিয়ে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5
20.	অন্যদের সাথে আপনার ব্যক্তিগত সম্পর্কসমূহ নিয়ে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5
21.	আপনার যৌন জীবন নিয়ে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5
22.	বন্ধুদের কাছ থেকে পাওয়া সাহায্যে আপনি কতটুকু সন্তুষ্ট?	1	2	3	4	5

23	আপনি আপনার বাসস্থানের অবস্থা নিয়ে কতটুকু সন্তুষ্ট?	1	2	3	4	5
24	আপনি যে সাহস্বেবা পান তাতে কি সন্তুষ্ট?	1	2	3	4	5
25	আপনি যাতায়াত ব্যবস্থা নিয়ে কতটুকু সন্তুষ্ট?	1	2	3	4	5

নিচের প্রশ্নগুলোতে জানতে চাওয়া হয়েছে - গত দুই সপ্তাহে ঐ নির্দিষ্ট বিষয়সমূহ আপনি কতবেশী/ঘনঘন আনুভব করছেন?

		কখনো না	কখনো কখনো	মাঝে মাঝে	প্রায়শঃই	সব সময়
26	আপনার হতাশা, উদ্বেগ, অবসন্নতা, এই সব নেতিবাচক অনুভূতি কত ঘন ঘন হয়?	1	2	3	4	5

Appendix F: Supervision Record Sheet

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: Quality of life of women with physical disabilities in Dhaka, Bangladesh

Name of student: Mahmuda Hasan Lopa

Name and designation of thesis supervisor: Arifa Jahan Erma ; Lecturer, Department of Occupational Therapy, BHPI Savar, Dhaka CRP,

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	02-11-21	BHPI Library	Overall guideline	1 hour	Helpful Instruction to work ahead	Mahmuda	AG 02.11.21
2	08-11-21	OT Dept. waiting room	Questionnaire, Literature matrix, literature review	30 minutes	I got excellent guidelines about all the topics	Mahmuda	AG 08.11.21
3	18-11-21	BHPI Library	Questionnaire, Literature matrix review, Data sent form, Information sheet	1 hour	My mistakes on these topics were corrected.	Mahmuda	AG 18.11.21

4	20-11-21	OT Dept. waiting room	Data collection area, Questionnaire, literature review	30 minutes	got excellent guideline about all the topic	Mahmuda	AG 20.11.21
5	24-11-21	OT Dept. waiting room	Literature review check, information & consent form check, Questionnaire check	30 minutes	check all the topic were checked very well	Mahmuda	AG 24.11.21
6	29-11-21	OT Dept. waiting room	Data collection area & Questionnaire correction, literature review chapter	30 minutes	guided well & instruction were given in very nice way	Mahmuda	AG 29.11.21
7	02-12-21	OT Dept. waiting room	Data collection & Questionnaire scale instruction	20 minutes	Got excellent guideline	Mahmuda	AG 02.12.21
8	07-12-21	OT Dept. waiting room	Scale instruction (WHOQOL-BREF) Safety concern regarding data collection.	15 minutes	I will share the contact number & address where I will go	Mahmuda	AG 07.12.21
9	09-01-22	OT Dept. waiting room	Data collection, literature review, Data input & analysis plan	01 hour	I have deadline to meet	Mahmuda	AG 09.01.22
10	15-01-22	BHPI Library	Data input and literature review plan	30 minute	Got structured guideline	Mahmuda	AG 15.01.22
11	18-01-22	BHPI 307 no. class room	Data input and data analysis	30 minute	Got some idea about data input and analysis	Mahmuda	AG 18.01.22
12	22-01-22	BHPI Library	Data WHOQOL-BREF Scale instruction	1:30 minute	Got some idea about scale	Mahmuda	AG 22.01.22
13	13-02-22	OT Dept. waiting room	Data input and data analysis	2 hour	Got structured guideline about data analysis and input	Mahmuda	AG 13.02.22
14	17-02-22	OT Dept. waiting room	Data analysis & scale instruction	1 hour	Got structured guideline	Mahmuda	AG 17.02.2022

15	20-12-22	OT Dept. waiting room	Domain score, Scales instruction and result	1 hour	got some idea about result writing	mahmuda	AG 20.02.22
16	20-02-22	BHPI Building	Result & Discussion	1 hour 30 minute	Helpful instruction to work ahead	mahmuda	AG 20.02.22
17	23-02-22	OT Dept. waiting room	Result & Discussion. Limitation, Strength Recommendation	40 minute	check all the information	mahmuda	AG 23.02.22
18	05-04-22	BHPI library	Overall feedback of the research 1st draft	1 Hour	Got helpful instruction to work ahead	Mahmuda	AG 05.04.22
19	09-04-22	OT dept. waiting room	feedback of the research draft	1 hour 30 minute	Great helpful instruction to work ahead.	Mahmuda	AG 10.04.22
20	17-04-22	BHPI Library	Overall feedback of the research presentation	2 hour 20 minute	check all the information and got helpful information	Mahmuda	AG 17.04.22

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.

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: Quality of life of women with physical disabilities in Bangladesh

Name of student: Mahmuda Hasan Lopa

Name and designation of thesis supervisor: Arufa Jahan Ema; Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka.

Appointment No.	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
01	18-04-22	BHPI Library	Feedback on research 2nd draft	2 hours	My mistakes on the thesis were corrected	Mahmuda	AG 18.04.22
02	21-04-22	BHPI Library	check the presentation and rehearsal the presentation	1:30 hour	My mistake on the presentation were corrected	Mahmuda	AG 21.04.22
03							