IMPACT OF DIVORCE AND SEPARATION FOR THE WOMEN WITH SPINAL CORD INJURY IN COMMUNITY REINTEGRATION

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Supervisor's Statement

As supervisors of Farjana Taoheed's M.Sc Thesis work, we certify that we consider her thesis "**Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration. "** to be suitable for examination.

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for acceptance of this thesis entitled, "Impact of divorce and separation for the women with spinal cord injury in community reintegration", submitted by Farjana Taoheed, for the partial fulfillment of the requirements for the degree of M.Sc. in Rehabilitation Science

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List of Abbreviation

ASIA	American Spinal Impairment Association
CBR	Community Based Rehabilitation
CRP	Centre for the Rehabilitation of the Paralysed
CIQ-R	The Community Integration Questionnaire-Revised
DVT	Deep Venous Thrombosis
ICF	International Classification of Functioning, Disability and Health
NITOR	National institute of Traumatology Orthopedic and Rehabilitation
QOL	Quality Of Life
SCI	Spinal Cord Injury
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
USA	Unite States of America
WHO	World Health Organization

Abstract

Introduction: Divorce and separation is a personal as well a social issue. Female had 1.42 times more chance to be divorced than male with spinal cord injury (Kreuter,et al., 2011). Divorce rate mainly depends on level of injury as well age, education and occupation (Derakhshanrad.et al., 2016). Community integration is the ultimate goal of physical, mental, and drug rehabilitation (Kratz,et al., 2015). It helps the people to return normal lifestyle which is closely related to quality of life of the people (Liu,et al., 2014). **General Objectives:** (1) To identify the socio-demographic status of both divorced and separated women with spinal cord injury. (2) To find out the level of community reintegration based on the aspect of home integration, social integration, productive activities and integration into electronic social media for women with SCI. (3) To understand the perception about the consequences of divorce and separation in community reintegration. **Methodology:** This study was done by using mixed methods, which was combination of cross sectional and qualitative design study in the community setting in Bangladesh. The study population was all spinal cord injury patients who rehabilitated at CRP from July 2011 to June 2016. All the participants were taken who were fulfilled the inclusion criteria for the study. Data were collected by using a standard developed questionnaire (CIQ-R) and semi-structured open ended questionnaire was used for this research which was developed throughout maintaining proper procedure. Researcher maintained the all-ethical issues. Data were numerically captured in SPSS 20 version. Contain analysis was done for qualitative part of the study. **Result:** Total community integration score was 12.03 and SD was ± 3.87. This score was significantly lower to compare other study for person with SCI. The mean and SD of home integration (2.89, ±1.53), social integration (3.74, ±1.16), productivity (3.12, ±1.81) and electronic social networking (2.54, ±1.86) scores were also lower than compare to other study. Age, education, occupation, religion, living area, monthly income, marriage before or after injury,

duration of marriage, number of children, duration of divorce or separation, ASIA, neurological level were found to be significant predictors of divorce or separation. Four major themes were found in this study (1) Causes of divorce and separation (2) Impact on relationship with family member (3) Impact on social participation (4) Impact on productive activities. Regardless of all participants reported loss of autonomy and functional ability, loss of sex life, loss of self-identity, loss of intimacy with in laws, loss of autonomy were the main causes of divorce and separation. After divorce family relationship affected by with whom live, support from family, nutrition, and role as decision maker. Social participation affected with relationships with community people, recognition, acceptance at social activities, asked to share decision making. On the other hand nature of problem, financial worries, fear of increased dependency and isolation, loss of future, dreams, and physical environment were the impact of divorce and separation in productive activities. **Conclusion:** Participants scored low in total community integration was lower than compare to other. Suggesting there is a great need to develop interventions by governmental and non-governmental organizations to better integrate individuals of women with divorce and separation with spinal cord injury in the community.

Key words: Spinal Cord Injury, Women, Divorce, Separation, Community Integration.

CHAPTER-I INTRODUCTION

1.1 Introduction

Spinal cord injury (SCI) called a medically complex condition as well life- distracting condition. Spinal cord injury (SCI) is also known as a devastating condition. SCI is involves significant changes and requires a bio-psychosocial adaptation (Simao & Pereira, 2017). Spinal cord injury is a costly condition both for individual and society and it causes huge burden on health care system (Sing, 2014).

SCI affects a person in different way such as physical, social, mental, and even adds a financial burden to the family (Singh,et al., 2017). It has an impact on body function (physical, emotional sexual), activities limitation, participation restriction (lose their jobs), environmental factors (social stigma), personal factor (family and couple relationship, friends) (Barclay,et al., 2015). Kennedy & Rogers (2008) reported that within 6-24 weeks after injury patients became more depressed and female patients were more vulnerable to become depressed. Depression is very common symptoms among the patients with spinal cord injury (Shnek,et al., 2007). Weiss (2012) stated that, the spouses with spinal cord injury had higher level of depression and lower level of marital satisfaction which is closely associated with quality of life (QoL).

It refers to damage or tear to the spinal cord which may arise from trauma or any disease or degeneration of the spinal cord (WHO, 2013). The physical, mental and social life can be distressed by SCI for the person with SCI (Draulans,et al., 2011). Spinal cord injury can happen to anyone, at any age (Devivo, 2012). Spinal cord injury is a life threatening

condition that not only responsible for loss of sensation or motor below the level of injury. It is also responsible for dysfunctions of many organs like the respiratory, gastrointestinal, urinary and autonomic nervous system. SCI is also responsible for pain, muscle spasms, fatigue, pressure ulcers, osteoporosis, bowel/bladder problems sensorimotor changes, sexual dysfunction (Geyh & Peter, 2016). Spinal cord injury (SCI) changes the sexual life as well sexual relation (Burns,et al., 2008).SCI is not only the individual problem. It also affects their families and society because SCI patient management, treatment and rehabilitation are very costly and they also lost their productivity (Wu, 2012).

It was estimated that globally every year between 250 000 and 500 000 people suffer a spinal cord injury which is based on the 2012 world population estimate (DESA, 2010). The incidence rate and characteristics of SCI is varied according to age, gender, socioeconomic background, ethnicity and demographic location (Vasiliadis, 2012). Furlan (2013) reported that, 9.2 to 246.0 per million were affected by SCI in every year all over the world, as follows: 20.7–83.0 in America, 8.0–130.6 in Europe, 10.0–77.0 in Oceania and 14.6–246 in Asia. Chiu (2010) reported the incidence of SCI among 13 countries which was varied from to 13.1 to 52.2 cases per million populations yearly. According to the world health organization about 10% of people is disable in Bangladesh, among them 4.6% are spinal cord injured (Hoque,et al., 1999).

Pentland (2008) said that roughly estimation of SCI injury of male patients is 80% and female is only 20%. According to Gigy and Kelly (2009) Women were more likely vulnerable for divorce than men. This little amount of population is always neglected

from all issue. Women were most commonly faced gynecological, sexual and bowel and bladder problems (Pentland, et al., 20089). Spinal cord injury patients are considered in the society as the most physically inactive person (Martin, 2013). SCI changes a patient's state of affairs and further it may lead to great dissatisfaction of life which has a negative impact on life (Wollaars,et al., 2007). According a study which was done in the 1980s, SCI patients has higher chance of divorce when compared with the general population (Amsters,et al., 2016).

The rehabilitation program differs to individuals to individuals. Rehabilitation program depend on their difficulties and the medical-functional needs as well as the capacity to acquire new skills and knowledge. The end goals of rehabilitation of SCI patients are improving patients' quality of life, satisfaction with life and reintegrate the patient at community (Lee,et al., 2014).

Reintegration means actively and fully participation within the physical and psychosocial environment. Reintegration is the key issue at rehabilitation of SCI person. Reintegration helps for the person with SCI for healthy and actively integrated into social life (Sekaran, 2010). Only 20% patients were satisfied with their community participation which is the part of community reintegration (Mothabeng, 2011). It is really difficult to go back into the community with any kind of disability especially presence of permanent mobility impairment (Singh,et al., 2017).

Community integration is influenced by some key demographic variables including age and gender, as well as culture. Multi-faceted concept is used in community integration.

Community integration is concern about relationships with others, independence in one's own living situation and meaningful activities in which to participate (Access Economics, 2009). Any SCI rehabilitation center always tries to help the person to reestablish previous, or develop new, roles in home, social and productive activities. However improve the quality of life is the ultimate goal of this. On the other hand rehabilitation outcomes are evaluated by examination of participation in social and community life (Barclay,et al., 2016).

Spinal cord injury is responsible to change a person's life experiences. Very few articles were done about the perspectives of people with SCI toward marriage (Merghati-Khoei, et al., 2017). The estimation of divorce rate after SCL has been reported to be 1.5-2.5 times higher than that general population (Khoi,et al., 2015). Several study showed that, higher divorce rate occurs mostly in the first three years after SCL (Khoi,et al., 2015). 20% separation or divorce occurs after five years of injury (Bramlett and Mosher, 2011).

Most of the divorce occur within five years and within two years 20% were separated and 26.1% were divorced from their spouse in SCI patients. But it does not indicate that SCI is only responsible for all the divorced and separation. Some marital relationship is already facing a vulnerable position at the type of injury. Those persons who married more than ones at a time are more chance of divorce (42%) and separation than that person who married first time (27%) (Chan, 2009). Marriage is significantly affected by SCI. Spinal cord injury patients are less likely to be married and more likely to be divorce (DeVivo, 2012). The marriage rate is very lower among SCI people but divorce rate is very higher than the general population. The marital status of female with SCI is

more affected than the male with SCI (Kaya and Yurtseven, 2016). According to Kreuter (2011), 48% of SCI participants had divorced or separated after injury. Person with SCI use wheel chair, they felt difficulties to meeting and attracting the partner (Kreuter,et al., 2011).

Family members are consider the SCI patients as burden especially when spouse act as a care giver. Most of the people think that divorce may lead from SCI injury and people with SCI are strongly discourage for post injury marriage (Simao & Pereira, 2017). One of the study shown that, spinal cord injured patients had to face more difficulties to adjustment with their spouse. Richards (2010) had conducted a study where all of the participants were divorced or separated after injury. Another study showed that, marriage has a major impact on quality of life and married persons with spinal cord injury had higher levels of life satisfaction than did those who were not married at the time (Hammell, 2007). Divorce or separation most associated among those couple where the partner acts as a care giver (Post and Van, 2012). Pre -injury marriage couples were more vulnerable for divorce than the post injury couples (Ma,et al., 2014).

Patients with SCL feel more distress than actual injury when they were rejected from their partners (Hammell, 2008). Miller (2008) stated that poor family relation can responsible to develop depression. Sometimes it was end with suicidal ideation or attempts. Person with SCI have greater adjustment and coping capacity with spinal cord injury where their family member gives less attention towards them. The researcher also shown that life satisfaction of people with spinal cord injury is depends on family

relationship (Bonanno,et al., 2012). Weiss (2012) showed that, better partner can deal with this stress very carefully and they are capable to reduce stress effectively. Established relationships help to ensure a good Quality of life (QoL) in patients with SCI (Hwang, et al., 2007). However care giver and couples feel more stress because every day they have to fight with SCI (Weiss (2012). Spouse is not only gives primary support but also they have to cope with new situation (Bonanno,et al., 2012).

The patients of SCI are going into the different hospital for the treatment but they do not have enough facilities for their treatment. In Bangladesh there is only one non-government organization is Centre for the Rehabilitation of the Paralyzed, which has conducting a rehabilitation program for the last 32 years through which the patients can improve their life style (Islam,et al., 2011).

In rehabilitation SCI patients have to face different type of challenges in different phase and after going to home especially in re integration phase. In this study, it will be tried to find out the impact of divorce on community reintegration for the women with spinal cord injury. To our knowledge, this is the first study which investigates the impact of divorce on community reintegration for the women with spinal cord injury in Bangladesh. This study will also help in drawing attention regarding divorce and separation and to explore the impact of divorce and separation in community reintegration among the patients with spinal cord injury that are very much necessary to improve their rehabilitation as well as QOL. However, there is lacking of research to find out the level of community integration after divorce or separation among the women with spinal cord injury patients. The outcome of the study will be used to identify key areas worthy of closer analysis and possible incorporation into rehabilitation interventions. Our

findings will provide decision makers and health providers with significant insight for utilizing culturally appropriate services for people with SCI.

1.2 Justification of the study

The main purpose of rehabilitation of SCI patients is community reintegration (Boschen and Gargaro, 2003). Thought the clinical rehabilitation practice or dealing with the SCL patients, when the researcher had taken the perception about the reintegration program, then they expressed anxiousness or depressed about their life. From the different follow up with the SCL patients who have completed the rehabilitation program from the CRP they faced different type of problem at community. Perhaps some other factors such as medical factors, family factors, social factors, environment factors towards SCL patients might delay community integration (Barclay,et al., 2016). Person with SCL were unaware about their rights and felt embarrassment to take about their problems and privileges. There is evidence that half of the SCI patients either single or unmarried and also have divorce rate as well (White and Black,et al.,2016). On the other hand Kreuter (2000) stated that, marital distress resulting from SCI can be decreased if well design intervention is applied. Most of the times they have to face negative attitude from their family members and partner. Sometimes they are enforcing the SCL partners to give permission to be agreed in the second marriage or divorce. So through this study it was found out the impact of divorce or separation for the women with spinal cord injury in community reintegration. There are limited international publications on divorce or separation for SCL. In Bangladesh there are no published article regarding this issue. From the curiosity, the researcher inspirited to study the impact of divorce or separation for the women with spinal cord injury in community reintegration. According to Bookwala (2011) statement, a good spousal relationship can improve functional performance and reduce depressive symptoms for women with disability. The analysis of

the patient's perception about the impact of divorce will give significant information to strengthen the existing practice from a holistic point of views. Therefore it is crucial for health care professionals to accurately understand each problem faced in community due to divorce and separation. However the purpose of this study was to further examine the impact of divorce or separation after SCI for women with SCL. The results and conclusion drawn from this study can be used to provide the knowledge about the complication which arise at community after divorce and separation that should ultimately improve the QOL for women with SCL. In additional this study will be guide for further in the same aspect of study as it is the first study in Bangladesh focus on situational analysis of impact divorce and separation after SCL in community. It is necessary to improve our service in such way by making women aware of their rights and influencing their health seeking behavior.

1.3 Research Question

What are the effects of divorce and separation for the woman with spinal cord injury in community reintegration?

Operational Definition

Divorce: Divorce means a formal or legal ending to marriage of husband and wife followed by traditional custom which is done by a court or other competent body.

Separation: Separation means couples living separately but still they are legally married without applying to courts or filling in forms.

Community Reintegration: Community reintegration defines as the return and full participation in community life and except the disable person as a participating community member at community and also allowed them as being part of the mainstream through social activities, independent living as well employment or other productive activity.

CHAPTER-II LITERATURE REVIEW

According to Islam (2011) statement, physical damage is the vital health problem in Bangladesh which carries a high rate of morbidity and mortality and SCI continues to be a major cause of disability throughout Asia as well as in Bangladesh. Spinal cord injury (SCI) is devastating condition which can affects a person`s physical, mental, familial as well as social life (Rahman,et al., 2017). It is a life altering experience (Merghati-Khoei,et al., 2017). This catastrophic event affects individual health. It is not only responsible to create physical disability but also emotionally depress the patient (Wu,et al. 2012). SCI is the important health problem in this subcontinent and it carries high rates of morbidity and mortality (Agarwal,et al., 2007). According to Norton (2010) statement, spinal cord injury can be define as the occurrence of an acute traumatic lesion of neural elements in the spinal canal (spinal cord and cauda equina), resulting in temporary or permanent sensory and/or motor deficit. Spinal cord is a neural element in the spinal canal which can lead resolving or permanent neurological deficit (New and Marshall, 2013). It also affect a person's quality of life as well as a threat of national economy (Regan,et al., 2009).

Several epidemiology studies of SCI have been done over the past several decades. Most of the epidemiologic studies focus overall incidence rates, age, gender, race, cause of injury, level and completeness of injury. However Bangladesh has very limited resources in this field. An epidemiological study was published by Hoque, et al. (1999). Another article was published in Bangladesh by Hoque, et al., (2012). Another two studies was conducted by Rahman (2017), Razzak (2017) about epidemiology of SCI in Bangladesh.

It was not possible to exact estimation of SCI due to the lack of availability of National data registry in developing nations. The incidence rate is increasing all over the world due to rapid industrialization which is an unfortunate phenomenon of modernization (Singh,et al., 2017).

SCI incidence rate is 15 to 40 per million throughout the world. SCI is a male dominant injury (Quadir, et al., 2017).Day by day the incidence rate of SCI is increasing According to WHO (2013 estimation, the incidence rate of SCI was 250,000–500,000 cases every year.Between 10.4 and 83 per million people affected by SCI per year (Kennedy and Chessell, 2013).

The incidence rate of spinal cord injury is significantly higher in low income countries then higher economic countries (Hosssain,et al, 2016). The incidence rates for traumatic spinal-cord injury in the USA range between 28 and 55 per million populations, with about 10,000 new cases reported every year (Blackham,et al., 2009). Published report shows that the incidence rate of SCI is higher in United State than the rest of the world and it is average 40 per million (DeVivo, 2012). According to Medola (2011) estimation in Brazil approximately 11,300 individuals become paraplegic or tetraplegic every year. The incident rate of SCI progressively increased as in Norway, the SCI incidence rate was increased from 6.2 per million to 26.3 per million populations in the last 50 years (DeVivo, 2012).

Nwankwo and Uche (2013), found that in SCI, 31–45 years age group is the most frequently affected and male is more affected than female (4.3:1), 53% injury occurred in cervical spine, 22% thoracic spine and 25% lumbar spine injury. In United States the

annual incidence of traumatic SCI is 40 cases per million or 1200 new cases each year (Rabadi,et al., 2013). In Australia, male is more affected than female in non-traumatic SCI and the ratio is 197:169 and the prevalence of paraplegia is more about 269 per million than tetraplegia (98 per million) (New,et al, 2013). The worldwide incidence of SCI is 10.4 and 83 per million per year and the mean age is 33 years old, male and female ratio is 3.8:1 and one- third of the patients are tetraplegia all over the world (Wyndaele and Wyndaele, 2006). Moreover, 2.5 million people live with SCI around the world (Oyinbo, 2011). In Asia the incidence rates of SCI is ranged from 12.06 to 61.6 per million and the average age is 26.8 to 56.6 years old, men are more vulnerable than women also in traumatic spinal cord injury main causes are motor vehicle collisions (MVCs) and falls (Ning, et al., 2012). The retrospective study of Japan showed that the annual incidence of spinal column injuries ranges from 19-88/100,000. 15-50 per million per year is the incidence of spinal cord injury. 480-813 per million is the prevalence of SCI. In Pakistan exact incidence of these injuries in this region is not known though there are few reports on demographics of spinal injuries (Qureshi,et al., 2010).

It is really hard to describe the characteristics of SCI due to lack of research on epidemiology. If ratio of the SCI was considered, male were more affected by SCI then women due to the fact that male are usually engaged with outdoor activities then women (Lalwani,et al., 2014). Spinal cord injury can happen to anyone, at any age (Devivo, 2012) . Working age people are more vulnerable to have spinal cord injury and currently majority of spinal cord injury patients are under the age of 30 in most regions and countries in the world (Singh,et al, 2017).

There are two type of SCI injury which was based on functional level and the extension of the injury like: paraplegia and tetraplegia. Paraplegia means the decrease or loss of motor and/or sensory function in the thoracic, lumbar or sacred segments of the spinal cord. The trunk, pelvic organs, and lower limbs are affected based on the level of injury. On the other hand tetraplegia refers decrease or loss of sensory and motor function in the cervical segments of the spine. According to the extension of injury there are two type of SCI injury, like: complete and incomplete. When there is no preservation of sensory or motor function bellow the neurological level that is called complete injury. If there are some preservation of sensory and/or motor function bellow the neurological level is called incomplete SCI (White and Black, 2016). Incomplete injuries are injuries where partial preservation of sensory and/or motor functions is found below the neurological level and includes the lowest sacral segment (Hossain, et al., 2008).

SCI injury can be traumatic or non-traumatic. The most common causes of traumatic injury are road accidents, falls, diving accidents, gunshot wounds etc. non traumatic injury mainly occurred by consequence of pathology, such as vascular dysfunctions, degenerative joint disease, neurological diseases, neoplasia (Lee,et al., 2014).

Research shows that it is occurred by traumatic or non-traumatic etiologies. Traumatic spinal cord injury is caused by direct or indirect trauma. In developing countries, there are three main causes that patient is admitted into hospital. Those are fall from height, transportation accident and being struck by an object (Kennedy and Chessell, 2013).Trauma, compression, or total/partial rupture of nerve transmission are the main causes of rupture of spinal cord injury (Ferreira and Matao, 2017). The non-traumatic

cause is spinal tumor, Tuberculosis of spine, transverse myelitis, physical assault, physical weakness etc. (Chen,et al., 2013). The situation is quite different for developing country than developed country. The main causes of SCI in Bangladesh are fall from height, fall of object, RTA, bull attack, other traumatic, and non-traumatic (Rahman, et al., 2017).

Therefor in India, people are at a greater risk of having spinal injury due to fall from height or fall of a heavy object, RTA. They have some lack of safety precautions such as lack of fencing to the wells, roof, and staircase and have poorly built/substandard homes (mud homes) (Pandey, et al., 2007). Kong (2013) stated that, spinal cord may damage by producing inflammation, ischemia, and toxicity and it may lead to primary nerve injury.

In CRP, Bangladesh, 25-29 years aged peoples are most commonly affected among them males are more 83% than female and 92% came from rural area and 8% came from urban area also majority of the patients are paraplegia 56%, Cervical lesion present in 44% cases, thoracic lesion 27% and lumber lesion 29% (Islam, et al., 2011). In Bangladesh had been estimated that 2.5% cases per million people having Spinal Cord injury per year (Hoque, et al., 2012). According to Rahman (2017) statement, 51.9% patients had history of traumatic paraplegia and 42.6% had traumatic tetraplegia while Non-traumatic paraplegia, Non-traumatic tetraplegia was 4.12% and 1.14% respectively.

There are lots of study was done about the effects of SCI. After SCI people have to suffer some complications like: neurological deficits, secondary health complications, psycho-social adjustment, lack of social and vocational opportunities, and environmental barriers.

Those types of complications have a negative impact on community integration (Access Economics, 2009).

SCI is not a generally progressive disease but it changes the entire life style ((Ferreira and Matao, 2017). SCI not only affects individuals but also their spouses, parents, siblings and children and the significant cause of mortality and morbidity (Ali and Tawfiq, 2013).

The life altering experience that affects not only the patients with SCI but also their Spinal cord injury results in a high level of individual disability, which is reflected in radical changes in lifestyle (Kawanishi and Greguol, 2013)

There are different type of complications may arise after SCI. SCI may lead to changes in motor, sensory and autonomic function. The other changes also involve with SCI, like inability to control bladder & bowel function, the vitiated sexual functioning and having high risk of developing of various complications including pressure sore. They usually losses their functional mobility and their psychological wellbeing also hampered (Van & Kayes, 2014). A lesion of the spinal cord, results in paralysis of certain areas of the body, along with the corresponding loss of sensation (Peterson, et al., 2009).Paralysis of limb and other complication such as compression, contusion or laceration, disrupts autonomic function occurs at the site of injury or below the injury level commonly seen after SCI. Pain is one of the most common secondary complication comes after injury (Mothe and Tator, 2013).

Various studies suggested that patients with spinal cord injury suffer from depression, anxiety and their quality of life is remarkably lower compare to normal population (Van

& Kayes, 2014). Emotional and behavioral problems may develop or worsen after a SCI. There is often a period of adjustment after a spinal cord injury. Sometimes feelings of sadness or anxiety may develop due to SCI (Kalpakjian,et al., 2009). Spinal cord injury or damage can cause a wide range of impairments, activity limitations and participation restrictions, which has an adverse impact on the society (New,et al., 2013). Rahman (2012) stated that, daily activities are affected by deficit of motor function of SCI patients.

It has some impact on quality of life, life expectancy and economy (Wu,et al. 2012). According to Razzak (2011) statement, poor life expectancy had seen due to inadequate acute management and lack of proper social reintegration of persons with SCI. Most of the SCI patients are suffering from life threatening serious complications after having a spinal cord injury which is one of the major causes of reduce life expectancy (Hosssain,et al, 2016).

They fill different experience of living a family and society (Ferreira and Matao, 2017). Spinal cord injury makes a person asexual immediately after a SCI injury. It is really difficult to adjust with social and emotional aspect after getting SCI. Sexual life may affected by anguish, disbelief, anxiety and desperation after injury. In this case, emotional support and self-esteem are highly significant for the people with SCI. In the beginning of SCI, women are thinking that they will be not able to continue their sexual life. They also think that, their partner will abandon them because of this issue and they show their negligence to build up a new relationship (Ferreira and Matao, 2017).

Various cultural and traditional beliefs are responsible to create some barriers on all the aspect of life, i.e., marriage, employment, education, and access to the treatment (Olaogun,et al., 2009). A SCI patient faces difficulties in all sector of life like housing, transportation, public infrastructure, attitude, cost and accessibility, availability etc.

Scott Hamilton said that "The only disability in life is a bad attitude." Negative attitude from the family members, partner, friends, and healthcare personal which can increase their depression level and reduce active participation into the society (Chhabra,et al., 2015).

Divorce is a personal as well a social issue. Now a days out of three marriages two of them lead to divorce due to rapid changes of social, economic, and cultural. Others factors are also responsible for divorce like the sexual and marital behaviors between couples (Rabiepoor and Sadeghi, 2018). One of another study done by Sanyal (2017), divorced rate is tremendously increased in the 20^{th} century and height divorce rate is 70 percent in Belgium. Divorce rate is 60 percent in Spain, Portugal, Luxembourg, the Czech Republic and Hungary while it is 53 per cent in the U.S. the lowest rate of divorce is seen 3 percent in Chile. Even in India in modern times divorce is more or less accepted based on the belief that dissolution of unhappy marriages does not affect the social welfare (Sanyal and Paul, 2017). .

One of the studies was done by Derakhshanrad (2016) in India about the divorce of male and female with spinal cord injury. This study stated the prevalence of divorce and separation of SCI patients. The prevalence was 6.5% for male and 9.3% for female person with SCI. The prevalence is much more than general population and female are more vulnerable than male person with SCI (Derakhshanrad.et al., 2016). The ratio of

divorce rate among the male and female with SCI was 0.67%: 1.4% (Kreuter,et al., 2008). Female had 1.42 times more chance to be divorced than male (Kreuter,et al., 2011). Divorce rate mainly depends on level of injury as well age, education and occupation (Derakhshanrad,et al., 2016).

Of those whose first marriage occurred after their injury, the divorce rate was 24.4%. Of those whose were married prior to injury and then remarried following injury, 16.4% were divorced. If all post-injury marriages are considered, the divorce rate is 23.1%. This is close to the divorce rate of the United States as a whole. The outcome of post-injury marriages was also examined with respect to time since injury, level of injury, presence of post-injury children, and post-injury education and employment. Particular attention was given to those males who had never been married prior to their injury (Richards, et al., 2017).

Trauma is one of the most common cause of spinal cord injury which may lead many personal problem including sexual life as well marital life (Kreuter, et al., 2011). Sexuality is a fundamental part considering people's lives, integrating physical, emotional, intellectual and social aspects which is related with marital status (Ferreiro-Velasco,et al., 2005). Long time disability has some impact upon women like sexual function and, occasionally, fertility. Different myths are seen in community like disabled women are asexual, only independently functioning women can handle a sexual relationship, disabled women cannot be mothers, and disabled women who are single are celibate (Kreuter,et al., 2008). Comparatively SCI patients are less concern about their sexual life. Women are less concern than male with SCI (Ferreiro-

Velasco,et al., 2005). Previous study showed that, women with SCI were dissatisfied with the amount and the quality of information about sexual functioning and sex life which is provided by rehabilitation centers (Kreuter,et al., 2011).

Person may involve different type of relationships throw out their lifespan. This relationship may formal or informal, friendships, kinship bonds, and romantic or intimate relationships. Friendship is like as voluntary relationships, are generally underpinned by affection, companionship, trust, and reciprocity (Amsters,et al., 2016). Intimate relationships are characterized by commitment and closeness. This type of relationship also changes and evolve based on partner's efforts (Weigel and Ballard, 2008). Sexual relationship is an important element to carryout intimate relationship with partner Sometimes family and couple relationship are influenced by social and cultural norms (Allan, 2008). However family relationship is more flexible and unsolidified. It is also practical and here one another give emotional support to each other (Girardin and Widmer, 2015). Very few studies were conducted about the perspectives of people with SCI toward marriage. Considering the quality of care, people with SCI must be reassured about their potential to get married. SCI do not ignore or reject marriage, however it was not their life priority due to major concerns that they had internalized (Merghati-Khoei, et al., 2017).

The World Health Organization mention the importance of interpersonal interactions and relationships which has been included the chapter in the International Classification of Functioning, Disability, and Health (ICF) (World Health Organization, 2005). It is really difficult to maintain interpersonal relationship with the presence of any disease

conditions (Iida,et al., 2013). Physical, psychological, or cognitive impairment and environmental barriers reduce the rate of social participation for patients with SCI (Barclay,et al., 2016).

Environmental barrier has negative impact upon social participation for patients with SCI. There are some other hidden causes like bladder, bowel, and sexual dysfunction, and secondary health conditions, such as persistent pain and pressure injury which have also negative impact in social participation including relationship formation and preservation (Craig, et al., 2015). Amsters (2016) found that higher divorce rate seen with patients with SCL than the general population. SCI injury considers as physical and psychological burden on spouses and it also change the nature of relationship (Piatt,et al., 2016). Negative relationship has bad impact on health and QOL. However a good relationship has also good impact on health and QOL as well. Positive spousal relationship helps to reduce depressive symptoms and also reduce the chance of functional limitations. It also helps to increase self-esteem (Bookwala, 2011). It has been identified that as contributing to flexibility and adaptability for the people with SCI who had the quality of relationships with family and friends. Positive psychological outcomes for people with SCI have been linked with social support (Monden,et al., 2014). According to Amsters (2016), it is really difficult to maintain interpersonal relationship as well it disrupts development a new relationship for people with SCI. If people with SCI have had good social and personal relationship with family members it will influence outcomes for the individual with SCI (Amsters,et al., 2016).

Rehabilitation is the complex and chronic process for the people with SCI. However it was took time to develop rehabilitation concept among the medical society (Singh,et al., 2017).). This process should be started from the beginning of the injury and it should be continuing throughout lifetime. The multidisciplinary approach should be applied for rehabilitation of SCI patients. The multidisciplinary team consists of different professionals like physician, occupational therapy, physiotherapy, psychiatry, psychology, social services, rehabilitation, and community liaison.

The goals of rehabilitation are to improve functional level, decrease secondary morbidity and enhance health-related quality of life for the people with disability (Sezer,et al., 2015).

Main focusing areas of rehabilitation of SCI are promoting social independence, emotional adaptation, and community reintegration. Physical condition and medical complication should be considered during rehabilitation of SC (Singh,et al., 2017). The key success of rehabilitation mainly depends on two things like collaboration and not isolation. However QOL can be ensured by achieving this two key success. There are three type of rehabilitation. These are acute rehabilitation, sub-acute rehabilitation and chronic rehabilitation (Chhabra and Mittal., 2012).

There are three ways that a person with SCI can be benefited such as institution-based rehabilitation (IBR), outreach-based rehabilitation and community-based rehabilitation (CBR). Rehabilitation is applied by three ways: Active rehabilitation, passive rehabilitation and out reached rehabilitation. Education and training is provided to the patients in active rehabilitation service. In passive rehabilitation, care giver is involved to take training and education. Out reached rehabilitation services are provided by health-

care personnel to the homes or centers in the area. Educational and vocational training are usually not provided in these services. It is also expensive (Singh,et al., 2017).

The key goal of SCI rehabilitation is community integration (Kratz,et al., 2015). Multi-faceted concepts are used in community integration. The main concept of community integration are make a person independent with his one's own living situation and make him able to involve with meaningful activities (Gontkovsky,et al., 2009). The main focus of rehabilitation is community integration. Rehabilitation gives attention to participate in their life roles and which is the ultimate goal of community integration (Gretschel, et al., 2017). Community integration is a complex issue though it is obvious and not-so-obvious barriers and opportunities that affect its success (Singh,et al., 2017).The relatively low mean scores indicate that participants achieved poor community reintegration. Social role can be changed by physical impairment. Community integration also can change by inability to work and poor adaptability to the physical environment. Social isolation can occur due to without community reintegration (Kwong, 2017).

Community integration is the ultimate goal of physical, mental, and drug rehabilitation. It helps the people to return normal lifestyle which is closely related to quality of life of the people. Community integration helps to develop social interaction for those people who are the isolated from community (Liu,et al., 2014).

International Classification of Functioning, Disability and Health (ICF) have three domain which was defined by WHO IN 2001. Body function, activities and participation and contextual factors are the main three domain of ICF. Body function looks the changes of body structure and function, the activities and participation domain looks at

the capacity of performance of tasks, and the contextual factors domain looks at environmental and personal factors that influence functioning and disability for the person with disability (Liu,et al., 2014).

The multiple facets of community integration can be measured by different scale. They include the 11-item Reintegration to Normal Living Index (RNLI) [4], the 27-item Craig Handicap Assessment and Reporting Tool (CHART), and the Community Integration Questionnaire (CIQ). CIQ were developed using a concept of "handicap" based on the WHO's International Classification of Impairments, Disabilities, and Handicap published in 1980 (Liu,et al., 2014). Self-report assessments can help to measure the level of community integration. It is possible to quantify physical or social participation but it is not possible to find out the individual's altitudinal presence in the community (Chan,et al., 2014).

Evaluation of rehabilitation is measured by the capability of participation in social and community life for the person with disability. Some evidence are exist which were recommend that, spinal cord injury patients need follow up session regarding their social and community participation. In-depth investigation can helps to identify what aspects of social and community participation are vital for SCI patients. Clients focus solution and intervention will help to improve and promote social and community participation (Barclay, et al., 2015). Social and community participation are an ongoing challenge for person with SCI. Wellbeing and life satisfaction of person with SCI are depends on An individual's capacity to reintegrate into home and community life after SCI (Barclay, et al., 2016). Another study also revealed that in general, inadequate services, poverty, negative attitudes of family member and society towards the person with SCI, inequitable

laws, the inaccessible built environment and transport systems, are the main causes of poor integration of persons with SCI into community life (Lysack,et al., 2007).

National Disability Insurance Scheme (NDIS) had been work from 2013 to 2016 to develop a strategy about national disability which was endorsed by the Council of Australian Governments' in 2011. This strategy launched nationally from 1 July 2016 and their focusing area was community integration especially social and economic participation of people with significant disability. SCI patients experience permanent disability will be include in this strategy (Callaway,et al., 2017). Therefor in Bangladesh there is no strategy like that for disable person.

SCI rehabilitation centers help the person to re-establish previous, or develop new, roles in home, social and productivity pursuits, improve occupational performance and quality of life (Carpenter,et al., 2007). Interaction with the society increases the person's life expectancy. On the other hand dependency, depression, drug addiction, and divorce may the causes of reducing life expectancy (Singh,et al., 2017).

CHAPTER-III RESEARCH METHODOLOGY

3.1. Objectives

3.1. a. General Objective

To identify the impacts of divorce and separation for the woman with spinal cord injury in community reintegration.

3.1. b. Specific Objectives

1. To identify the socio-demographic status of both divorced and separated women with spinal cord injury.
2. To find out the level of community reintegration based on the aspect of home integration, social integration, productive activities and integration into electronic social media for women with SCI.
3. To understand the perception about the consequences of divorce and separation in community reintegration.

3.2. Study Design

Internationally Health care systems are becoming more complex due to social, political, environmental, cultural and economic forces (Lavelle,et al., 2013). Researchers had to face different challenges for this complexity. Now a days mixed research methods are used to escape this type of complexity. Mixed methods research is used in in recent years in the fields of health, social science and education. Mixed research method is more

comprehensive than could be achieved by either purely qualitative or qualitative research (Andrew and Halcomb, 2012). Combination of qualitative and quantitative methods in a study is called mixed methods research (O'Cathain, 2010).

If it is considers in a border aspect, when qualitative and quantitative data are used within a single study that is called mixed methods research (Wisdom,et al., 2012). It is generally understood that, at the most basic level, quantitative research involves the collection and analysis of numerical data, whilst qualitative research considers narrative or experiential data (Hayes,et al., 2013). According to Maudsley (2011) statement, mixing of the qualitative and quantitative components within the study is also called mixed research methods. 'Mixing' is the procedure where qualitative and quantitative both elements are used to solve the research problem (Zhang and Creswell, 2013). Sometimes there are some confusions arising between mixed methods research and multi-method research (Johnson,et al., 2007). Mixed method is different to multi-method research (Johnson,et al., 2007). However mixed methods research combines qualitative and quantitative research in a single study. On the other hand when two methods are used in a single study only for data collection then it is called multi-method research. Mixed methods research has the potential to combine qualitative and quantitative characteristics across the research process where multi-method research has only the advantage of collecting data using multiple methods (Andrew and Halcomb, 2007). The uses of mixed methods are increasing day by day in health research (O'Cathain, 2010).

The quantitative part was designed to find out the level of community reintegration based on the aspect of home integration, social integration, integration into productive activities and electronic social media for women with SCI. Cross-sectional design was used to find out the quantitative information on different variables of the study. Data was collected from the participants in order to expose the relationship and other variables of interest. However the cross sectional study provides a snapshot of related characteristics in a population at a given point in time. According to Setia (2016), cross-sectional study designs may be used for population-based surveys.

In the qualitative part, it was tried to understand the perception about the consequences of divorce and separation in community reintegration. The investigator identified in-depth information about their perception on community integration after divorce or separation within the community setting. Qualitative study can provide a useful guideline for public health practitioners (Lewis, 2015).

3.3. Place of Study

This study was conducted at different community in Bangladesh surrounding Dhaka city. Quantitative data was collected from all over the country over the telephone. Qualitative data was collected from different district in Bangladesh like Dhaka, Gazipur, Narshingdi, Munshigong, Manikgong, and Narayan Gong.

3.4. Study Period

This study was finished within eight months from the date of approval of the proposal. This study was an academic part of the Masters course that's why it had to finish according to academic calendar. However it was started on August 2017 and it was finished on April 2018.

3.5. Study Population

Study population was taken from admitted spinal cord lesion (SCL) patients at Center for the Rehabilitation of the Paralysed (CRP) in Bangladesh who was completed their total rehabilitation from July 2011-June 2016 at CRP were selected as population in this study. CRP is the first rehabilitation organization for the Spinal cord injury patients in Bangladesh. CRP is a specialized center for SCI patients. It is a not-for-profit organizations. It provides acute care and rehabilitation. Approximately 390 SCI patients were admitted per year. Different hospital all over Bangladesh including government hospital referred patients at CRP (Rahman,et al., 2017).

Researcher got total 284 women patients at CRP from July 2011-June 2016. Among them 106 women were tetraplegia, 177 were paraplegia and 3 patients were head injury. But only 39 patients were fulfilled inclusion criteria.

3.6. Sample Technique

3.6. a. Sampling Frame

All the women with SCI who had completed their rehabilitation from CRP from July 2011 to June 2016 were included in the sampling frame of this study. Sampling frame was organized from CRP data base. A simple definition of a sampling frame is the set of source materials from which the sample is selected. A sampling frame is a list of all the items in study population. It's a complete list of everyone whom researcher wants to study (Turner, 2003)**.**

3.6. b. Sampling Process

Two sampling methods were used in this study. One was for quantitative part and other for qualitative part. All the participants were taken from July 2011 to June 2016 those fulfill inclusion criteria for quantitative part of the study.

Moreover convenient sampling procedure was adopted for qualitative part. Randomize sampling is the best sampling procedure to generalized the results to the population but it is not most effective way to describe the complex issue which is related to the human behavior (Marshall, 1996). It is effective way to select the most accessible subject by convenient sampling. Convenient sampling helps to identify participants in convenient way (Depoy & Gitlin, 2015). It is the least cost, needs less effort and also safe time for the researcher. Lack of intellectual credibility is present in convenient sampling (Marshall, 1996). Where the researcher get an approximation of the truth about interested

area with low-cost is called convenience sampling. It is a nonprobability sampling technique by which it is possible to get approximation of the truth (Uprichard, 2013).

Every Tuesday CRP conduct home visit program at different community in different district surrounding Dhaka. Researcher had joined this home visit program and collect data from different community in Bangladesh. So that the convenient sampling was selected for qualitative part of this study.

3.7. Sample Size

It is very difficult to establishing the best size of sample since this decision depends very largely on the investigator which is being undertaken. Statistical studies are always better when they are carefully planned. In the study, sample must be adequate in size, relative to the goals of the study. Study sample must be "big enough" that an effect of such magnitude as to be of scientific significance will also be statistically significant.

Sample size estimation: $n= \{\frac{Z\left(1-\frac{\alpha}{2}\right)}{d}\}^2 \times pq$

$=(\frac{1.96}{0.05})^2 \times 0.093 \times 0.907$

$=1536.64 \times 0.0843 = 129$

Here, Z (1- $\frac{\alpha}{2}$) = 1.96, d= 0.05, P=0.093, q= 1-p =1-0.093, = 0.907

So estimated sample size is 129.

Researcher took participants from July 2011-June 2016 at CRP. Though total number of participant was not too large so that the researcher took the entire participants who were

fulfilled the inclusion criteria. Total number of participants was 39 for quantitative part of the study. The calculating sample size was 129 but the researcher got only 39 participants among the selected five years.

12 participants were taken as sample in this study from July 2011 to June 2016. But until saturation of data, data was collected from study population. Failure to reach data saturation has a negative impact on validity of the study as well hampers contain validity. The quality of the research is also hampered by improper data saturation. There has been lot of studies done about data saturation in qualitative research. But none of them mention the actual size of qualitative data (Boddy, 2016). However, Data saturation is reached when there is enough information to replicate the study when the ability to obtain additional new information has been attained, and when further coding is no longer feasible (Fusch and Ness, 2015).

3.8. a. Inclusion Criteria

- Women with spinal cord lesion.
- Both traumatic and non-traumatic spinal cord lesion patient.
- Divorced or separation patients with SCI.
- Paraplegia patients.
- The entire SCI patient who had completed rehabilitation program from CRP July 2011-June 2016.
- Age group: Above 16 years.
- The SCI person was to have been living outside from CRP for a minimum of three years.

- Have had returned to community living following inpatient rehabilitation.
- Convenient to reach as participants.

3.8. b. Exclusion Criteria

- Patients with other condition.
- Men with spinal cord injury patients.
- Tetraplegia patients.
- Married and unmarried, widowed women with spinal SCL.
- Age group: below 16 years
- Patients with SCL who had completed rehabilitation program out of CRP.
- Patient who had completed rehabilitation program from CRP before July 2011 and after June of 2016.
- Inexpedient to as participants.

3.9. Research Instruments

A customized demographic questionnaire, consisting of questions relating to age, number of children, education, economic status, living area, married before or after injury, duration of marital life before injury, duration of divorce or separation, with whom patient live, date of injury, date of discharge, ASIA, neurological level, SCIM, level of injury, time since injury, cause of injury, assistive device.

The Community Integration Questionnaire-Revised (CIQ-R) developed questionnaire was used in this study. This questionnaire first published in 1993 as Community Integration Questionnaire-Revised (CIQ) by Willer (1993). It was 15-item scale

providing a brief, reliable and objective assessment of home and social integration and productive (employment, education and volunteer) activities (Callaway,et al., 2016).

The CIQ home subscale examines participation in meal preparation, cleaning, grocery shopping, childcare (where applicable) and planning of social arrangements. The social integration subscale includes items on frequency of visiting family and friends, financial management, and participation rates in leisure, personal shopping and community-based social activity. It also examines the most common social context of community activities completed (i.e. if the person usually does these activities alone, with family/ friends or with other people with disability). The CIQ productivity subscale examines how frequently a person travels out of their home, as well as their level of participation in paid employment (with adjusted weighting for people who are retired due to age), study and/or volunteerism (Callaway,et al., 2016).

CIQ high score indicate higher integration and lower score indicate lower integration. The CIQ is a recognized measurement scale for examining community integration following SCI (Gontovsky,et al., 2009). According to Kratz (2015) this scale also used in different SCI research. The CIQ has been examined extensively, with demonstrated good criterion and construct validity, test retest reliability, inter-rater reliability, and full-scale internal reliability, with some issues identified with distribution of subscale scores and factor structure (Callaway,et al., 2016).As a part of revision of the CIQ, it was revised in 2016 my Callaway (Callaway,et al., 2016).

A semi-structured open ended questionnaire was used for this research and it was also translate in Bangla. Interviews can also be more or less structured. Open questionnaire are more standard for qualitative study (Cohen and Crabtree, 2006). However more qualitative interviews are semi-structured. Semi-structured questionnaire can provide reliable and comparable qualitative data (Cohen and Crabtree, 2006).There are some structured questions on semi structured questionnaire based on researcher interest. Semi-structured interviews are often lead by observation, informal and unstructured interviewing based on research topic, relevant and meaningful questions according to research objective and researcher interest (Cohen and Crabtree, 2006).

A developed guideline is also included on semi structured questionnaire but it will be flexible according to situation. Separate or quite place is also needed to get descriptive and narrative information (Brinkmann, 2014).Typically semi structure questionnaire should be paper based interviews which is need to followed by interviewer. Since semi-structured interviews often contain open-ended questions which is able to discuss may diverge from the interview guide (Cohen and Crabtree, 2006). A tape recorder was used to record qualitative data and later transcript these tapes for analysis. However semi-structured interviews also allow informants the freedom to express their views in their own terms. Semi-structure interviews can provide reliable, comparable qualitative data. Many researchers like to use semi-structured interviews because questions can be prepared ahead of time. This allows the interviewer to be prepared and appear competent during the interview (Cohen and Crabtree, 2006).

The questionnaire was developed under the advice and permission of supervisor and also was followed some guideline. Before finalization of questionnaire, pilot study had conducted with 3 divorce and separation women patients.

3.10. Data Collection Technique

Before collecting the data, permission was taken for this study from Institutional Review Board (IRB) of Bangladesh Health Profession Institute (BHPI). A written permission was also taken from the head of medical service wings to collect data from medical records. One week before the data collection, an introductory letter was given to the record keeper of medical service wings with the purpose of the study. After that study was administered by the researcher.

For the quantitative part of the study, a convenient time was selected for data collection through the telephone. There are different ways for formal interviews like over the telephone, or in face-to-face interaction, to more informal conversations conducted for research purposes (Brinkmann, 2014). There was a study done in 1982 by Cotter about telephone interviews and he also found that it has a great effects. Telephone interviews have practical and administrative advantages when the participants are scattered over a wide area. But it had been argued when the questionnaire is more complicated or it took long time (Colombotos, 1969).Colombotos also found that, there is no difference between interviewed in people or by telephone if it is socially acceptable.

It is really important that when the participant will get free time to talk with other and their mode will be good. At first the eligible participants were inform about the study and asked them about the convenient time for data collection. Then data was collected in their given convenient time. Before starting the data collection, content of the consent form through information sheet was described properly and make them understood about it clearly. Then verbal consent was taken from the participant.

For the qualitative study, participants were asked to fill up written consent form to ensure volunteer participation. However quantitative data was collected by telephone and it was researcher administrative questionnaire. About 10-15 minutes were needed to fill the quantitative questionnaire like CIQ-R and demographic information. But 25-30 minutes were required to collect the data including qualitative questionnaire. Quantitative questionnaire contains some domain like home integration, social integration and productivity.

Data was collected by face to face interview with sample at community setting. Data was recorded through the tap reorder. According to Cohen and Crabtree (2006) statement it is generally best to tape-record interviews and later transcript these tapes for analysis. It helps to capture respondents' answers. Sometimes it is really difficult to record the participants answer instantly by writing. This approach will result in poor notes (Cohen and Crabtree, 2006).A detailed medical history including sex, age, mode of trauma and clinical findings were taken from hospital based record. Hospital records were used to identify the women with divorce or separation.

3.11. Data Analysis

Descriptive statistic was calculated by baseline demographic and related factors of divorce and separation for quantitative part of the study. Independent t test was done for investigation among dependent variables with independent variables.

In qualitative sections, data was analyzed through statements, meaning, themes and general description of their experiences. Data was taken in Bengali language. Then it was translated into in English language. Content analysis should be used for data analysis. From content data will be analyzed by them from description by information. Data are reported in the language of the informant (Minchiello,et al., 1990).

3.11. a. Cross sectional Data Analysis

All statistical analysis was done by IBM SPSS version 16 where alpha set was <0.05. Central tendency was find out for continuous variables and frequency and proportion for categorical variables. Data entry and analysis was done by Statistical Package for Social Science (SPSS) version 20 and Microsoft excels spreadsheet. All the data were input on SPSS as different variable. SPSS can able to calculate all the statistical data. Data was analyzed through descriptive statistical analysis and it was presented by using tables, figures and different chart. The chi-square test also used to discover if there is an association between two categorical variables. The mean, median, standard deviation and ranges were calculated by SPSS. The matched analysis examined the continuous data CIQ scores using standard ANOVA with factors of SCI (yes/ no) and another factor to account for the matched sets (Access Economics, 2009).

3.11. b. Qualitative Data Analysis

Qualitative data was analyzed by using interpretative phenomenological analysis (IPA). This systemic tool was used to guide the analysis of participant's transcripts. The transcript of one participant was analyzed prior to moving onto the next transcript to ensure each participant's perspective was noted prior to looking for pattern across participants with a commitment to detailed and in-depth analysis, preventing the premature formulation of themes and generalizations during data analysis. To analysis the qualitative data, may have need a pile of interview transcripts, field-notes, documents and notes from observation. Systematic and rigorous approach must be needed for a good qualitative research. It helps to find out the answer about what something is like (such as a patient experience), what people think or feel about something that has happened, and it may address why something has happened as it has (Seers, 2012).

Data analysis process was divided into five steps. Data was recorded by recording with the phone. Then it was written on page as data transcript in Bengali language. . At first the transcript of one participant was read several times to create familiarity with the story. The transcript was reviewed several times by the researcher to ensure all the data will be presented within the text. After that the interviews was written down in English from Bengali by two persons who are competent in English except researcher. The researcher completed two copies of data where all two copies will be translated by the two volunteers. After that the researcher those two different data sets and also read it several times to recognize what the participants wanted to say in the interviews. At the same time the researcher was listened the audio record to ensure the validity of data. In the second

step, descriptive and linguistic note made to summarize and highlight key and interesting point. In step three, these notes were used to identify emergent themes with similar themes eventually being group together. In steps four the previous steps were repeated with each participant's transcript without reference to already analyzed transcript. In the last step when analysis of each transcript was completed, emergent themes were compared and contrasted between the participants transcripts to develop overreaching super ordinate themes.

3.12. Utilization of Result

The study sample will not be benefited directly from research findings. But the policy makers may benefited by the study to make a policy which will be supportive to keep marital status in a positive sustainable position.

3.13. Facilities Available

The demographic data was available on CRP data base. So it was a great opportunity to get this. To use the demographic data from CRP, permission was taken from the head of the medical service wings. This study was conducted by researcher own fund.

3.14. Quality Control and Quality Assurance

All data collection was done accurately with the concern of respective supervisor. All the instruction was followed correctly during the data collection period. It was also ensured that, using methods were valid before use the test.

The Community Integration Questionnaire-Revised (CIQ-R) developed questionnaire was used for quantitative part in this study. To use this questionnaire, researcher had to take permission from the author of this questionnaire. So that the researcher had send an email to the author and got the permission. The author of CIQ-R questionnaire also gave the permission to use it and he also gave the scoring system of the CIQ-R scale and the new article about CIQ-R as PDF form.

The researcher had completed field test before starting the data collection. There were four face to face interview conducted to ensure whether the questions were fulfill to find out researcher objectives and was it understood by the participants. It is important to carry out a field test before collecting the final data because it helps the researcher to refine the data collection plan and to justify the reliability and validity of the question fit with Bangladesh context. That field test was performed to identify any difficulties that exist in the questionnaires. Then the researcher got chance to rearrange the questionnaires to make it more understandable, clear and enough for the participants and the study.

3.15. Ethical Consideration

For conducting this research at first it had proposed to BHPI review board to allow carrying out the research. The investigator obtained permission to conduct research from the Institutional Review Board of Bangladesh Health Professions. Researcher also took permission from the Head of Medical Service Wings to take demographic data from CRP record.

An information sheet was provided containing information relating to ethical issue. The research related information was discussed with the each participant throughout the information sheet before taking signature on the consent form. Verbal permission was taken during collecting the data from participant throughout the telephone. The participants were well instructed that if they do not wish answer the questions included in the survey, they may skip them and move on the next question. It was also ensured them this interview will not make any effects on their daily life or taking further treatment from CRP. They can change their mind at any time of data collection even throughout the study period. Participants had also right to refuse participation even if they agreed earlier. The investigator also ensured that at the end of the interview they would have opportunity to review the remarks and participants can ask to modify or remove participation of those if they do not agree with investigators notes. It was ensured to participants that, they do no need to give any reason for not responding to any question or for refusing to take part in the interview.

On the other hand participants were informed about the benefit of the participation. They will be not direct benefited from this study but their cordial participation will help the researcher to find out the existing situation of the divorce or separated women in community reintegration. The researcher was available to answer any study related question or inquiry to the participants. a written consent form was developed for all participants and they were guide about all that they reserve to explore during the study.

After taking permission from the departmental head of medical service wings at CRP Savar, data was collected and it was completed within the allocated time frame. All the data was strictly reviewed in strict secure and had maintained confidentially. The appraisal files were strictly secure and it has not opened in front of others. For any kind of use of this study or data there was no identification remark of any participants. Anonymous data was only used. All the ethical consideration of Bangladesh medical Research Council (BMRC) was followed by this study.

CHAPTER-IV RESULTS

Response rate

Total number of participants was 1881 from July 2011 to June 2016. Among them 284 (15.09 %) were female. tetraplegia were 106 (37.32%) and 177 (62.32%) were paraplegia and only 39 (22.03%) were divorce or separated whereas 42 (23.72 %) were lived with husband. Three were head injury, 31 were below the age of sixteen, unmarried were 23, 7 were widowed, death were 19 and lived with husband 42. Fourteen were missing because the subject no longer at the address on record at inpatients documents or CBR documents and were not interested to participate in this study.

Table 1: Total Distribution of Number of Women from July 2011 to June 2016

	Frequency	Percentage
Total women patients	284	15.09%
Tetraplegia	106	37.32%
Paraplegia	177	62.32%
Head Injury	3	1.05%

Table 2: Total Distribution of Number of Women with paraplegia from July 2011 to June 2016

	Frequency	Percentage
Age Bellow 16	31	17.51%
Unmarried	23	12.99%
With Husband	42	23.72%
Widow	7	3.95%
Death	19	10.73%
Missing Data	14	7.91%
Divorce and Separation	39	22.03%

Demographic and injury characteristics are a necessary first step in studying other factors effecting community reintegration.

Table 3: Socio-Demographic Characteristics of the Participants (n = 39)

Variable	Percentage
Age (years)	
Minimum 21	
Maximum 51	
Mean 31.62	
Standard deviation 6.77	
Religion	
Islam	97%
Hindu	3%
Educational status	
Illiterate	48.7%
Class I to V	12.8%
Class VI to X	20.5%
Passed SSC \ Equivalent	7.7%
Pass HSC \ Equivalent	7.7%
Graduate \ Equivalent	2.6%
Occupation	
Unemployed	76.9%
Service holder	7.7%
Business	12.8%
Retired	2.6%

Monthly income	
1–5000tk	64.1%
5001-10000tk	33.3%
10001–20000tk	2.6%
Living location	
Rural	74%
Urban	26%
Number of children	
0	61.5%
1-2	33.3%
3-4	5.1%
5to above	
Duration of divorce or separation	
1-2 years	23.1%
3-4 years	17.9%
5-6 years	28.2%
7-8 years	12.8%
9 to above years	17.9%
Marriage before or after injury	
Before Injury	89.7%
After Injury	10.3%

Duration of marriage	
1-3 years	35.9%
4-6 years	38.5%
7-9 years	25.6%
10-12 years	
13 to above years	
ASIA	
Complete A	56.4%
Incomplete B	20.5%
Incomplete C	10.3%
Incomplete D	12.8%
Incomplete E	
Neurological level	
Thoracic (T1-T12)	71.8%
Lumbar(L1-L2)	28.2%

Socio-demographic Characteristics:

3.1 Distribution of the Participants according to their Age

From the distribution of the data it was determined that majority of the participants 64.1% (25) were within the range of years of age 27-37 years, 17.9% (7) were between 16-26 years, 15.4% (6) were between 38-48 and 2.6%(1) were within the age group of 49-59 years.

The maximum age was 51 and the minimum age was 21.

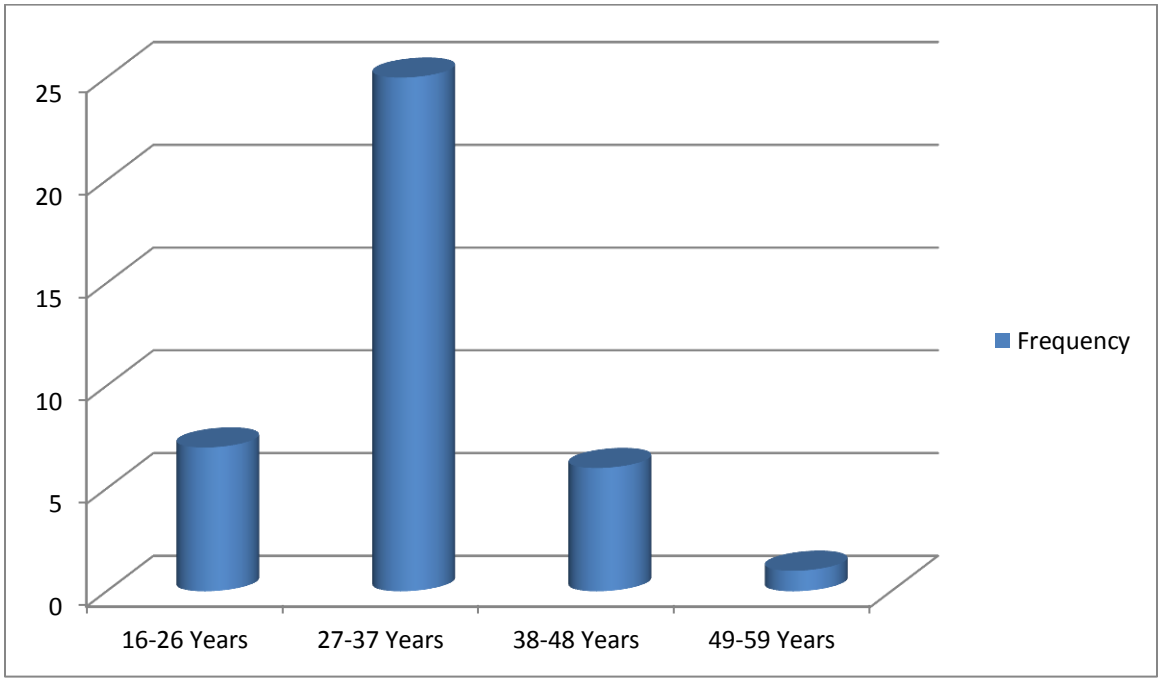

Figure 1: Age Group the Participants

Of the 39 participants of women with divorce and separation with SCI, with a mean age of 31.62 years (SD = 6.77)

Table-4: Statistics of age in full age

Mean	**31.62**
Standerd deviation(SD)	6.77

3.2 Distribution of the Participants according to their Religion

From the analysis of the data about the religion of the participants, it was identified that among the 39 participants almost maximum participants were Muslim 97% (n=38) except 3 (n=1%) were Hindu participant. Among the participants no one was from other religion.

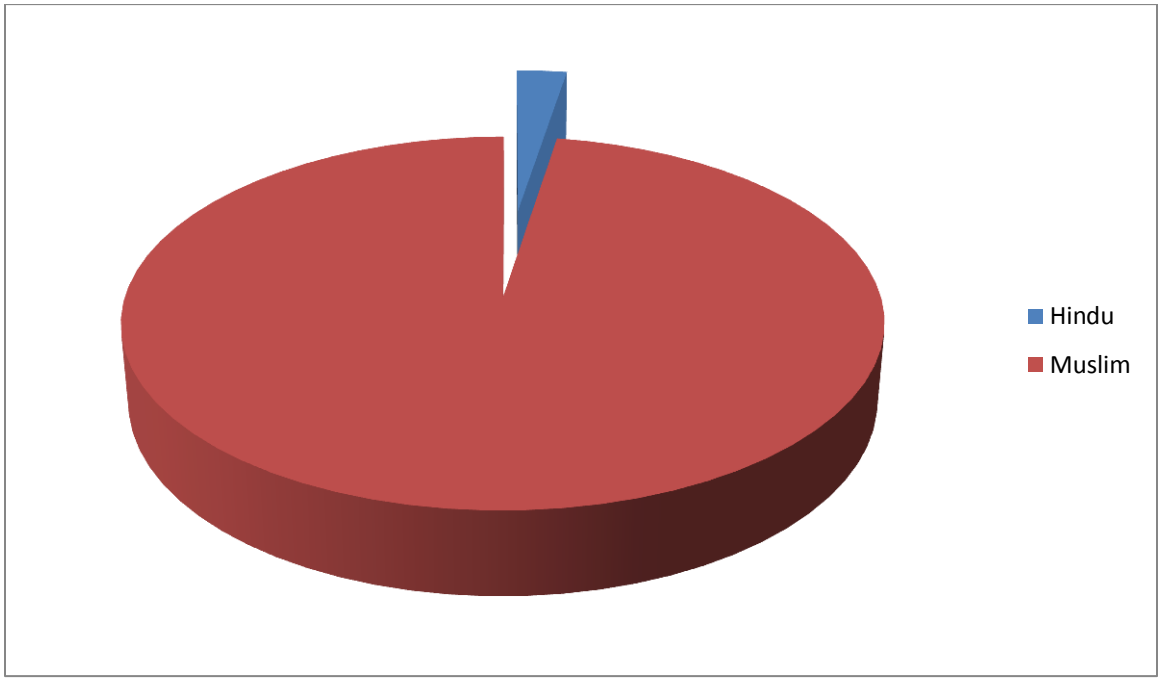

Figure 2: Religion of the Participants

3.3 Distribution of the Participants according to their Education

Almost half of the participants were illiterate. It was about 48.7% (n=19) and 20.5% (n=8) were between class VI to X. Only 12.8% (n=5) were between class I to class V. Both SSC and HSC pass were 7.7% (n=3) and only one 2.6% (n=1) person was graduated.

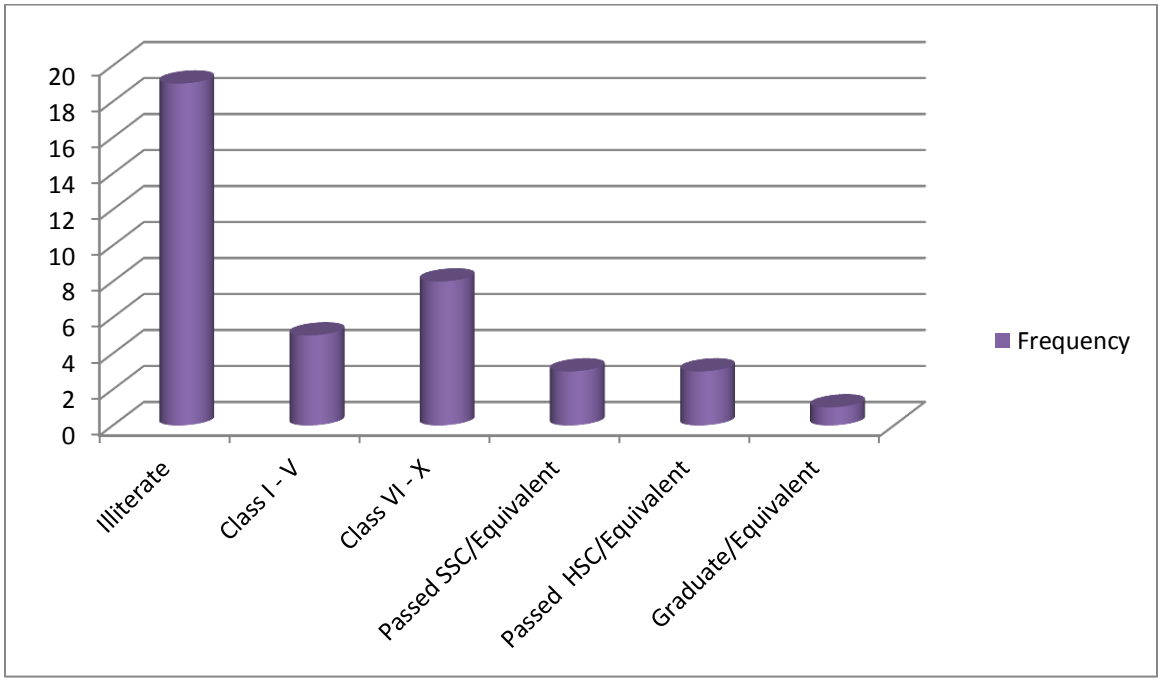

Figure 3: Educational Status of the Participants

3.4 Distribution of the Participants according to their Occupation

From the analysis of the data the occupation of the participants, it was identified that among the 39 participants the majority of participants were unemployement about 78% (n=30). The second hight percentage was business and that was 13% (n=5). The third highest rate of occupation was service holder and it was about 8% (n=3). Lastly the most lowest rate of the occupation was retired and that was only 2% (n=1).

Among the 39 perticipants 78.9% (30) were unemployed, 12.8%(5) were involved with business, 7.7%(3) were service holder.

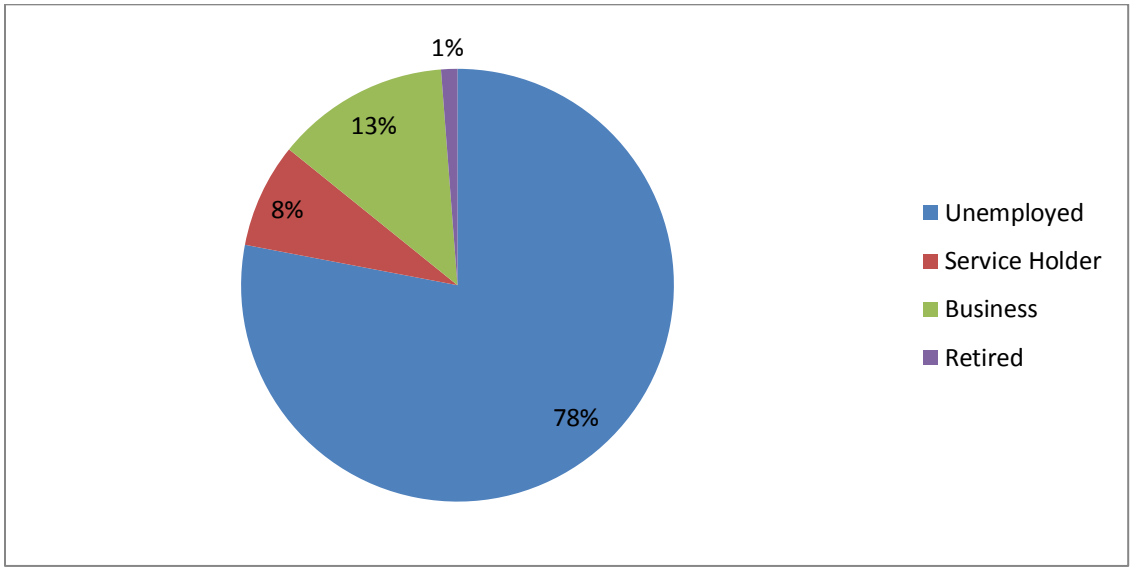

Figure 4: Occupation of the Participants

3.4 Distribution of the Participants according to their Monthly Income of family

Majority of participants were from low economic status. Among the participant 64.1% (n=25) had average monthly income up to 5000 taka where 33.3% (n=13) had in between 5,001-10,000 taka. Only 2.6% (n=1) was come from in between 10,001-20,000 taka.

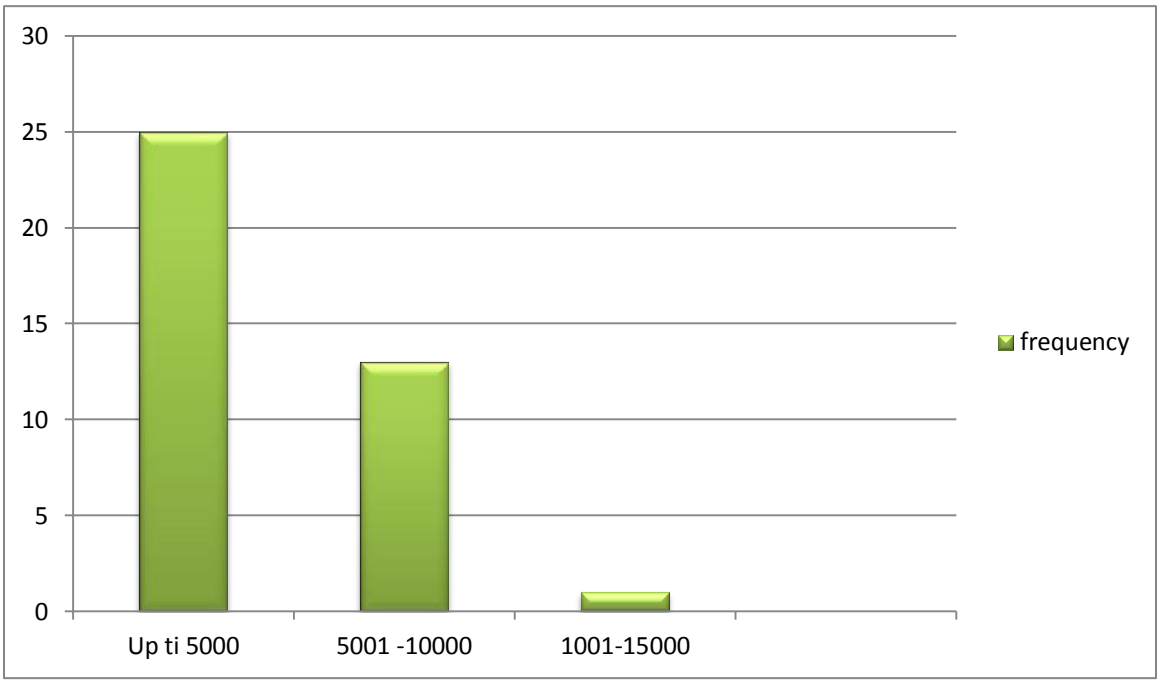

Figure 5: Monthly Income of the Participants

3.5 Distribution of the Participants According to their Living Area

The data identified that among the total participant, the highest number of participants were from rural area. It had been observed that the percentage of participants from rural area was 74 % (n=29). And rest of the participants were lived in urban area and that was 26% (n=10).

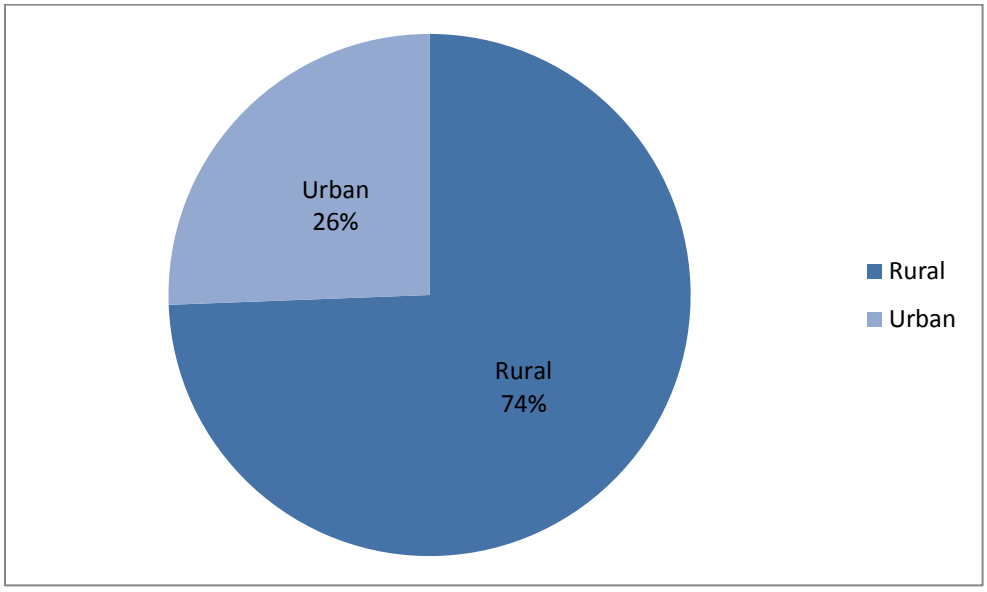

Figure 6: Living Area of the Participants

3.6 Distribution of the Participants according to their Number of Children

Among those 39 participants, more than half of the participant had no children and it was about 61.5% (n=24). On the other hand 33.3% (n=13) participants had one or two children. And only 5.1% (n=2) had history of having two children.

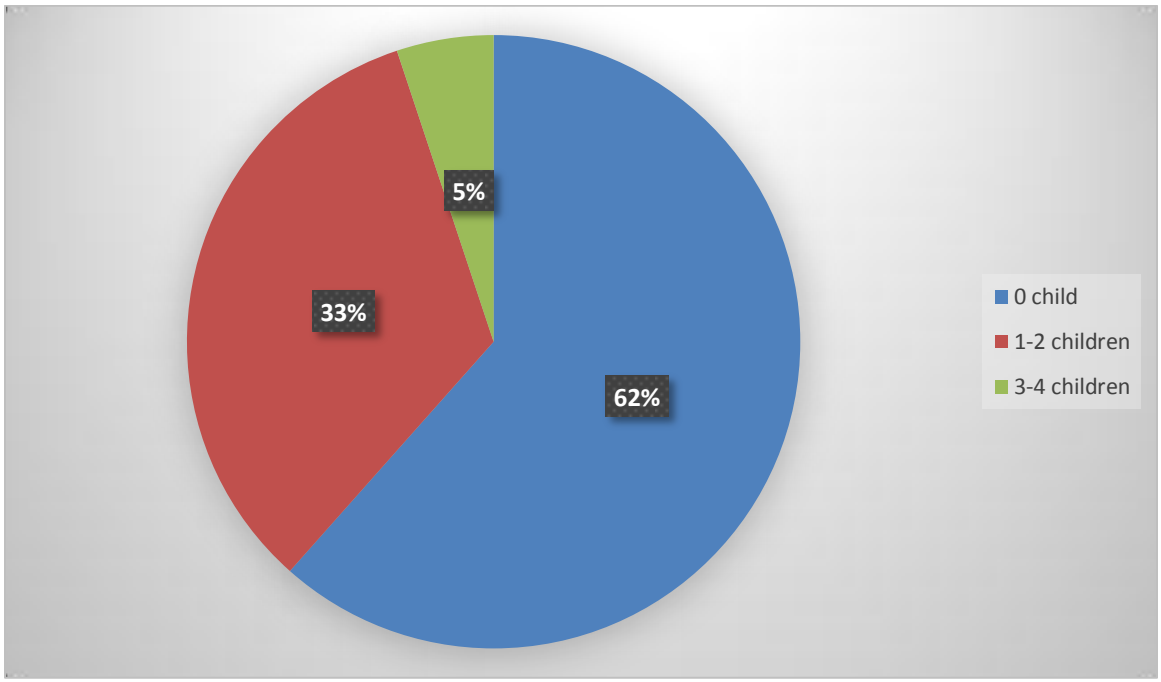

Figure 7: Number of the Children of the Participants

3.7 Distribution of the Participants According to their Duration of Divorce and Separation

From the distribution of data it was determined that the majority divorce and separation occurred 3-4 years ago. It was about 38.46% (n=15), 25.64% (n=10) were between 5-6 years, 23.7% (n=9) were above 7 years and only 12.82% (n=5) were between 1-2 years.

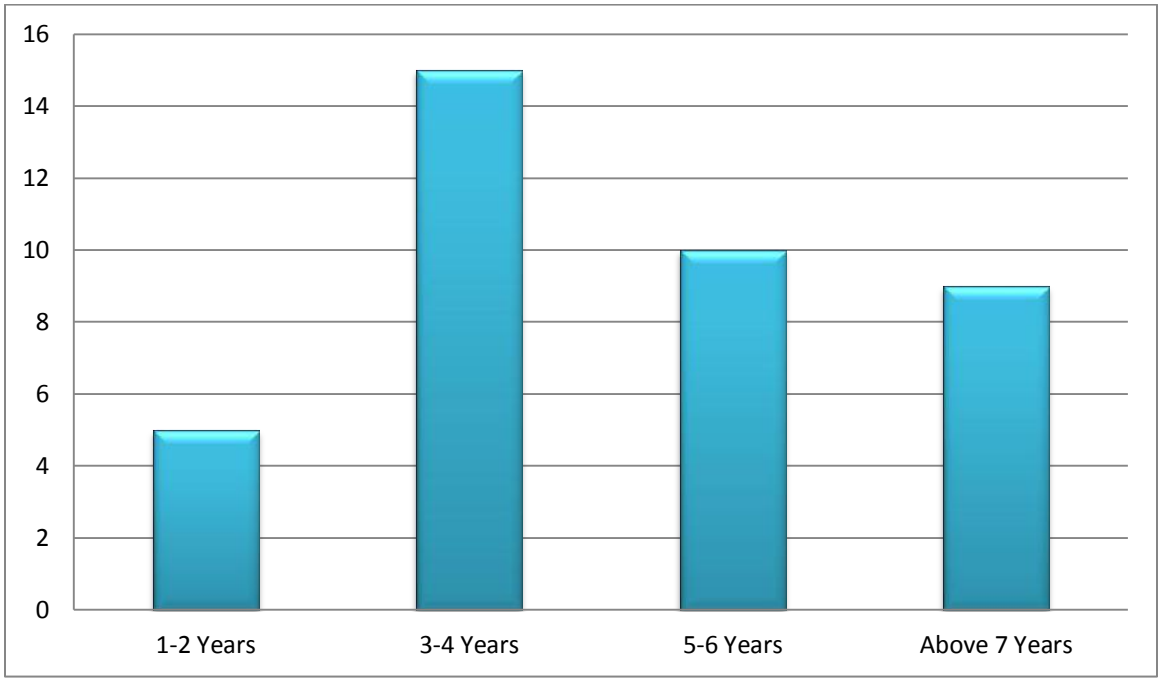

Figure 8: Duration of Divorce of the Participants

3.8 Distribution of the Participants according to their Married before or after Injury

The data identified that among the total participants, almost 90% (n=35) participants were injured by SCI after marriage. Whether only 10% (n=4) were injured before marriage.

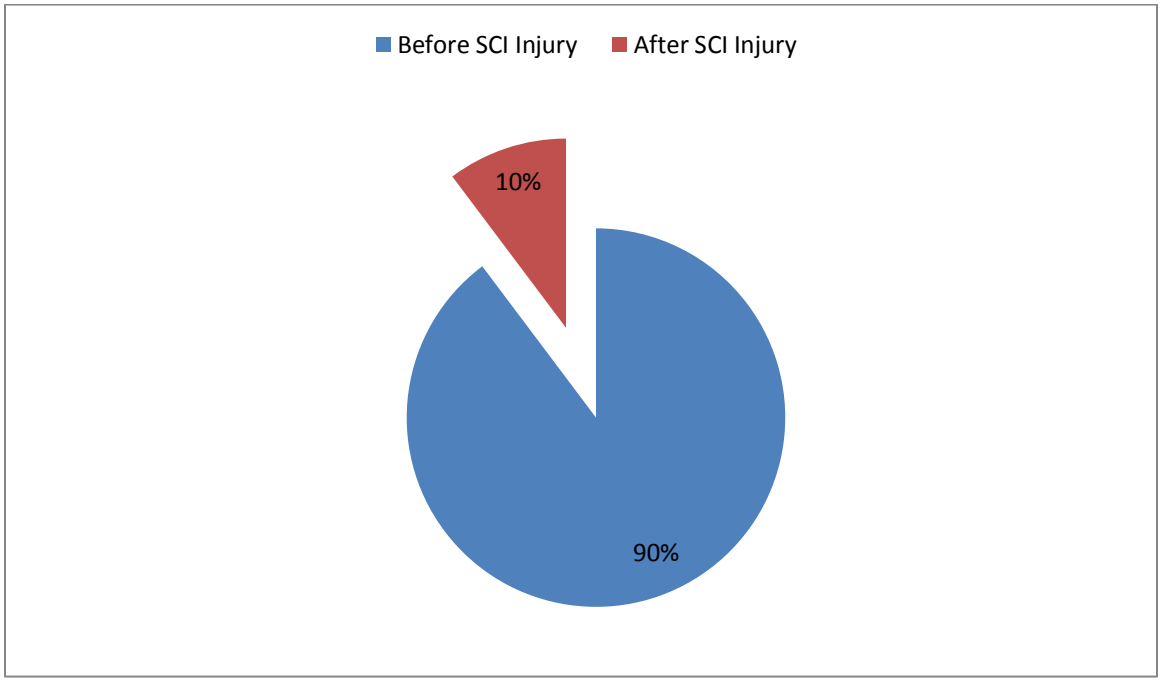

Figure 9: Married Before or After Injury of the Participants

3.9 Distribution of the Participants according to their Duration of Marriage

The data identified that, there were 38.5% (n=15) participants married ages was 5 to 8 years and 35.9% (n=14) had between 1 to 4 years. On the other hand 25.6% (n=10) participants were married above 9 years before the injury.

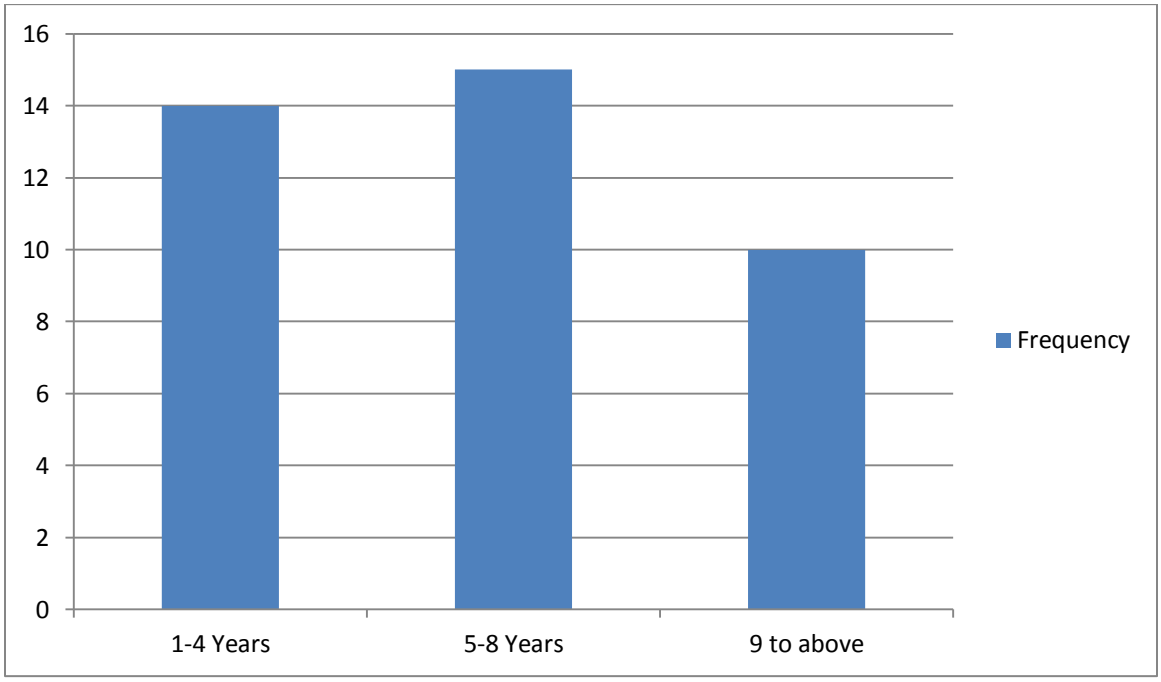

Figure 10: Duration of Marriage of the Participants

3.10 Distribution of the Participants according to their ASIA

Throughout the participants about half of the participants 56.4% (n=22) were complete A, 25.6% (n=10) were incomplete B and 12.8% (n=5) were incomplete D. At there only 5.1% (n=2) were incomplete C.

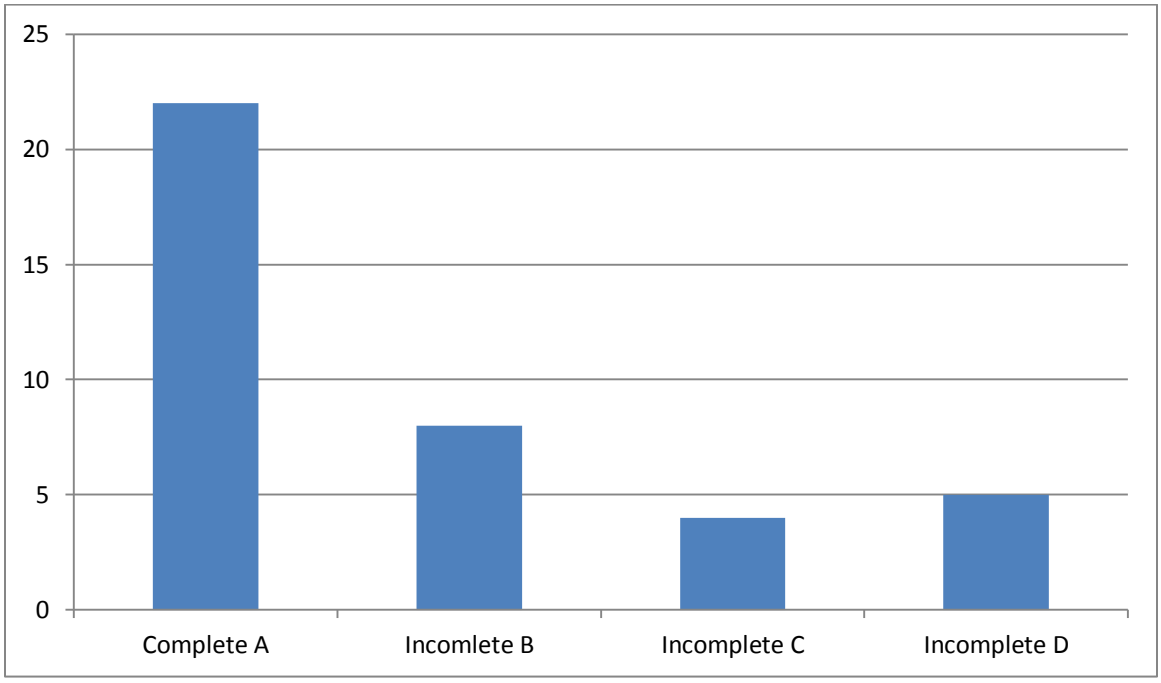

Figure 11: ASIA of the Participants

3.11 Distribution of the participants according to their Neurological Level

A majority had experienced thoracic 71.8% (n=28) injuries and most frequently report on level between T7-T12 which was 48.7% (n=11). There was 28.2% (n=11) had the history of lumber injury.

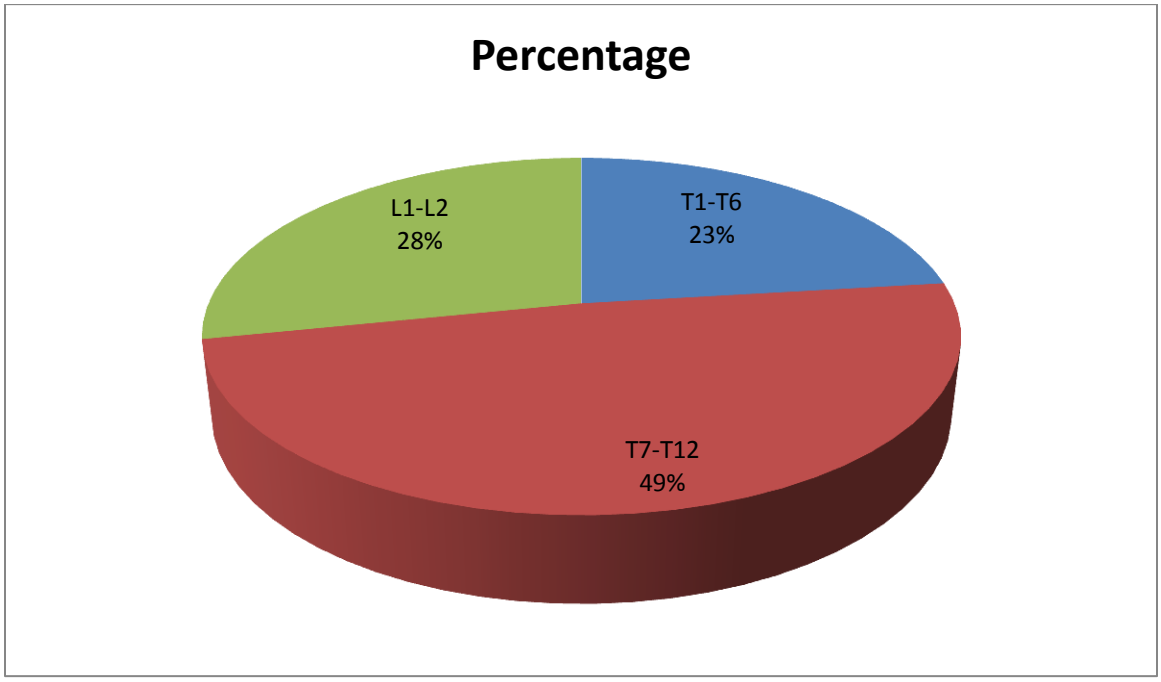

Figure 12: Neurological Level of the Participants

4. Mean and SD of Home Integration, Social Integration, Productivity and Electronic Social Networking among Participants

The questionnar of CIQ-R, it had four part. From the analysis of the data of of this four part like home integation, social integation, productivity and electronic social networking of the participants, it was identified that among the (n=39) participants the mean home integration was 2.89 and SD was ±1.53. The second part was social integration and its mean and SD was 3.74 and ±1.61. The third part was productive activities and its mean and SD was 3.12, ±1.81 the last part of this questionnaire was electronic social networking. And it's mean and SD was 2.54, ±1.86. From analysis of this data it could be said that the data is true data, because hear all SD was less than half of SD.

Table 5: Mean and SD of Home Integration, Social Integration, Productivity and Electronic Social Networking among Participants

Components	**Mean, Standard Deviation**
Home Integration	2.89, ±1.53
Social Integration	3.74, ±1.61
Productive Activities	3.12, ±1.81
Electronic Social Networking	2.54, ±1.86
Total CIQ	12.03, ± 3.87

5. Mean and SD of all Individual Question of Home Integration, Social Integration, Productivity and Electronic Social Networking among Participants

Here all the standard deviation was less than half of all mean. So we can say that the data was trusted and data was true data.

Table 6: Mean and SD of all Individual Question of Home Integration, Social Integration, Productivity and Electronic Social Networking among Participants

		N	Mean	Std
Family	Who usually does the shopping for groceries	39	0.31	±.105
	Who usually prepares meals	39	0.97	±.479
	Who usually does normal everyday housework	39	0.95	±.472
	Who usually cares for the children	39	0.62	±.633
	Who usually plans social arrangements	39	0.67	±.321
	Who usually looks after your personal finances	39	0.26	±.199
Social	Do you usually participate in	39	0.86	±.502

	shopping			
	Participate in movies sports restaurants etc.	39	0.23	±.485
	Do you usually visit friends or relatives	39	0.74	±.498
	Leisure activities do you usually alone	39	0.05	±.223
	Do you have a best friend	39	1.18	±.997
Productive activities	Do you travel outside the home	39	0.38	±.747
	Best corresponds to your current work situation	39	0.94	±.066
	Best corresponds to your current program situation	39	0.64	±.493
	Did you engage in volunteer activities	39	0.46	±.969
Electronic social media	Do you write to people for social contact using internet	39	0.36	±.707
	Do you talk for social contact using online	39	0.36	±.778
	Text messaging using your phone	39	.64	±.779

6. Every Domain with Individual Question

6.1: Home Integration

6.1.1 Responsible person of Shopping for Groceries or other Necessities in Household

From the analysis of the data, it was found that about 8.12% (n=32) participants were not involve with Shopping for groceries or other necessities in household. Only 12.8% (n=5) participants were involve with Shopping for groceries or other necessities in household and 5.1% (n=2) were involved or sometimes depended to others.

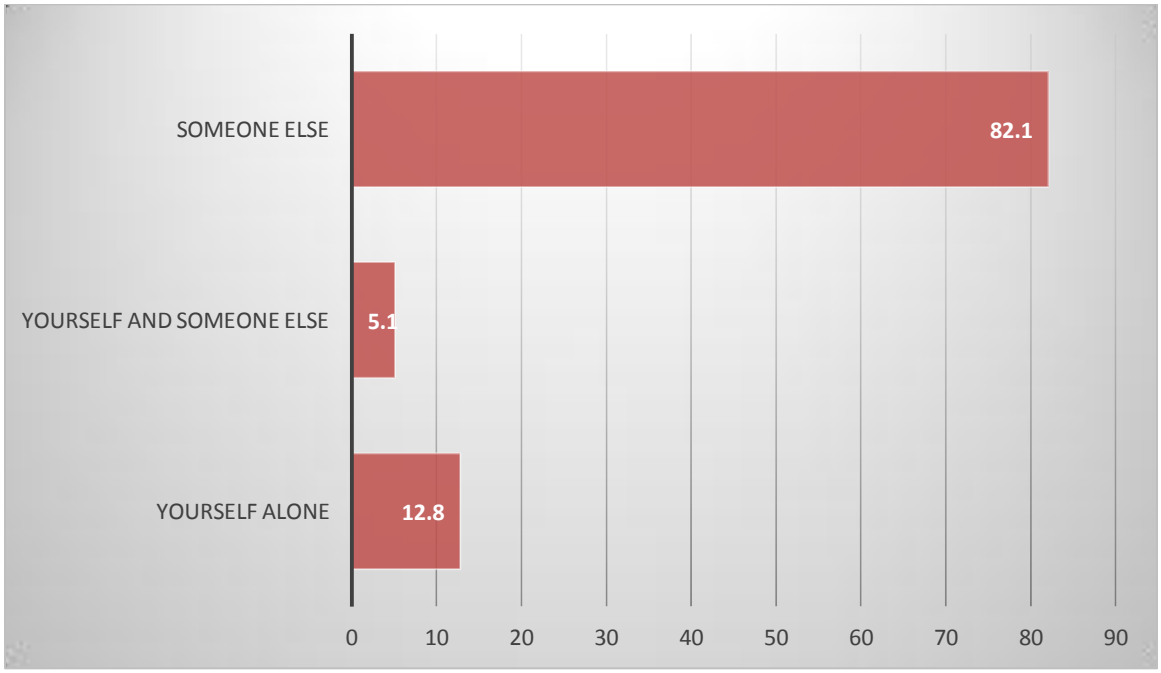

Figure 12: Responsible for Shopping

6.1.2 Preparation of Meal in Household

From the distribution of the data, it was determined that the half of the participants 51.3% (n=20) were alone or taking helps to others to prepare of meal in household and only 23.1% (n=9) were prepared their own meal and rest of the participants were 25.6% (n=10) were totally dependent to other for preparing meal.

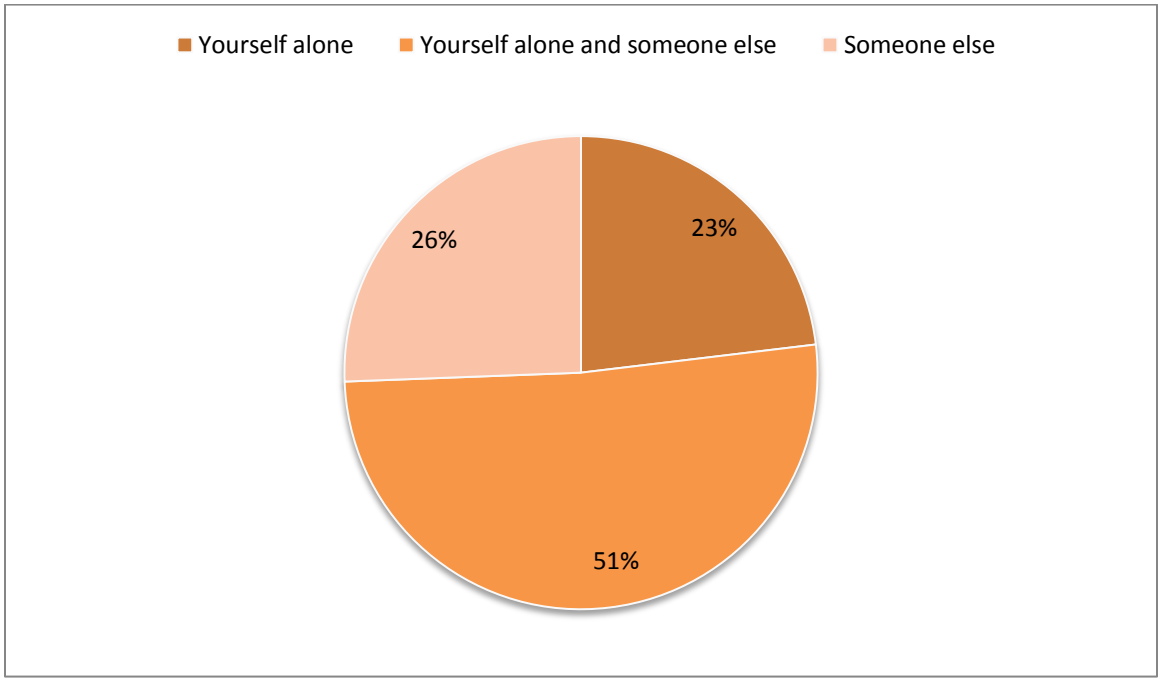

Figure 13: Preparation of Meal in Household

6.1.3 Normal Everyday Housework

From the analysis of the data, it was found that about 48.7% (n=19) participants were involve herself or someone else with normal everyday housework. Only 23.1% (n=9) participants were involve with normal everyday housework own self and 28.2% (n=11) were totally depended to others for normal everyday housework.

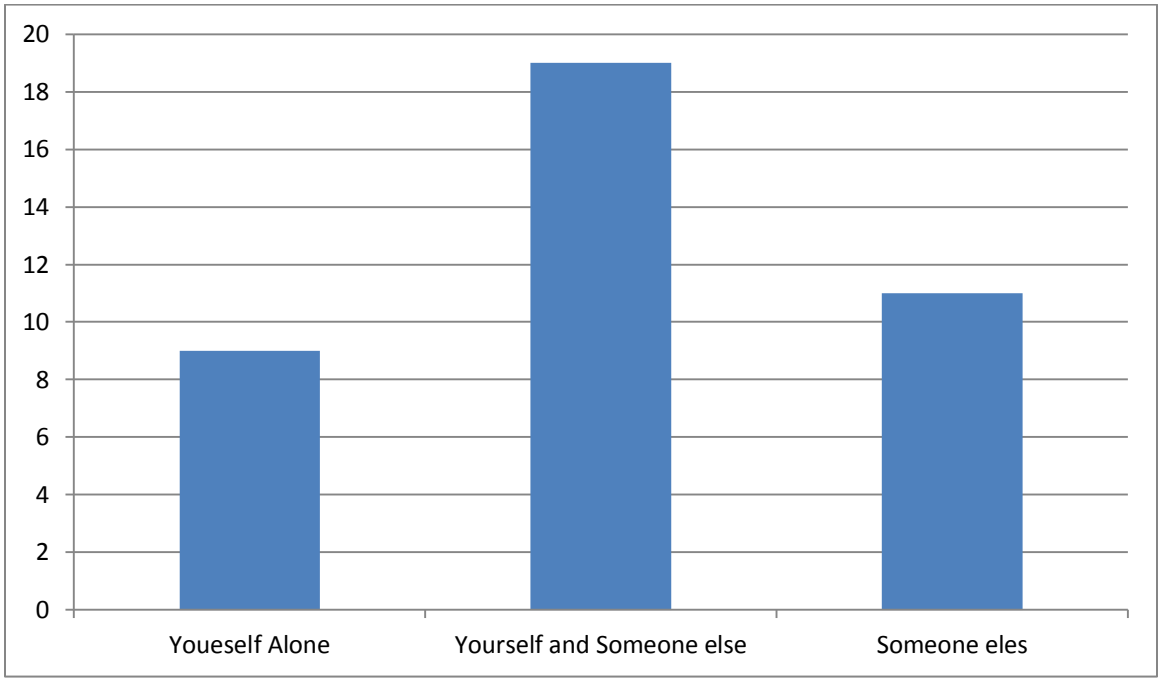

Figure 14: Normal Everyday Housework

6.1.4 Caring of Children in Home

From the distribution of the data, it was determined that the almost half of the participants 46.2% (n=18) were alone or taking helps to others to care of children in home and only 7.7% (n=39) were capable to care of children themselves alone. Rest of the participants 33.3% (n=13) were totally depended to other for taking care of children in home.

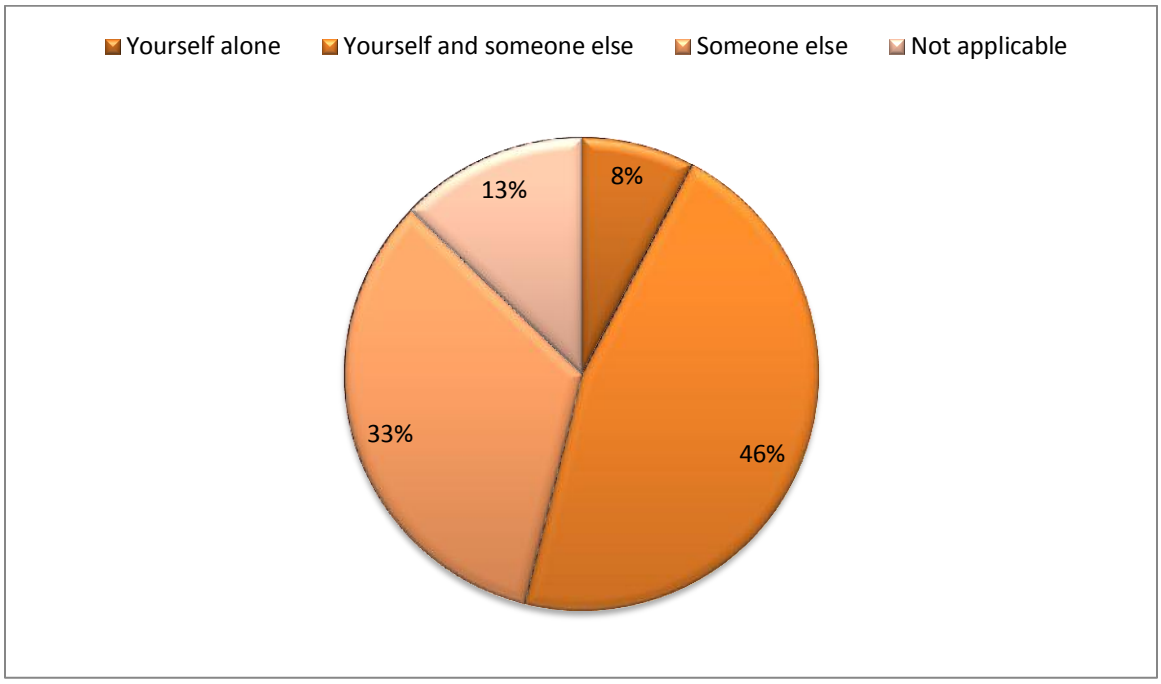

Figure 15: Caring of Children in Home

6.1.5 Plans of Social Arrangements

From the analysis of the data, it was found that about half of the participants 51.3% (n=20) were totally depended to someone else for plan of social arrangements. Only 15.4% (n=6) participants were involve to plan of social arrangements own self and 33.3% (n=13) were depended to themselves and someone else for planning of social arrangements.

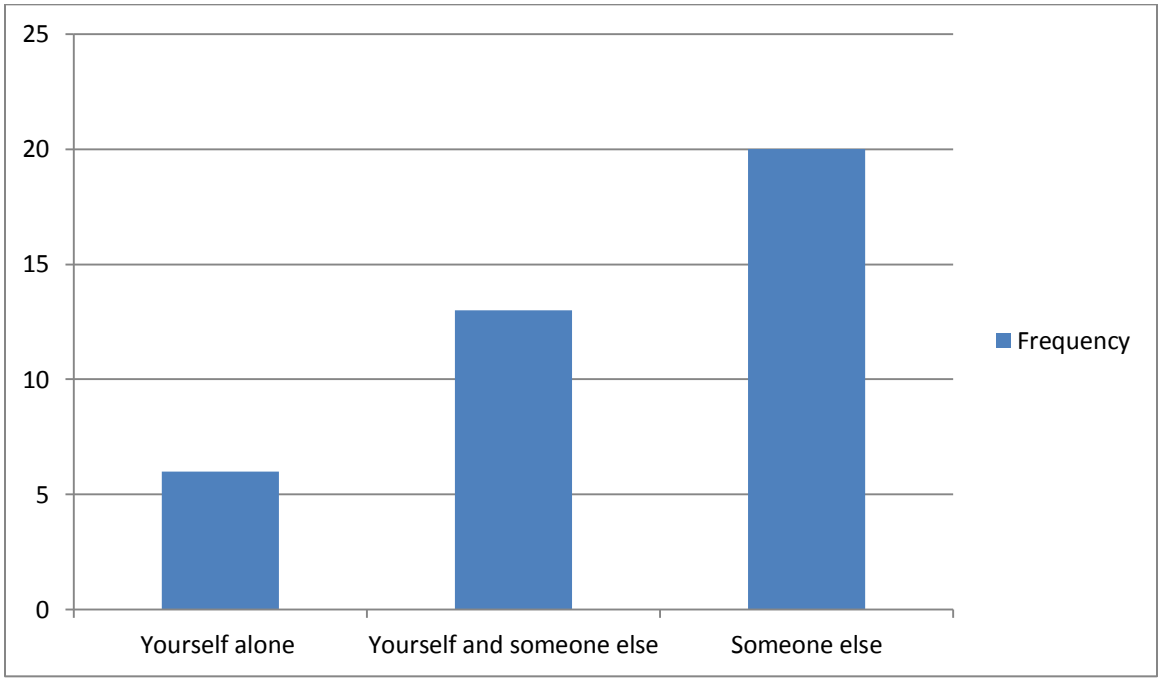

Figure 16: Plans of Social Arrangements

6.1.3 Look After the Finance

From the distribution of the data, it was determined that the 82.1% (n=32) participants were totally depended to others for looking after the finance and only 7.7% (n=3) were capable to look after the finance themselves alone. Rest of the participants 10.3% (n=4) were able or depended to other to look after finance.

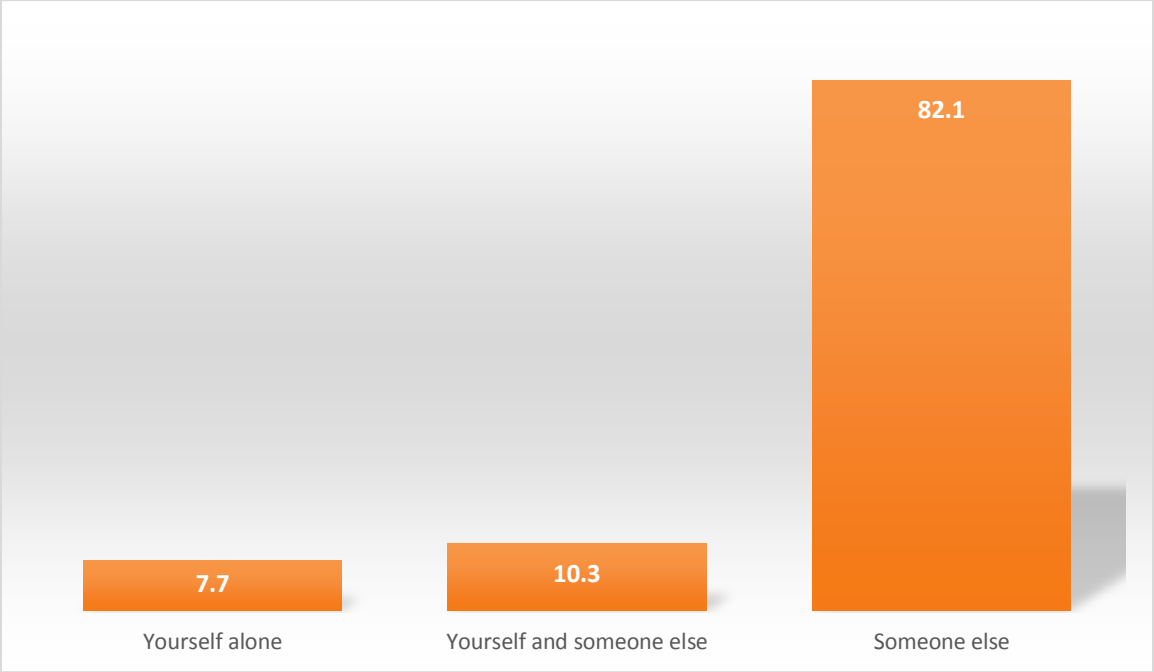

Figure 17: Look After the Finance

6.2 Social Integration

6.2.1 Shopping Outside of Home

From the analysis of the data, it was found that 56% (n=21) participant doing shopping outside of home 5times or more than 5 times in year and rest of the participants 44% (n=17) were doing shopping 1-4 times in a year.

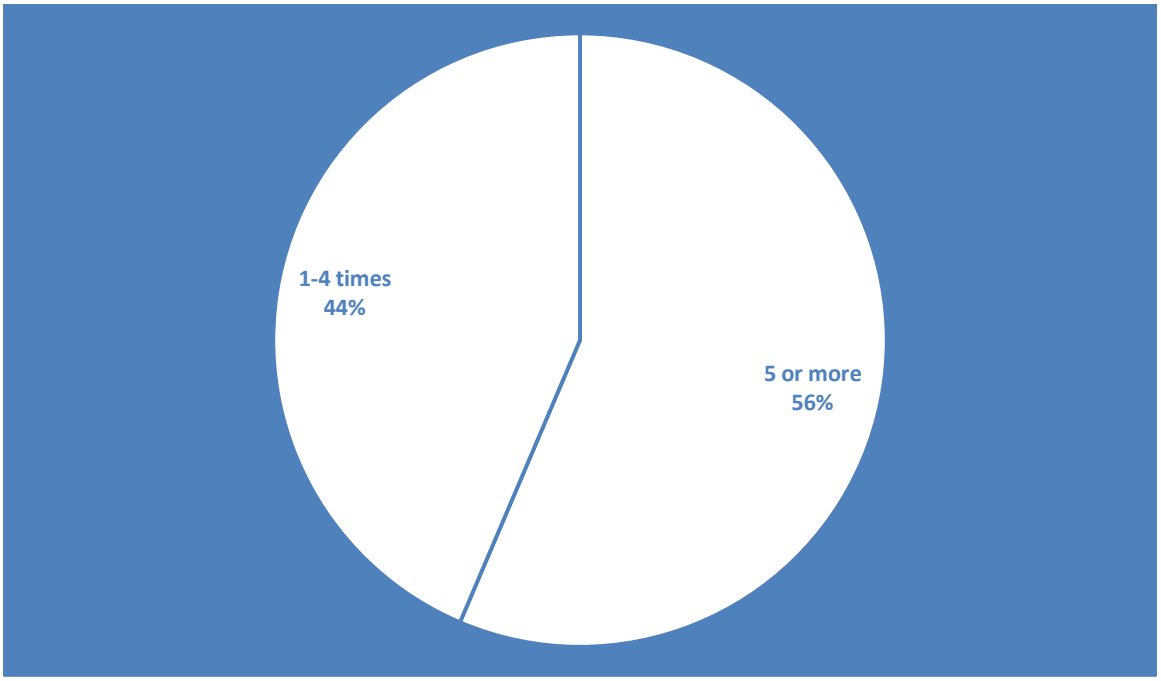

Figure 18: Shopping Outside of Home

6.2.2 Participate in Leisure Activities (movies, sports, restaurants)

From the distribution of the data, it was determined that the 79.5% (n=31) participants were never participated in leisure activities and only 17.8% (6) were participated in Leisure activities 1-4 times in a month. Only 2.6% (2) were participated in Leisure activities 5 or more times.

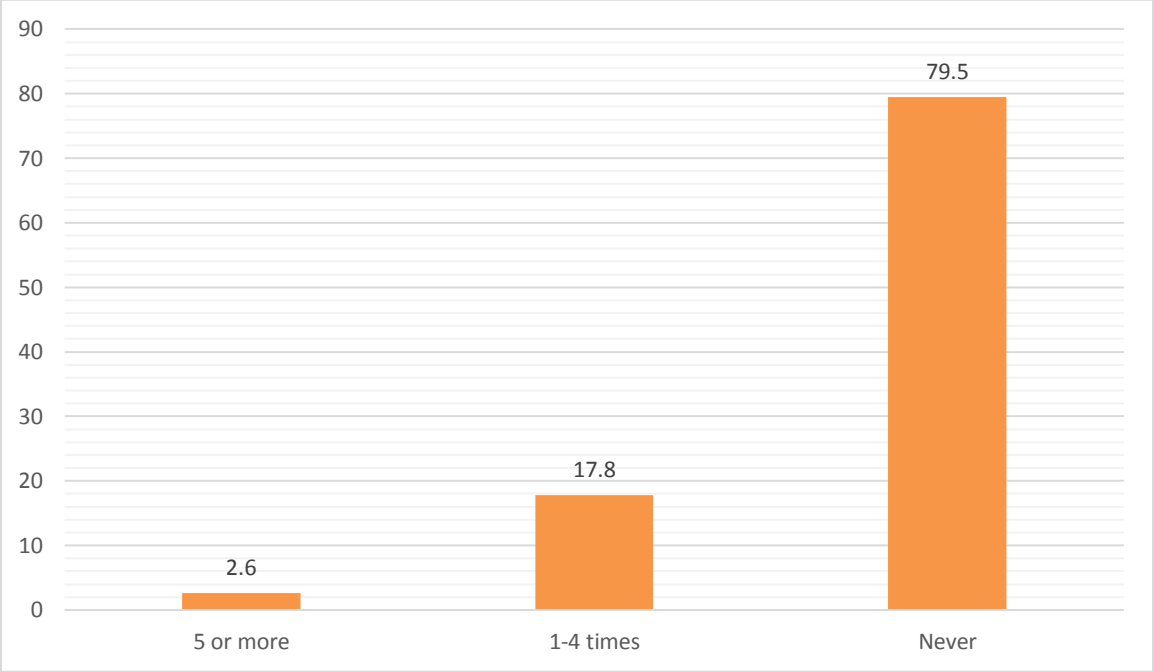

Figure 19: Participate in Leisure activities

6.2.3 Visiting Friends or Relatives

From the distribution of the data, it was determined that the 69.2% (n=27) participants had visited their friends and relatives 1-4 times in a month. Only 2.6% (n=1) person had visited their friends and relatives 5 or more times. The rest of the participants 28.2% (n=11) never visited their friends or relatives.

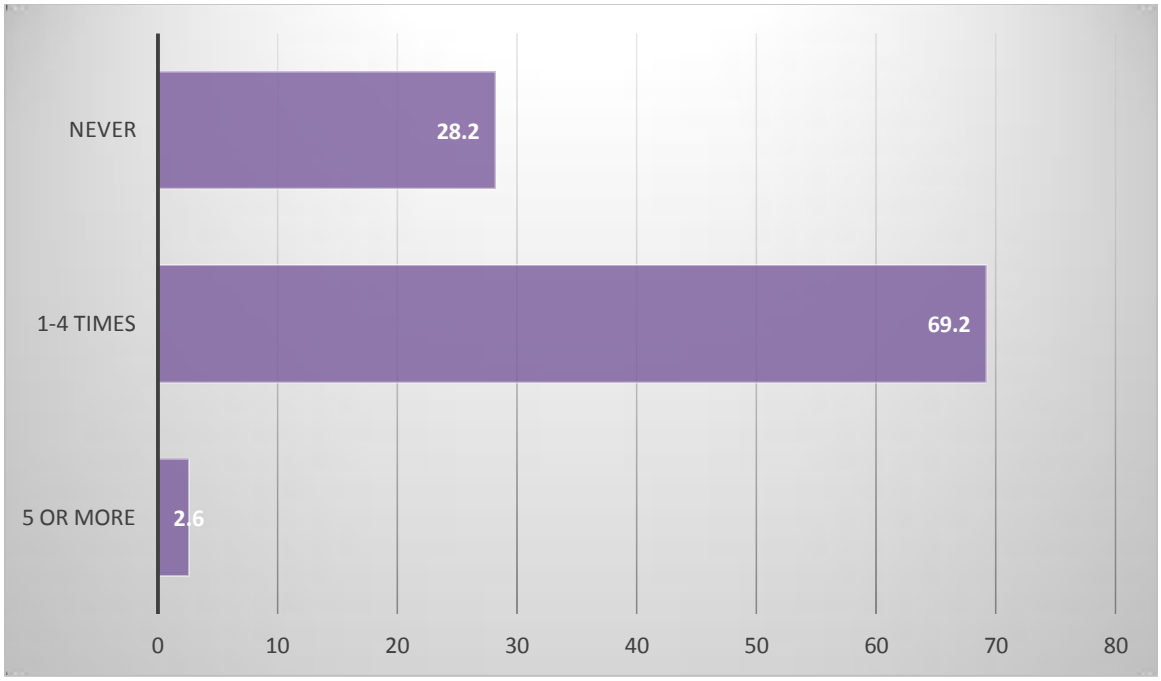

Figure 20: Visiting Friends or Relatives

6.2.4 Participation in Leisure Activities

From the analysis of the data, it was found that 95% (n=37) participants were participated in leisure activities with their family members. Only 5% (n=1) participant had participated in leisure activities alone.

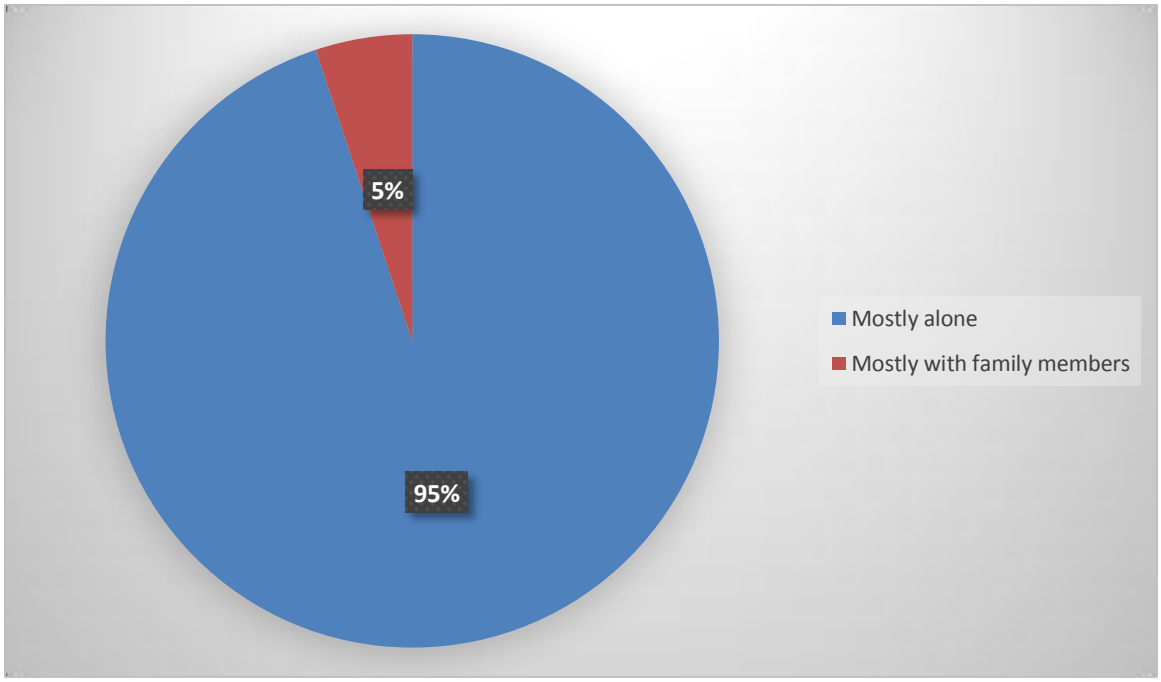

Figure 21: Participation in Leisure Activities

6.2.5 Have a Best Friends

From the analysis of the data, it was found that among the all participants (n=39), 59% (n=23) had a best friend and 41%(16) had not any best friend.

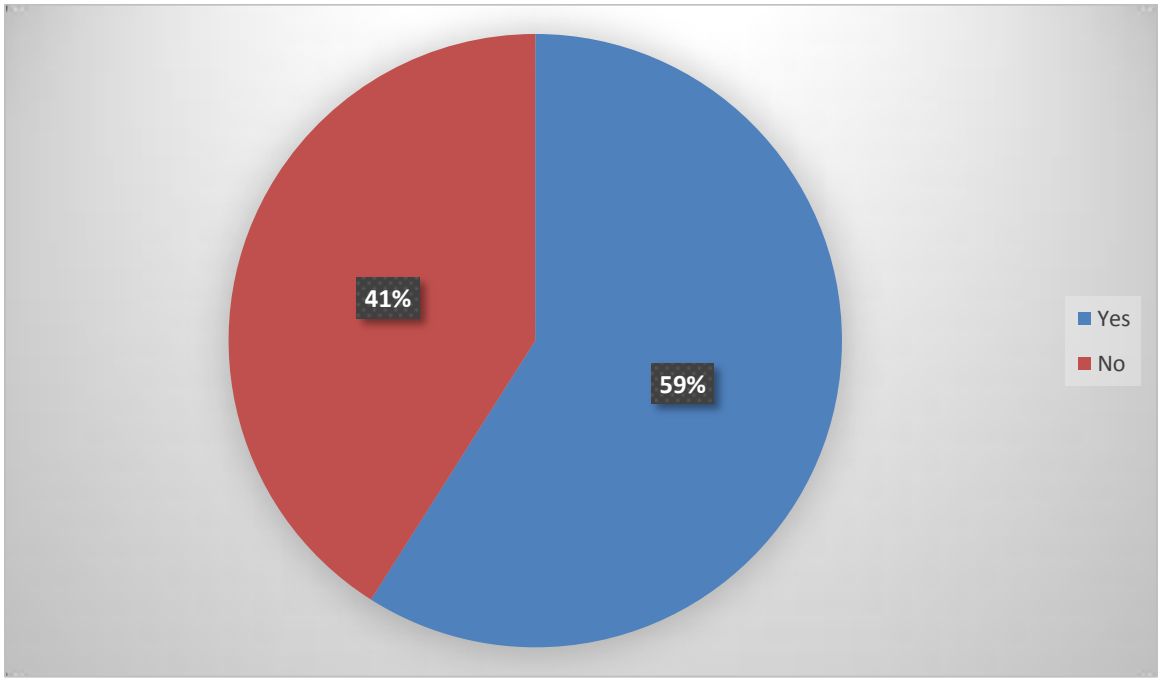

Figure 22: Have Best Friend

6.3 Integration of Productive Activities

6.3.1 Traveling Outside

From the distribution of the data, it was determined that the 76.92% (n=30) went outside for traveling less than once per week and 7.69% (n=3) went outside for traveling almost every week. On the other hand 15.38% (n=6) participants went to outside for traveling almost every day.

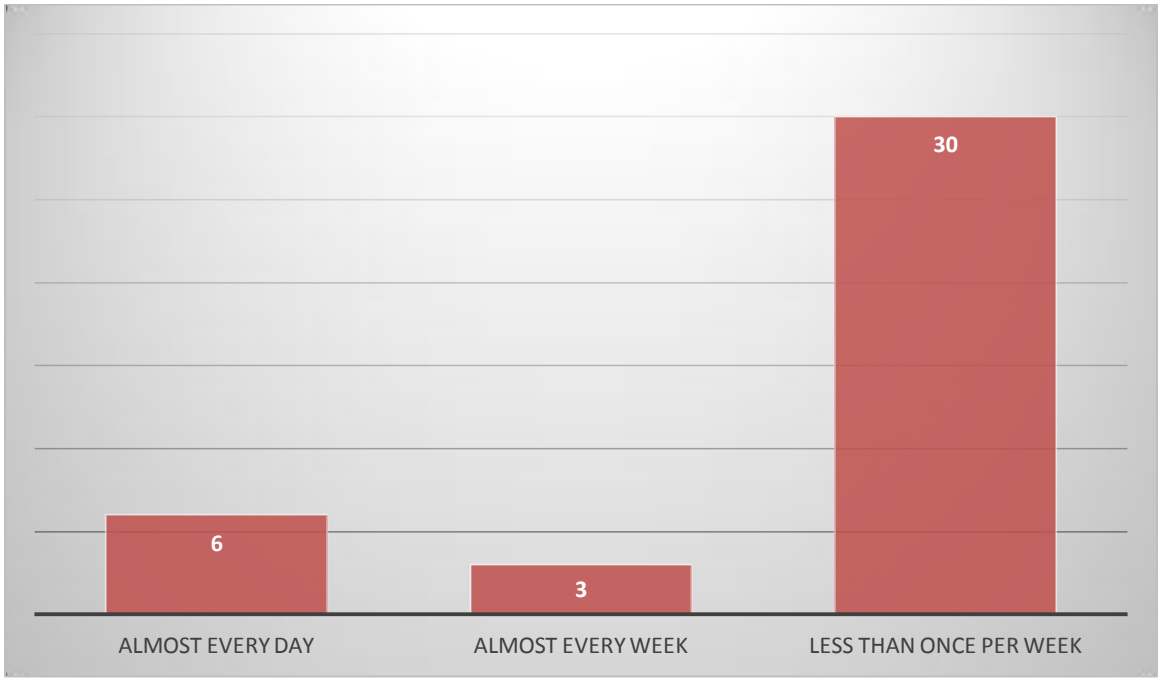

Figure 23: Traveling Outside

6.3.2 Current Work Status

From the analysis of the data, it was found that 23.15% (n=9) participants were involved with full time work, 30.8% (n=12) were involved with part time work, 15.38% (n=6) were not involved with any work but they were seeking work. The rest of 30.8% (n=12) participants had no work and they were not search any work.

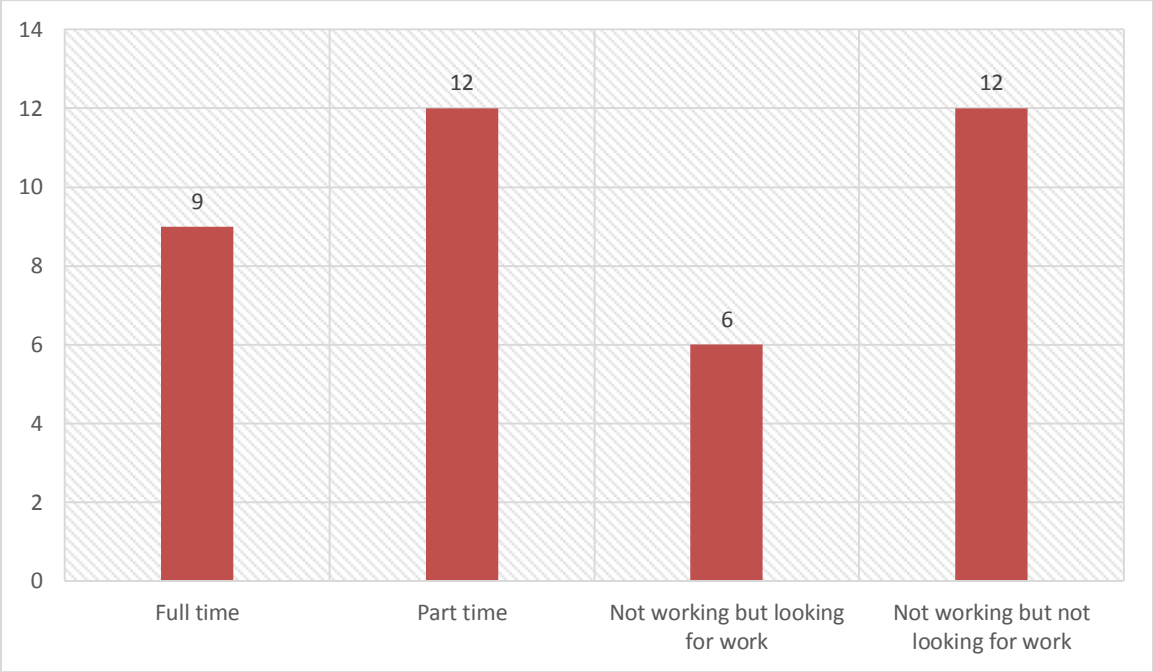

Figure 24: Current Work Status

6.3.2 Current School or Training Program

From the analysis of the data, it was found that only 38% (n=15) participants were involved with part time school or training program. And 62 % (n=24) participants were not involve any school or training program.

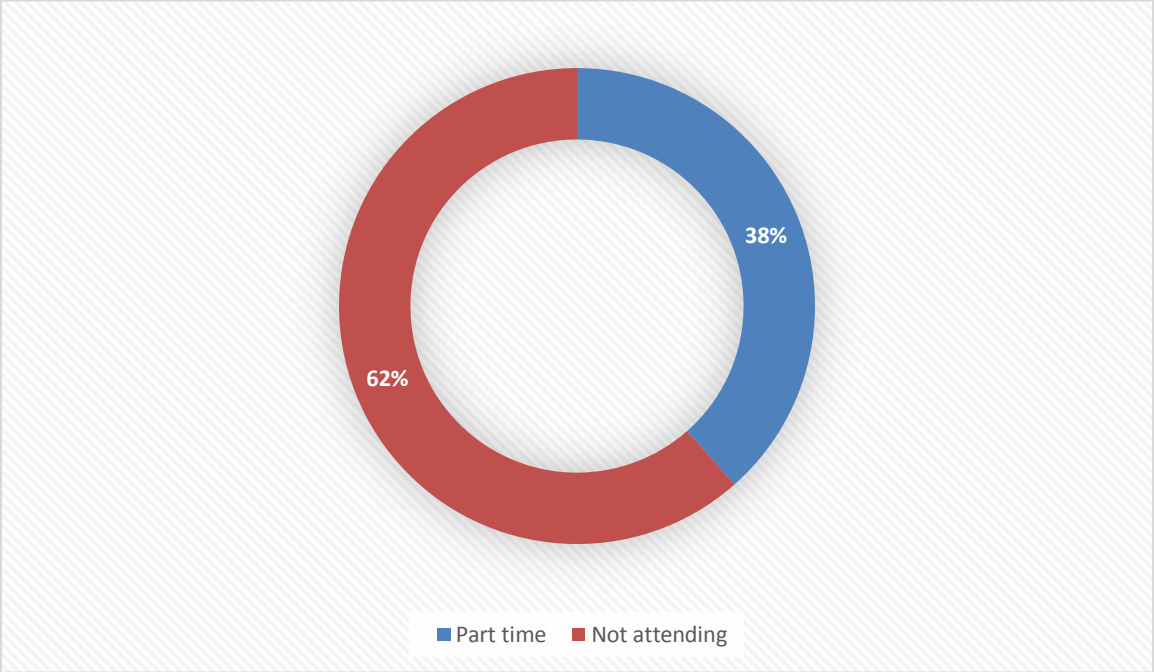

Figure 25: Current School or Training Program

6.3.3 Volunteer Activities

From the analysis of the data, it was found that, maximum participant 79% (n=31) seldom involved with volunteer activities and 18% (n=7) participants were involve almost every day. Only 3% (n=1) involved with volunteer activities every day.

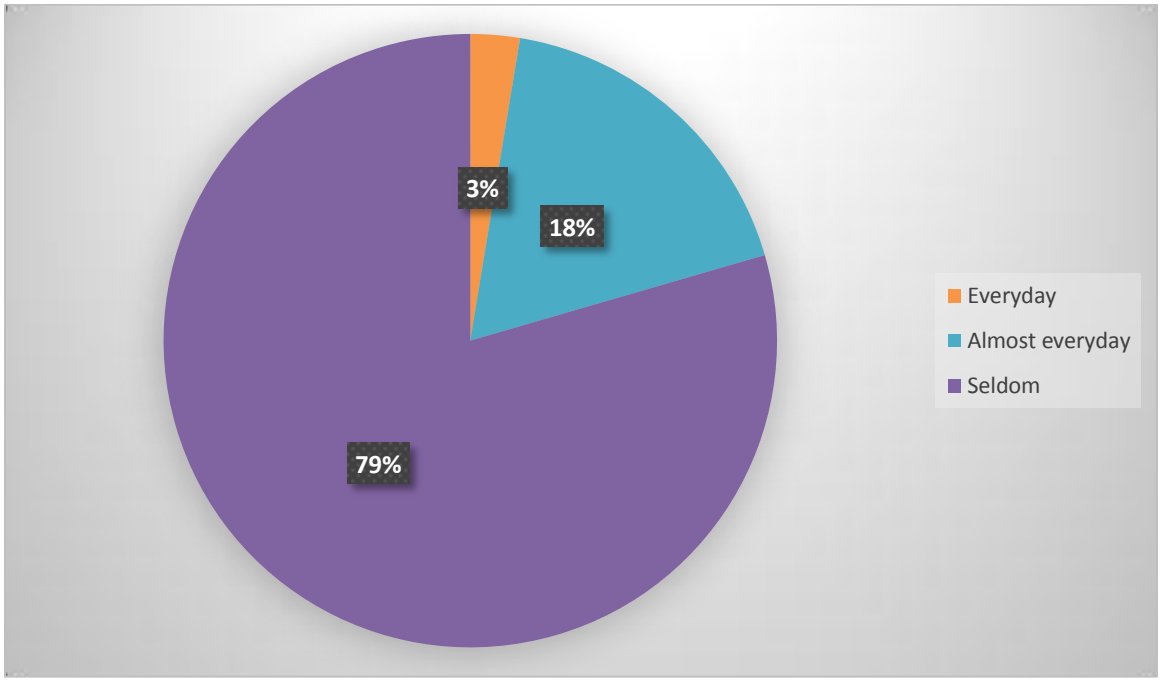

Figure 26: Volunteer Activities

6.4 Electronic Social Networking

6.4.1 Text Massaging Using Phone

From the analysis of the data, it was found that 82% (n=32) participants did not use phone for text massaging. On the other hand only 18% (n=7) participants used phone for text messaging.

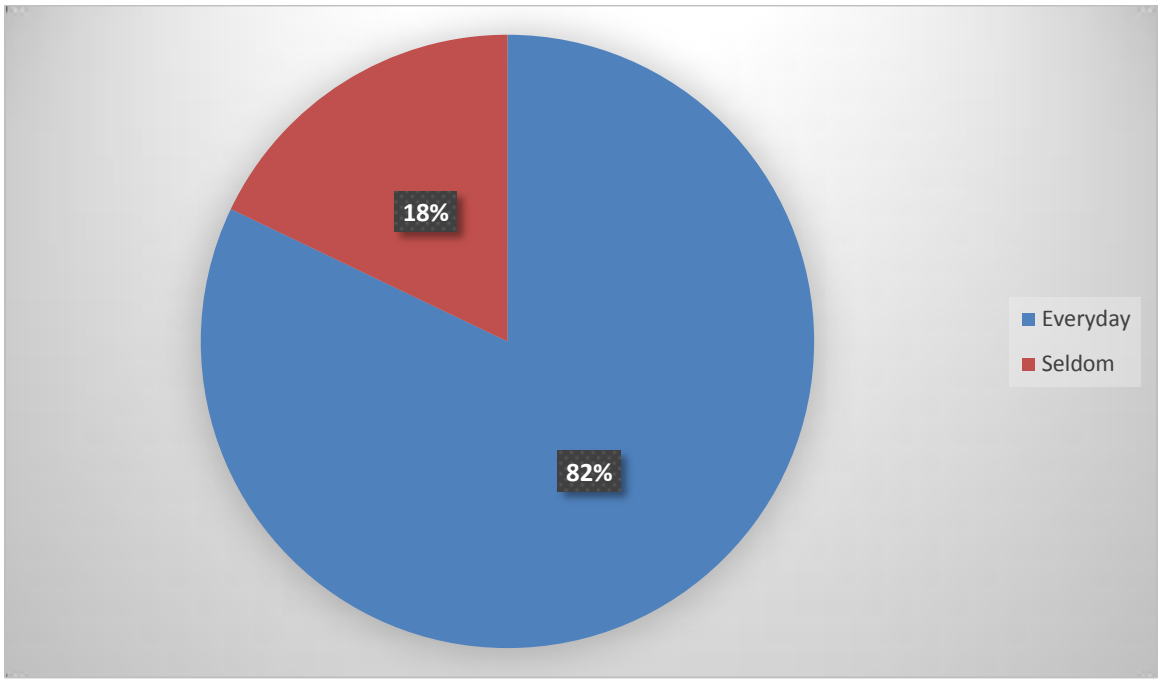

Figure 27: Text Massaging Using Phone

6.4.2 Social Contact Using Online

From the distribution of the data, it was determined that 82% (n=32) participants did not use online for social contact. On the other hand only 18% (n=7) participants used online for social contact.

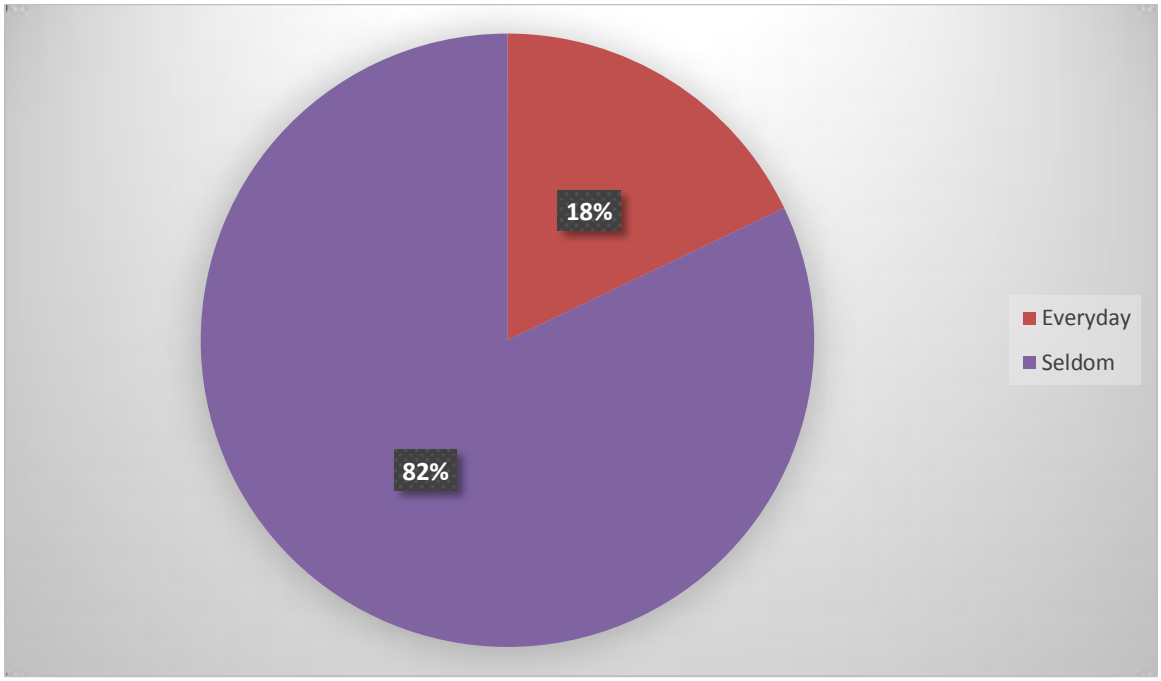

Figure 28: Social Contact Using Online

6.4.3 Social contact using internet

From the distribution of the data, it was determined that 77% (n=30) participants had used internet for social contact. Only 13% (n=5) participants had used it every day and 10% (n=4) had used it almost every day.

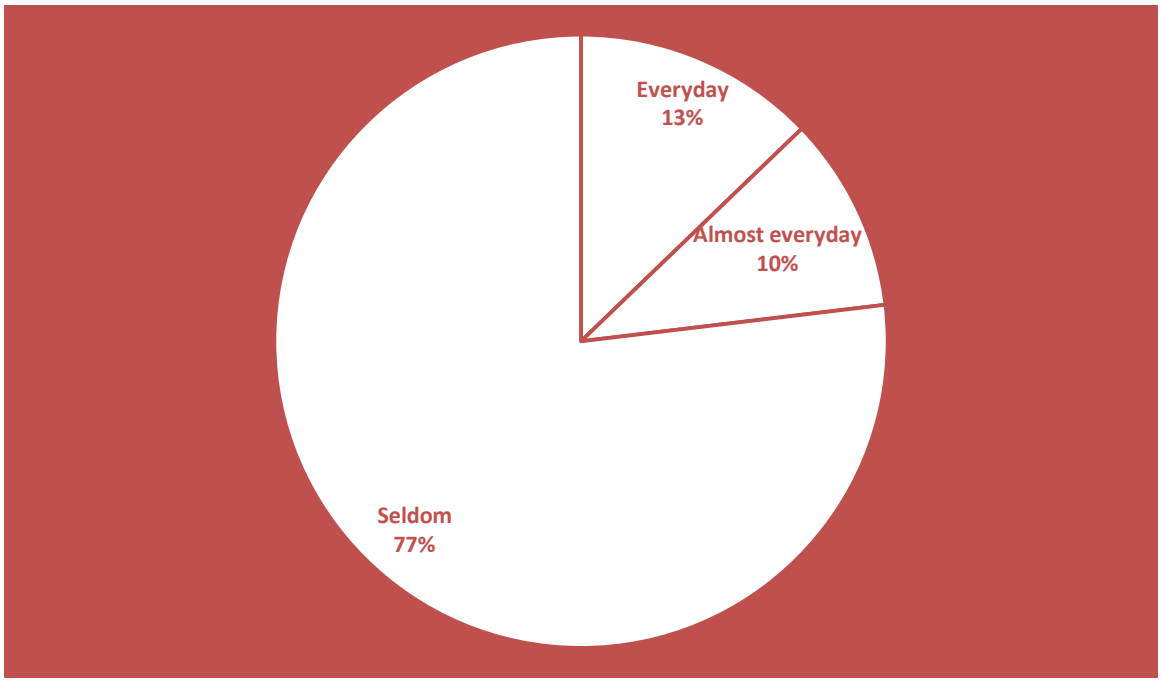

Figure 29: Social Contact Using internet

Respondent Profile

Participants were 12 women with different levels of spinal cord injury between T6 and L1, who were paraplegic as a result of SCI. Time since injury varied significantly, ranging between July 2011to June 2016 and total 05 years. All subjects were registered with the CRP and now live in own community. Respondents ranged in age from 26 to 38 years, with an average age 31.75 and standard deviation (SD) of 5.029 years. They had been living with SCI for an average of 5.33 years. Thirty three percent lived in a divorce and sixty seven percent separations. All of them are paraplegia. Seventy five percent gave responses consistent with having complete paraplegia, and twenty five percent incomplete lesions. Respondents represented main three domains in community integration in Bangladesh in approximate proportion to the population for each region.

Table7: Background of the participants

Age	Injury Duration	Marital Status	Employment	Injury Level	ASIA	Education
38	7	Divorce	Unemployed	T6	Complete	Primary
36	7	Divorce	Unemployed	T9	Complete	High School
29	6	Separation	Unemployed	T7	Complete	Primary
30	7	Separation	Unemployed	T10	Complete	Primary
22	3	Separation	Unemployed	T12	Complete	High school
36	6	Separation	Unemployed	L1	Complete	Primary
36	5	Separation	Unemployed	T12	Incomplete	Primary
37	5	Separation	Unemployed	T11	Incomplete	Primary

33	4	Divorce	Unemployed	T12	Complete	Primary
30	6	Separation	Unemployed	T9	Complete	Primary
26	5	Separation	Unemployed	T10	Complete	High school
28	3	Divorce	Employed	LI	Incomplete	Graduation

All interviews were recorded by audio-taped and transcribed. Then find out the key information from transcription and develop four major themes. After that the research had developed a coding system corresponding to each of the research questions. Coding was done by based on the thought, idea, or concept expressed by the participants. The coding system was done whereby increasing consensus was established as to the meaning and range of each of the codes (Strauss & Corbin, 1990).

This study present its findings under four main themes identified from analysis of the participants responses. These themes represent the summarization of respondent responses. Additionally, the themes described within all participants.

Table8: Contrasting key themes of the participants

Theme	**Code**	**Participants**
Causes of divorce and separation	Loss of autonomy and functional ability	Loss of sensation, unable to move legs, unable to control bowel bladder movement Unable to do functional activities
	Loss of sex life	No experience to have sex after injury

		Lack of willingness of husband
	Loss of self-identity	Depression Lack of confidence
	Loss of intimacy with in laws	Husband was influenced by in laws Lack of support from in Laws
	Loss of autonomy	dependency on others
Impact on relationship with family member	With whom live	All of them were live with parents
	Support from family	One fourth participants were satisfied Approximately half of the participants deserve more decent attitude Only two participants think that their family members' attitudes are tolerable and
	Nutrition	Only one third of participants were satisfied Rests of the participants were not satisfied. All the participants were depended on their family members for their nutrition
	Role as Decision maker	No one play the role of as Decision maker

		Dependent on family
Impact on social participation	Relationships with community people	A higher proportion of respondents were not satisfied isolated them asked about personal matter ignored them during seeking help
	Recognition	Only one participant was satisfied for getting respect from society Negligence from husband Dependence Lack of money
	Acceptance at social activities	One third participants were not satisfied about their acceptance in community. Two third participants gave blame their own self. Lack of interest of participants Unwanted question from society people Over concerned
	Asked to share decision making	No one is involved

Impact on productive activities	Nature of problem	Lack of opportunity to work Family was not supportive Lack of enough money Prejudice about disability
	Financial worries	Financial support from government or 'x' husband No employment Absence of caregiver in future
	Fear of increased dependency and isolation	Leave their law's home and `be placed' in a father's home Financially dependent on their family No kids, no work
	Loss of future, dreams	No support from husband Absence of conjugal life No employment
	Physical environment	Lack of cooperation Lack of financial support

A number of changes occur in women with SCI and it is undoubtedly applicable for all women with SCI. When the researcher talk with participants about their capability and its impact on their marital relationship some common thing were came. Like almost every

one said that everything had change after their injury and everything got more difficult in every way. Everyone thought that SCI was the main cause of their divorce or separation.

One of the participants stated that *Life after SCI was difficult to adjust present situation. I had to learn to do everything again, I couldn't even do everything like before and I need to depend on other. My partner was not prepared to except my disability.*

Theme 1

Table 9:Causes of Divorce and Separation

Code	Frequency	Percentage
Loss of autonomy and functional ability	8	66.67
Loss of sex life	11	91.67
Loss of self-identity	12	100
Loss of intimacy with in laws	8	66.67
Loss of autonomy	12	100

Code a. Loss of autonomy and functional ability

Almost every participant thinks that the main reasons of their marital disharmony are loss of anatomy and lessen function ability. Among 12 patients, 8 patients think that, reduce of working ability is one of another causes of their divorce or separation.

One person said that *I'm in a wheelchair, but that was not my only problem. I have no feeling on my both legs and even I can't control my urination and so many other things…..*

Other one stated that *if I had ability to move my both leg and I would be able to do anything like before my husband had not leave me like that*.

Another ones opinion was *I was the key person for doing household activities. But now even I cannot do my own work only.*

It was stated by one participant that *No one likes that person who is not productive for family. Now I can't move my legs and I can't do any difficult work. Sometimes I need help from other to do my own work.*

Code b: Loss of sex life

Most of the participants (11) had given priority about sexual life in conjugal life. They think that without sex, conjugal life does not exist. They also realize that, when they got trauma and their lower limb became paralyzed then their husbands think that they will not able to having sex.

One person said that *I have no experience to have sex with my husband after getting my injury. He was never stay with me after my injury.*

Other one stated that *I had tried several times to stay with my husband after my injury. But every time he refused me.*

It was expressed by one participant that *the sex was a very, very important part of our married life and from that I felt it changed our relationship dramatically.*
Another ones opinion was *I had talk with my husband about sexual issue but my husband would always just say it doesn't make any difference, but I know deep down that it did.*

It was stated by one participant that *I never had sex again after the injury. I don't feel any sexual desire. My husband was not interested to have sex with me.*

Another ones opinion was *I was depressed because my husband would go out. Eventually I couldn't take it anymore but I didn't want divorce. But my husband wanted to separation. So I went to live with my family and am still living with them.*

Code c: Loss of self-identity

Almost everyone (12) think that they have lost their self-identity. Before the injury all of them were house wife. They had their own identity at their family. But now they are living at their father's family. If they were not injured they had laws family and they must have self-identification.

One of the participants said that *I can't walk. I can't do house hold activities. i have lost my confidence. Before my injury, I was house wife. But now I don't have any identification.*

One expressed like that *after my injury I am a valueless person in my family. Now I have not any identification. Spinal cord injury have taken everything from me even it take my identification also.*

It was stated by one participant that *I was really depressed after my injury….. It seems like I lost my identity.*

Code d: Loss of intimacy with laws family

Among the12 participants, two third participants (8) gave blem to their laws. They told their laws family was against to their marital relationship. Laws were influence their husband to divorce them or stay separate from them.

One person said that *my husband was amazing, he was so good to me, but he was just not interested in me after my injury. I am sure it was only happen due to my mother in law and sister in law. They always influenced to my husband to get married to other women because now I am a disable women.*

One person stated that *unfortunately, after my illness my husband cheated on me with another woman while I was in hospital. He passed away soon after that. It was difficult to deal with the pain of that betrayal at a time when I was really in need. But when I had*

talked to him with this matter, he told that his mother forced to him to get married with another women.

One participant expressed that *I was depressed because my husband would go out to other girl. Eventually I couldn't take it anymore. He had got support from his family regarding this issue. Sometimes I was trying to talk with him in this issue. But he ignored me and he said that he did not want me more.*

It was stated by one participant that *His family was always influenced him to divorce me and get married again.*

Other one said *after my SCI, everything became changed. My life style, activities, family and friends everything became change. Yes, everything got more difficult in every way! My husband did not want to live with me and his family also did not want me.*

It was expressed by *my husband was very good and wanted to live with me. But my mother in law did not want t that her son lives with me. She thought that I am a disable woman and I am not able to do anything.*

Had got this from one participant *when I was admitted in CRP and my husband heard that, I will be not able to walk again, he didn't come to meet me again. I was trying several times to talk with him but he ignored me.*

Other one said that *Spinal cord injury changes my entire life. Because of it my whole life is changed. I strongly believe that, if I was not affected by SCI, my husband will never abandon me.*

Code e: Loss of autonomy

Every participant (12) thinks that because of SCI, they lost their autonomy and it is also responsible for their marital disharmony.

One person said that *I have to depend on others. I can't even reach out and continue higher function without others support. So that my husband had considered me as burden.*

One person stated that *I am a paralyzed parson. I have not any independent function. I think that it is another reason of our Separation.*

One participant expressed that *I am disable person and I am also dependent on my family member and on my wheelchair. To perform my most of the function, I have to depend on other so that my lows family now does not like me.*

Only one patient think that she has autonomous in her own thinking. But she had to care other opinion also. Because in some cases she has to depend on other family members.

It was stated by one participant that *I can do lot of things independently like……. But I have depended to other to doing few things.*

Theme 2

Table 10:Impact on Relationship with Family Member

Code	Frequency	Percentage
With whom live	12	100
Support from family	7	58.33
Nutrition	4	33.33
Role as Decision maker	11	91.67

Code a: With whom live

Every participant (12) was living with her parents' house. No one lives independently or with laws family.

One person said that *I live with my parents. But by brother is the key person of my family.*

One person stated that *I wanted to live with my laws home. But they bound me to leave their place.*

Had got this from one participant *In our country it is not possible to live with laws family after divorce. So I have no other option to live other place except my family.*

Code b: Support from family

Among 12 participants, 7 participants think that they deserve more decent attitude from their family then at present. Only two participants think that their family members'

attitudes are tolerable and three participants were satisfied towards their family member's attitude.

One person said that *the attitudes of my family members are very supportive. They are always ready to help me and fulfill my requirements.*

It was expressed by *the main factor that helped me was my family… They helped me a lot!*

Had got this from one participant *what helped me the most in adjusting after the injury was my family.*

One person stated that *Well, I got a lot of support from friends and family, especially my mother. She was with me the whole time.*

It was expressed that by one *my family member are very cordial and I get all kind of support from them.*

Other one said *it is not possible to mention my family support within few words.*

Had got from one participant *I think it is not possible to help other on every time. Sometimes my family member had other work. That time they could not help me. Even I think that if my husband had not helped me every time.*

It was stated by one participant that *sometimes my family members omit my requirement. My parents are very careful to fulfill my necessity, but other family members are not like that.*

Another one stated that *sometime my family members became tired with me.*

It was stated by one participant that *I am continuing a job. I can bear my most of the expenditure. So that I think my family member does not consider me as burden.*

Code c: Nutrition

Only one third of participants (4) were satisfied about their nutrition. But rests of the participants were not satisfied. All the participants were depended on their family members for their nutrition.

It was expressed that I *have severe constipation. Some time it was not possible to arrange extra vegetable for me. That time I feel it is not my home. It is my parents' home .....i am trying to adjust all of this situation.*

One of the patient said that *I am a nonproductive person..... Who will care about my nutrition? Sometime it is difficult to arrange two time meal in a day.*

One was stated that *some of my family member are very positive towards my food but some of are very careless. They consider me as a burden.*

Had got from one participant was that *I am not worried about my nutrition. I am satisfied though I know that it is not sufficient for me.*

Another one said that *it is not possible to express my choice about my food. They will be bothered if I tell something. Generally they think I am a burden at their family. My sister in law always tells that type of things.*

Code 4: Role as Decision maker

Most of the participants (11) depend on their family member to take any decision. Even they cannot fulfill their tiny wishes without family support. They have to take decision from their family member about what they want to do or where they want to go even what they want to eat. They have to depend on their family member in case of every situation. Among 8 participants think that now a day they are more dependent on their family because of divorce. If they were continue their marital life they were more independent in their own lows family.

Stated that by one was *I could not go outside without my family support.*

One of the patient said that *No one ask me what I want to do, or where I want to go.*

It was expressed by one patient *there is no one in my family who care about my wishes. They have tendency belittled me.*

One was stated that *When I was live with my husband he asked my opinion in different situation…… but now a day no one involve me to take any decision.*

Theme 3

Table 11:Impact on Social Participation

Code	Frequency	Percentage
Relationships with community people	4	33.33
Recognition	1	8.33
Acceptance at social activities	4	33.33
Asked to share decision making	0	0

Code a: Relationships with community people

On average, respondents were not satisfied with the support they receive from others in community people. A higher proportion of respondents who lived in society were not satisfied with community people. One third participants (4) think that community people always try to make them belittle them. One third participants were not feeling comfortable with others in community.

One of the participant said that *If I went to participate any social program, they always isolated me….they gave me a separated space.*

Stated by one was *Most of the time they (community people) asked me lots of question about my disease and also causes of separation which make me very embarrassed.*

One participant also said that *Some times when no one was present at home and if I asked my neighbor for seeking help most of the time they ignore it.*

Another one said that *Very few people come towards me. May be they do not get enough time for coming to me.*

Had got from one participant was that *I don't like their pattern of looking and taking. Their attitude always shows that I am disabling and my husband left me because of my fault.*

Code b: Recognition

Only one participant was satisfied for getting respect from society.

Another one said that *Yes I fell every one respect me as like before.*

It was also expressed that *Rests of the participants were thought that no one respects them as like before.*

Another one said that *before that I have in-law family. That time when I had come at my father's house, everyone came at my home to meet me especially my neighbor women. But now no one come.*

One participants statement was *I feel no one respect me as like before but I can't explain their attitude towards me….sometimes it seems to be ignore.*

Stated by one was *Respect is depends on money or power (to do something). Now I have nothing. Who will respect me?*

Code c: Acceptance at social activities

One third participants (4) were not satisfied about their acceptance in community. But rests of the participants gave blame their own self. They are not interested to participate any of social activities like wedding ceremony, birthday party, funeral program, voting any sports etc.

Stated by one was *if I went to join any social activities everyone asked several questions. It is really nagging for me. This type of question I really don't like.*

One of the patient also said that *I am a wheelchair bound person. When I went to any program sometime some people feel annoyed….. Some community people also don't like the presence of any disable person in contented program.*

Another one said that *I don't like to go any program. Even I don't want to go any relative's house. My husband was always with me before my injury. Now I feel alone if I want to go anywhere.*

Had got from one participant was that *It is not easy to go any program in my community. The place, accessible road, peoples attitude nothing is not suitable for me.So that I had not attend any social or family program.*

Another one said that *some people showed excessive sympathy towards me because I am disable person as well wheelchair user.*

Code d: Asked to share decision making

No one is involved with any committee in society which is involved in decision making process. It should be noted, however, they were not asked to share decision making.

Stated by one was *who will involve me on decision making in society? I am a woman and furthermore disable.*

One of the participant said that *I was seeking help from community leader at my divorce time. But no one help me that time. They were overlooked that issue.*

One was stated that *our demand has only on voting time. Otherwise we have no demand. We are valueless.*

Had got from one participant was that *during my divorce no one from my laws house had asked me anything regarding this issue….. So I don't expect anything from my society.*

Theme 4

Table12: Impact on productive activities

Most of them are unemployed except one participant. All of them were expressed that getting a job or again start education is very challenging after injury without husband.

Code	Frequency	Percentage
Nature of problem	12	100
Financial worries	11	91.67
Fear of increased dependency and isolation	12	100
Loss of future, dreams	12	100
Physical environment	12	100

Code a: Nature of problem

Everyone thinks that if now their husband has beside of them they will get more benefit from everywhere. All of them are now live in their own family. So it was really difficult to start anything from the beginning. Almost every participant's family thinks that they will be not able to do any productive activities. Everyone think that they have less opportunity to do anything.

One participant said that *I have no opportunity to start anything from the beginning. To start anything new, I need money. But my family hasn't enough money for me.*

One was also said that *I was tried to start a small business. But my family was not supportive. They think that I will not able to do any earning related activities.*

Another one said that *I did not get any financial compensation from my husband. So I have no capital to start any business.*

Stated by one was *my brother said that, I can't take care of my own self. So how will I do other work?*

Code b: Financial worries

Only one participant was involved with employment. No one get financial support from government or 'x' husband. The women indicate that they already have trouble managing the basic needs with living with a disability. They are very aware of the current economic reductions.

Stated by one was *I haven't any saving money. My husband didn't give me any money. I have no work. Sometimes it makes me worries.*

One of the participants said that *I did not get any compensation after my separation. Sometimes I think what will be happen after my parent's death.*

It was expressed by one was *I got only 50000tk after my divorce. It is very less amount money. I have already expended 30000 tk. And my brother took rest of the money. I am worried about my future.*

Another one said that *I have no work. So how can I save for the future? It's so frustrating and frightening.*

Had got from one participants was that *When my parents will be die, who will take my responsibility. I might not be able to be with them.*

Code c: Fear of increased dependency and isolation

This was common, particularly the fear of having to leave their law's home and `be placed' in a father's home. Almost all of them (12) were financially dependent on their family. At the same time they worry about becoming an increased burden to their family. They expressed a profound sense of helplessness and uncertainty about the future after divorce and separation.

Another one also stated that *I'm afraid when I think about my future. Now I am dependent on my family. But after their death, I will be isolated.*

One was said that *my husband had abandoned me. I have no kids, no work. I will be alone after my parent's death.*

One participant said that *I don't feel ok in front of others because I am a disable and my husband had gone. So that I didn't try for any work.*

Code d: Physical environment

Every participant thinks that physical environment is not suitable for productive activities. Two third participants think that if they had husband they had helped them to modify the physical environment which was supportive for them to initiate any productive activities.

One of the participant said that *I want to start a small business like swing. I want to open a shop in front of my house. I need some home modification. But my brother was not helpful if my husband had present.*

Stated by one was *if I want to do any work, I need money, ramp, good road etc. who will do this for me?*

Code e: Loss of future, dreams

Almost everyone was depressed about their future. All of them were feel uncertainty about their future. They lost their hope, dreams and future because of lack of support from husband, absence of conjugal life and absence of employment.

One was stated that *I had my own family, husband and daughter. Now I have not anything. I have lost everything because of my paralysis.*

Another one said that *after my injury I had lost everything. Even now I had no way of earning. What will be happen in future I don't know.*

CHAPTER-V DISCUSSION

This study should advance the understanding of community integration among individuals of women with divorce and separation who sustain SCI in an impoverished country. It has also find out normative data to examine the level of in community integration outcomes of women with SCI who had history of divorce and separation. Previous research has identified individual priorities for each domain of community integration may vary by age and gender, and be influenced by living location and situation (Callaway, et al., 2016). The effects of such demographic variables on integration outcomes have traditionally been hard to unpick. Using normative data to match variables across SCI and normative samples is a useful way to control for these effects (Kratz, et al., 2015). The findings indicate a general decline in community reintegration over time in terms of family livelihood, occupation/ productive activities and social integration. Life satisfaction also dropped due to divorce and separation over time and was related to community reintegration. However, community integration sometime thoroughly depends on marital relationship. Some studies have shown that marital status is a powerful predictor of independent-living outcome variables (Kreuter., 2000). Data suggest that the perception of family support, social support and productive activities are strictly related to divorce or separation. However, problems interpreting the varying results of the studies due to culture differences in Bangladesh.

Biographical disruption has direct impact on partner relationship (DeVivo, et al., 1995). On the other hand Type of injury, gender, and age were found to be significant predictors of both community integration and life satisfaction scores (Ahmed, et al., 2018). In this

study the researcher only focus on female participants. Women and men can experience marital dissolution differently (Kalpakjian, et al., 2011).

Total number of participants was 1881 and the male female ratio was 84.1% and 15.09%. Another study of Bangladesh showed that the male female ratio was 86.8% and 13.1% (Rahman, et al., 2017). The ratio of tetraplegia and paraplegia was 37.32%) and 22.03%. the research was done by Rahman (2017) and he also showed that 51.9% had the diagnosis of traumatic paraplegia and 42.6% had traumatic tetraplegia. The divorce or separation rate was 22.03% where another study was support this statement. That study was showed that divorce rates have been reported to be anywhere from 8% to 48% (Kreuter, M., 2000).

Majority of the participants (64.1%) were within the range of years of age 27-37 years where another study showed that 49.7% participants were within the range of 3rd decade. In this study it was showed that almost half of the participants were illiterate. College graduates were significantly less likely to get divorced (DeVivo, et al., 1995). The divorce rate was 1.85 times higher among persons without college educations (DeVivo, et al., 1995). Higher education was significantly related to community integration (Ahmed, et al., 2018).

About three fourth participants were unemployed. One of the benefits of occupation is help to enhance community integration (Fleming, et val., 2000). One of the articles found that social, cultural, environmental barriers reduce participation of vocational activities. This study had also recommended that tailored vocational planning will help the person with SCI to involve with employment (Conroy and McKenna, 1999). The monthly

income of the participants including other family members was very low. Almost 65% had monthly income within 5000tk. But according to Ahmed (2018), 67% had a monthly income below 10,000 Taka and it was really very unfortunate. The causes of low income ware identified by one study. They found two main causes of low income like, one was increase life living cost and another was loss of productivity (Lidal, et al.,2007). There was 97% divorce or separated women were Muslim. So divorce or separation rate was higher among the Muslim women.in Bangladesh. There was a study where mentioned the ratio of percentage of Muslim and Hindu and it was 93.3% and 6.7% (Quinn, et al., 2016). Almost two third participants (74%) were from rural area. Rahman (2017) stated that, 69.2% SCI patients were from village. The highest divorce or separation seen on within the 3-4 years of injury and it was about 40%. During the first 5 years after marriage onset the number of divorces was 1.7 times higher than expected (DeVivo, et al., 1995). Post injury marriage is very less than marriage before injury. In general the impact of SCI on marriage was not good. The percentage of post injury marriage is lower than pre injury marriage (DeVivo, et al., 1995). More than half of the divorced or separated women had no child. Divorce my varied according to number of children (Kreuter, 2000). More than half of the divorced or separated women were diagnosed as complete paraplegia. High number of people with complete spinal cord injury evident by category A in ASIA scale was noted as 59.8% respondents (Rahman et al., 2018). Although there were parallel relationships between demographic variables of age and neurologic group, neither these factors nor duration of injury appeared to impact change in community reintegration. More significant was the relationship between perceived life satisfaction and community integration (Kreuter, M., 2000). The biggest difference in

divorce rates were varied when persons with neurologically incomplete motor functional injuries were compared with all other persons (DeVivo, et al., 1995). The frequency of injury area is higher in thoracic T7-T12 than lumbosacral injuries (DeVivo, et al., 1995). The Turkish subjects more often are female, and typically have an injury at the low thoracic or lumbar/sacral level (Dijkers, et al., 2002).

From the analysis of the individual domain of the CIQ-R researcher got lower value of mean and SD. It was also recommend that the community integration is poor for the women with divorced and separation with SCI. if CIQ-R score is poor then it could be said that community integration is also poor. Level of community integration depends on score of CIQ-R (Willer, et al., 2014). The total community integration score of mean and SD was 12.03, ± 3.87 which was recommend that it was really poor. There was a study in Bangladesh done by Ahmed (2018), found that the total community integration score of mean and SD was 15.09, ± 3.4 and women should have reported low total community integration scores (Ahmed, et al., 2018). However it is also possible that the different family and social roles women play in this society make them less vulnerable to the major life-altering consequences that come with a SCI (Ahmed, et al., 2018).
There was overall satisfaction with access to community buildings (mean score range, 6.9 – 8.5; where 10 is most satisfied) Carpenter, et al., 2007).

The participants did not score high in home (2.89) and productive integration (3.12) subscales when compared with other study (Ahmed, et al., 2018). Independent living or reduced dependency on others in one's residence is difficult in Bangladesh as most of the

individuals with SCI do not have access to disability friendly residences. In the absence of this, individuals require manual assistance from others for transferring from bed to wheelchair, using toilets, and wearing (Ahmed, et al., 2018). Such assistance is not often readily available to them and could perhaps be one reason for scoring low in home integration subscale. Another reason might be culture specific – as women in this society in general are expected to perform many household activities such as preparing meals, providing childcare and other day to day household works. On the other hand male are not involve this type of activities (Ahmed, et al., 2018). The participants scored low (3.74) in social integration subscale suggesting either they were not able to maintain previous social network or created new networks possibly with other individuals with similar injury experience because of a loss of previous relationships. On the other hand one of the study was done by Ahmed (2018) stated that, the participants scored was high (7.21) in social integration subscale which indicate for higher community integration on social participation.

Finding employment is barely possible for individuals who have sustained a spinal cord injury in Bangladesh (Ahmed, et al., 2018). The lower level of educational attainment and an absence of adequate vocational training for the individuals with women in this country further complicate the process of productive integration. This was also supported by Ahmed (2018) findings.Though organizations like Centre for the Rehabilitation of the Paralysed do provide vocational training appropriate for individuals with SCI, and especialy focus on women with disability. It is not adequate at all to meet all the training needs considering the presence of a large number of individuals with such health

conditions in Bangladesh (Nuri 2012). More than half of the participants were totally not involve with any productive activities. More than one third of the participants reported unavailability of appropriate jobs that they could do with their disability. So that individuals with SCI often lose their autonomy in making decisions related to finance (Ahmed, et al., 2018).The subscales of community integration include items such as – ability to prepare meals and employment status, which are closely linked with immediate survival of individuals with SCI in the context of Bangladesh(Ahmed, et al., 2018).

The objectives of the study were to understand the perception about the consequences of divorce and separation in community reintegration. Table 2 are listed the most common themes based on to fulfill the objectives. The most commonly mentioned theme is listed here. This qualitative study generated several important findings.

First the women had described the causes of divorce and separation after SCI. From the participants researcher got five main causes like Loss of autonomy and functional ability, loss of sex life, loss of self-identity, loss of autonomy, and loss of intimacy with in laws. Lack of physical fitness, social skills, financial support are the responsible causes that fail to provide sufficient satisfaction for the marriage to survive (DeVivo, et al., 1995).

Almost every participant thinks that the main reasons of their marital disharmony are loss of anatomy and lessen function ability. Participants were thought that loss of sensation, unable to move legs, unable to control bowel bladder movement were the main physical impairment of divorce or separation after SCI. According to Amsters (2016) statement, individual's capacity and mobility impairment has a great effect on individual's

relationship. There are some other hidden causes such as bladder, bowel, and sexual dysfunction, and secondary health conditions which can have a negative impact on relationship.

Most of the participants had given priority about sexual life in conjugal life. But most of them had not any experience of having sex and their husbands were unwilling to having sex with them. Sexual life is changed after SCI which may be barriers to sexual intimacy and affected many aspects of person's sexuality negatively (Kreuter, et al., 2011). Kreuter (2011) also found that SCI women are frequently rejected my men. However sexual life is very important component of conjugal relationship (Amsters, et al., 2016.).

Almost everyone lost their confidence. They were depressed about their condition. They were also not confident about their relationship. A study on long-term quality of life in married life. They also found that severely injured persons reported more depression, confusion and overall mood disturbance which had a bad impact on marital status (Kreuter, et al., 1998). In another study Kreuter also found that, there is a chance of divorce if intimate relationship does not build up at the time of the injury among couple. There is also opportunity for developing intimate relationships may be hampered by lack of peer acceptance in the community as well as lack of self-condense.

Among the participants, two third participants gave balm to their in laws for their divorce or separation. Their opinion is like that, their husband was good but in laws family member was not good. They didn't want their relationship with husband. According to Bryant (2001) statement, long term marital stability, satisfaction, and commitment over time not only depends on husband. It also depends on in the relationship with in laws.

All of the participants thought that, they have lost their autonomy and they are now dependent to other. Moreover they believe that dependence is the another important cause of their divorce and separation. Person becomes high level of dependent after SCI. That time couples are under extreme pressure to adapt and cope following the injury. As a result divorce ad separation can lead after injury (krueter., 2000).

Every patient was live with their own parent's house. According to Ünalan (2001), SCI patients usually live in a community with close family members and they are also act as primary caregiver. However care giving family members has a crucial importance in the adjustment of the patient with SCI.

Some of participant was not satisfied toward their family member's attitude. In our country women were back to their parents' house after divorce. But in western country when a person is young and not married and got SCI they were live with their parents. Family relationships strongly influence life satisfaction of people with spinal cord injury.

There are many factors which can affect family relationship like stress, depression, cultural factors etc. As a result parents sometimes cannot adjust and consider them as burden (Young and Keck, 2003). Only thirty five percent SCI patients got help and support from family members and friends (Carpenter, et al., 2007). Without supportive relationship with family member or isolation from family make difficult for these people to fully engage in the community participation (Carpenter, et al., 2007).

Participants were not satisfied about their nutrition. All of them were dependent to their family for nutrition but they know balanced nutrition is needed for them. Nutrition is an important element for SCI to keep allied health. The requirements of nutrition for the

SCI individuals based upon their unique physiology. Female subjects had more nutritional deficiencies and on nutritional risk (Levine, et al., 1992).

Every family member had to depend on take any decision even though for any tiny things. One of the study done by Carpenter among a large number of respondent about their joys and achievements, and decision making, or to ask for assistance when required. Their feedback was not good. They said that they were ignored during any decision making procedure in family (Carpenter, et al., 2007).

After divorce or separation sometimes ensuring social participation became more difficult due to some causes like lack of intimacy with community people, Recognition, lack of acceptance at social activities, not involve with decision making. According to Kreuter (1998), social relationship is not only breakdown due to personal handicapping but also influenced by individual's value system. According to Carpenter statement (2007) social participation is depends on involvement with society people, organizing and participation on social events. One of the turkey study showed that social participation will be hampered due to attitudinal barrier. (Dijkers, et al., 2002). One of the studies showed that, to date, social support has been more likely to be related to marital status (Tramonti, et al., 2015). Most of the participants were experienced barrier during social event participation where no limitations were experienced by 18.5% of the respondents (Dijkers, et al., 2002). Impact on social participation observed attitudinal barriers as a result of the limitations and prejudices imposed by SCI. The authors found that most women with SCI, specifically paraplegia, have difficulty understanding and articulating their feelings about their bodies after the injury because they feel unattractive. This is due to low self-esteem and self-discrimination, evident in their fear of sexual frustration as a

result of their physical condition, characterized as abnormal and disabled. In terms of sexuality related specifically to the sexual act, participants emphasized their fear of being intimate with their partners (Barclay,et al., 2015). One third participants were not satisfied about their acceptance in community. It was found that greater levels of social support and peer mentoring can improve long term outcome of SCI (Callaway, et al., 2017). Greater life satisfaction has been documented when people with SCI were involved in productive activities, such as work, leisure, and education8 and is associated with community reintegration (Carpenter,et al., 2007).

Women with disabilities have less the financial support and it have been increasing with the age of the women. The women indicate that they already have trouble managing the extra expenses associated with living with a disability (Pentland,et al., 2002).

In general, persons with SCI were satisfied with their lives but when reduced quality of life was identified it was particularly related to unsatisfactory work and leisure situations (Pentland,et al., 2002). In this study some physical environment also make hampered on productive activities. Carpenter (2007) similarly found that environmental factors were critical determinants of societal participation (compared with personal factors, impairments, and activity limitations) but were more strongly related to life satisfaction.

5.1 Limitation of the study:

This study has some limitations. First, the sample sizes were small for both qualitative and quantitative part. It may have less reflect the perspectives of these groups. A larger sample, with different clinical characteristics, might be of help for a more in-depth examination of the relationship between community integration and marital disharmony. Second, as it was a center based study and data was collected only from those participants who had completed rehabilitation from Centre for the Rehabilitation of the Paralyzed (CRP) but this research did not reach the women with SCI treated in other institutions. Third the study sampled participants were taken only from near to Dhaka city in Bangladesh for qualitative part of the study. So that the findings will may not be applicable for, other settings or contexts other country. Fourth, the researcher only took paraplegic women. Not examine other participants like tetraplegia or male participants. Fifth, quantitative data was collected by phone call. Since this study collected data via telephone, it missed those who did not have access to a telephone. However, in the past two decades, mobile phone coverage in Bangladesh increased harshly. Therefore, low telephone coverage was less of an issue compared to getting the correct phone numbers. A lot of the contact numbers on patient profiles in the registry were found to be incorrect Moreover, because of resource limitation, the team could not make communication with them. Sixth, budget was not allocated for this study and it was also a limitation of the study.

CHAPTER-VI CONCLUSION AND RECOMMENDATION

6.1Recommendation

These results further demonstrated the impact of divorce or separation on community integration of women with SCI. So that there is need for future research based on a large sample to examine outcomes that are associated with specific factors. It is also recommended that further study need to conduct to see the association and correlation between different variables in relation to community integration and divorce and separation. Government and non-government organizations should offer disability friendly environment for individuals with spinal cord injury so that they can return to education, resume employment, and involve in social activities. They should also plan to offer injury appropriate employment opportunities for individuals who suffer major injuries like spinal cord injury in Bangladesh. Government should make a strong policy for divorce and separated women to get a good compensation from husband after divorce and separation. The clinical implications of these data are worthy of attention as well, as they could contribute to inform treatment choices in psychological interventions. In fact, together with individual interventions, couple and family counseling or therapy could be fruitful options of treatment. Working on relationship quality, not simply in a psycho-educational mood, could be an important step to enhancing personal and relational well-being

6.2 Conclusion

Community reintegration dropped with divorce and separation in this sample of Bangladesh individuals women with divorce and separation with SCI. Partner relationships seem to be affected by a SCI, although not as much as is widely believed. This study has identified several areas that should be addressed to improve in community integration. The reasons which were responsible to decline community integration after divorce or separation was find out by this study. This study provides a rich description of the multidimensional nature of divorce or separation and its impact on community integration as identified by women with SCI living in the community. If it was compare with the other article, the community integration level was poor for the women with SCI than other persons with SCI. The result was supported by the other articles and it was discussed in discussion session. The findings of the study provide vital information about community integration after divorce and separation for women with SCI will be helpful for administrators, and policy makers about the factors that influence reintegration.

CHAPTER-VII REFERENCES

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APPENDIX – 1

Inform Consent Form for Patient with Spinal Cord Injury- English

Title: Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration.

Investigator: Farjana Taoheed, Student of Masters in Rehabilitation Science (MRS), Bangladesh Health Profession Institute (BHPI), CRP, Savar, Dhaka-1343.

Place: Different Community in Bangladesh.

Part -I: Information Sheet

Assalamualaikum, my name is Farjana Taoheed, working as a senior physiotherapist at SCI unit, Physiotherapy Department. Now I am s student of Masters in Rehabilitation Science (MRS), Bangladesh Health Profession Institute (BHPI) under University of Dhaka. I am conducting this study as a subject of Master of Rehabilitation Sciences (MRS). My theses title is "Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration".

The purpose of this study is to identify the impact of divorce and separation for the woman with spinal cord injury in community reintegration. By this study we will be able to identify the socio-demographic status, level of community reintegration and the perception about the consequences of divorce and separation in community reintegration of both divorced and separated women with spinal cord injury.

I would like to know about some personal and other related information regarding Spinal Cord Injury (SCI). Women with SCI who had history of divorce and separation have been selected for this study. You will perform some tasks which are mention in this form. This will take approximately 25-30 minutes. The data will collected by structured questionnaire. A semi structured qualitative questionnaire will be also used for data collection. I would like to inform you that this is a purely academic study and will not be used for any other purpose. The researcher is directly related with this area (spinal cord

injury).Your participation in the research will have no impact on your present or future treatment in this area (spinal cord injury unit). All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous and also all information will be destroyed after completion of the study. Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You have also right to refuse your participation even if you agreed earlier. You also have the right not to answer a particular question that you don't like or do not want to answer during interview. Before you decide you can talk to anyone to feel comfortable with about the research. If this consent form contains some words that you do not understand please ask me to stop. I will take time to explain. I will give you an opportunity at the end of the interview your remarks and you can change or remove it. If you will not agree with my note or I didn't understand you correctly then you can give your opinion to accurate this.

During the interview I will ask you some personal and confidential question. If you fell any uncomfortable you do not need to answer my question. You do not have to give any reason for not responding my question. However you may not have any direct benefit by participating in this study. But your valuable participation will help us to find out the impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration. The knowledge that we get from this study will be shared with the other professional so that other interested people may learn from this research. Approval from Institutional Review Board (IRB), Bangladesh Health Profession Institute (BHPI) was taken for this study.

Do you have any questions before I start?

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

Yes ☐

No ☐

Part -II: Information Sheet

Statement by the Participant

I have been invited to participate in research about 'Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration.'

I have read it or it has been read to me. I know the purpose of the study. However I have had the opportunity to ask any question and I have authority to quit form this study any time. And the researcher ensures me to maintain confidentiality about my all personal information. There is also opportunity to ask any question regarding this study. I consent voluntarily to be a participant in this study.

Name of the Participant……..... Date……

Signature of the Participant..... Date.....

Statement by the Witness

I have been present their during data collection period and I confirm that the individual has given consent freely.

Name of the Witness..... Date.....

Signature of the Witness..... Date.....

Statement by the Researcher or Data Collector

I have accurately read out the information shit to the study participant try to make clear understand about my study aim, objectives and purpose. And I will maintain proper confidentiality to keep all the information. The entire questions asked by the participant have been answered correctly and to the best of my ability. I confirmed that any time the individual has right to withdraw their participation from this study.

Name of the researcher or data collector.....

Date.....

Signature of the researcher or data collector……

Date.....

APPENDIX – 2

সম্মতি পত্র

অনেচ্ছেদ-১

শিরোনাম ঃ- সমাজে পুন ঃ প্রতিষ্ঠিত হতে গেলে মহিলা প্রক্ষাঘাতগ্রস্থ রোগীদের বিবাহ বিচ্ছেদের প্রভাব।

গবেষণাকারী ঃ- ফারজানা তাওহীদ, মাস্টার্স ইন রিহ্যাবিলিটেশন সাইন্স এর একজন ছাত্রী। বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বি,এইচ,পি,আই) সি,আর,পি, সাভার, ঢাকা –১৩৪৩।

স্থান ঃ- বাংলাদেশের বিভিন্ন সমাজ থেকে।

অংশ- ১

আসসালামু আলাইকুম, আমার নাম ফারজানা তাওহীদ, আমি ফিজিওথেরাপি বিভাগের এস, সি, আই ইউনিটের একজন সিনিয়ার ফিজিওথেরাপিস্ট হিসেবে কর্মরত আছি। ঢাকা বিশ্ববিদ্যালয়ের অধীনে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টাটিউট এর মাস্টার্স ইন রিহ্যাবিলিটেশন এর এক জন ছাত্রী। আমি এই গবেষনাটি পরিচালনা করেছি মাস্টার্স ইন রিহ্যাবিলিটেশন এর একটা বিষয় হিসেবে।

আমার এই গবেষনার উদ্দেশ্য হচ্ছে সমাজে পুন ঃ প্রতিষ্ঠিত হতে গেলে প্রক্ষাঘাতগ্রস্থ মহিলাদের বিবাহ বিচ্ছেদের প্রভাব সনক্ত করা।

এই গবেষণার মাধ্যমে আমরা সনাক্ত করতে পারব আর্থ সামাজিক অবস্থা, সমাজে পুন ঃ প্রতিষ্ঠিত হওয়ার অবস্থান এবং বিবাহ বিচ্ছেদের ফলাফল, সমাজে পুন ঃ প্রতিষ্ঠিত হওয়া বিবাহ বিচ্ছেদ এবং আলাদা হয়ে যাওয়া প্রক্ষাঘাতগ্রস্থ মহিলা উভয়ই।

আমি আরও জানতে চাই কিছু ব্যাক্তিগত এবং অন্যান্য তথ্যাবলী প্রক্ষাঘাতগ্রস্থ মহিলা সম্পর্কে। মহিলা যারা প্রক্ষাঘাতগ্রস্থ এবং যাদের বিবাহ বিচ্ছেদের কাহিনী আছে তাদের এই গবেষনার জন্য নির্বাচিত করা হয়েছে। আপনি কিছু কার্যাবলী সম্পাদন করবেন যা এই ফরমে উল্লেখ আছে। এটা প্রায় ২৫-৩০ মিনিট সময় নিবে । ডাটা গুলো সংগ্রহ করা হবে একটা কাঠামোগত প্রশ্নাবলীর মাধ্যমে। একটা অর্ধ কাঠামোগত গুনগত প্রশ্নাবলী ব্যবহার করা হবে ডাটা সংগ্রহের জন্য। আমি আরো জানাচ্ছি যে,এটা একটা শুধু একাডেমিক গবেষনা এবং এটা অন্য কোন উদ্দেশ্যে ব্যবহার করা

হবে না। গবেষনাকারী এই ক্ষেত্রের (প্রক্ষাঘাতগ্রস্থ) সাথে সরাসরি যুক্ত। আপনার অংশগ্রহন এই গবেষনার কোন প্রভাবই ফেলবে না আপনার বর্তমান এবং ভবিষ্যৎ এর চিকিৎসায় এই জায়গায় (প্রক্ষাঘাতগ্রস্থ Unit)।

সকল তথ্য গুলো আপনাদের গোপন রাখা হবে এবং যেকোনো প্রতিবেদন অথবা প্রকাশনায় তথ্যের উৎস বেনামী/নামহীন রাখার নিশ্চিয়তা দিচ্ছি এবং সকল তথ্যগুলো নষ্টকরে দেয়া হবেএই গবেষনার ক্ষেত্রে।আপনার অংশ গ্রহন এই গবেষনার সম্পূর্ন ঐচ্ছিক এবং আপনি যেকোন সময়ে কোন খারাপ ফলাফল/প্রভাব ছাড়াই এটা ত্যাগ করাতে পারবেন । আপনি আপনার অংশগ্রহন আরো প্রত্যাখান করতে পারবেন যদিও আপনি পূর্বে সম্মতিদিয়ে যাবেন। আপনার আরো অধিকার আছে কোন একাট নিদির্ষ্ট প্রশ্নের উত্তর যা আপনি দিতে চাননা বা উত্তর দিতে চান না সাক্ষাত গ্রহনের সময়ে আপনি সিধান্ত নেয়ার পূর্বে আপনি যে কারো সাথে কথা বলতে পারেন এই গবেষনা সম্পর্কে।যদি সম্মতি পত্রের কোন শব্দ যা আপনি বোঝেন না দয়াকরে আমাকে জিজ্ঞাসা করবেন থামতে বলে। আমি আপনাকে সময় নিয়ে ব্যাখ্যা করব। আমি আপনাকে একটা সুযোগ দিব মন্তব্য করতে সাক্ষ্যাতের ক্ষেত্রে এবং আপনি এটা পরিবর্তন অথবা বাদ দিতে পারবেন। যদি আপনি আমার নোটের সাথে সম্মত না হন অথবা যা আমি আপনাকে বোঝাতে পারি নাই সঠিকভাবে তখন আপনি আপনার মতামত দিতে পারবেন এটা সঠিক করার জন্য সাক্ষাতগ্রহনের সময় আমি আপনাকে কিছু ব্যক্তিগত এবং গোপনীয় প্রশ্নাবলী জিজ্ঞাসা করব। যদি আপনি যে কোন ধরনের অস্বস্তিক মনে করেন তাহলে আপনাকে প্রশ্নের উত্তর দিতে হবে না। আপনাকে কোন ধরনের কারন বলতে হবে না কেন আপনি আমার প্রশ্নের উত্তর দেন নি।কিন্তু আপনার মূল্যবান অংশগ্রহন আমাদের সাহায্য করবে খুজে বের করতে প্রভাব.....

জ্ঞান যা এই গবেষনা থেকে আমরা পাব তা বিনিময় করা হবে অন্য প্রফেশন্যালদের সাথে যাতে অন্যান্য আগ্রহী লোকজন এই গবেষনা থেকে শিখতে পারে। অনুমোদন নেয়া হয়েছে ইনষ্টিটিউশনাল রিভিউ বোর্ড (IRB), বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (BHPI) থেকে।

- শুরুর পূর্বে আপনার কি কোন প্রশ্ন আছে ?
- সুতরাং, আমি কি পারি আপনার সম্মতি নিয়ে স্বাক্ষাত অথবা কাজটি আগাতে?
    - হ্যা
    - না

অংশঃ১ (তথ্যাবলী)

অংশগ্রাহকের কাছ থেকে বিবণঃ আমাকে এই গবেষনায় অংশগ্রহন করার জন্য বলা হয়েছে " সমাজে পুন:প্রতিষ্ঠিত হতে গেলে মহিলা প্রক্ষাঘাতগ্রস্তা রোগীদের বিবাহ বিচ্ছেদের প্রভাব।

আমি এটা পড়েছি অথবা এটা আমাকে পড়তে হয়েছে । আমি এই গবেষনার উদ্দেশ্য জানি। যেভাবেই হোক আমি যে কোন প্রশ্ন জিজ্ঞাসা করার সুযোগ পেয়েছি এবং যে কোন সময় এই গবেষনাটি বন্ধ করে দেওয়ার ক্ষমতা আমার সমস্ত ব্যক্তিগত তথ্যাবলী গোপন রাখার নিশ্চয়তা দিয়েছেন ' আমার আরও সুযোগ আছে এই গবেষনা সম্পর্কে যে কোন প্রশ্ন জিজ্ঞাসা করার । স্বইচ্ছায় এই গবেষনাটিতে অংশগ্রহনের জন্য সম্মতি দিচ্ছি।

অংশগ্রহন কারীর নাম .....

তারিখ.....

অংশগ্রহন কারীর স্বাক্ষর.....

তারিখ.....

স্বাক্ষর কাছ থেকে বিবৃতিঃ

আমি তথ্য সংগ্রহ কালে সেখানে উপস্থিত ছিলাম এবং আমি নিশ্চিত করছি যে প্রত্যেকে স্বত্বন্তভাবে সম্মতি দিয়েছে।

সাক্ষীর নাম ..... তারিখ.....

সাক্ষীর সাক্ষার ..... তারিখ.....

গবেষনাকারীর জবাব

ডাটা সংগ্রহকের বিবৃতি ঃ

আমি এই গবেষনার সিটটি সঠিক ভাবে পড়ে শুনিয়েছি যাতে অংশগ্রহনকারী ভালোভাবে বুঝতে পারে আমার গবেষনার লক্ষ্য এবং উদ্দেশ্য ' আমি অবশ্যই সঠিকভাবে সকল তথ্য গোপন রাখব। আমার সাধ্যমত অংশগ্রহন কারীর কাছ থেকে সমগ্র প্রশ্নউওর গুলো সঠিক ভাবে নেওয়া হয়েছে। আমি এটা নিশ্চিত করছি যে কোন সময় অংশগ্রহনকারী তাদের এই গবেষনা থেকে নিজেদের বিরত রাখতে পারবে।

গবেষকের নাম অথবা তথ্য সংগ্রাহকের নাম .....

গবেষকের সাক্ষর অথবা তথ্য সংগ্রহকের সাক্ষর.....

APPENDIX – 3

Title: Impact of Divorce and Separation for the Women with Spinal Cord Injury in Community Reintegration.

General Questionnaire about socio-demographics and SCI medical data:

No	Question and filters	Coding categories	code
1	Age (in completed years)		
2	Religion	1=Islam 2=Hindu 3=Buddhist 4=Christian 5=other(specify)	☐
3	Living area	1=Rural 2=Urban 3=Urban(Slums)	☐
4	Duration of divorce or separation	1= 1-2 years 2=3-4 years 3=5-6 years 4=6-8 years 5=more than 8 years	☐
5	Educational status	1=Illiterate 2=Non formal education 3=Class I to V 4= Class VI to X 5= Passed SSC/ Equivalent 6= Pass HSC/ Equivalent 7= Graduate/ Equivalent 8= Postgraduate/ Equivalent 9= Others (Specify)	☐
6	Occupation	1=Unemployed 2=Service holder 3=Student	☐

		4=Business 6=Day Laborer 8=Retired 9=Housewife 10=others(specify)	
7	Monthly income	1= Up to 5,000 2= 5,001-10,000 3=10,001-20,000 4=20,001-30,000 5=30,001-50,000 6=50,001 and above	☐
8	Number of children	1= 1 child 2=2 children 3=3 children 4=4 children 5=5 children 6=6 or above children	☐
9	ASIA	1= complete A 2=Incomplete B 3=Incomplete C 4=Incomplete D 5= Incomplete E	☐
10	Neurological level	1= C2-C8 2=T1-T6 3=T2-T12 4=L1-L2	☐
11	Duration of marriage	1= 1to 3 years 2=4 to 6 years 3=7-9 years 4=10-15 years 5=16 to above	☐
12	Married before or after SCI	1= Before SCI injury 2=After SCI injury	☐

The Community Integration Questionnaire-Revised (CIQ-R)

Name: _____ **Date:** _____

1 Who usually does the shopping for groceries or other necessities in your household?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

2 Who usually prepares meals in your household?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

3 In your home who usually does normal everyday housework?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

4 Who usually cares for the children in your home?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

☐ Not applicable (no children under 17 yrs in the home)

5 Who usually plans social arrangements such as get-togethers with family and friends?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

6 Who usually looks after your personal finances, such as banking or paying bills?

☐ Yourself alone ☐ Yourself and someone else ☐ Someone else

7 Approximately how many times a month do you usually participate in shopping outside your home?

☐ 5 or more ☐ 1-4 times ☐ Never

8 Approximately how many times a month do you usually participate in leisure activities such as movies, sports, restaurants, etc?

☐ 5 or more ☐ 1-4 times ☐ Never

9 Approximately how many times a month do you usually visit friends or relatives?

☐ 5 or more ☐ 1-4 times ☐ Never

10 When you participate in leisure activities do you usually do this alone or with others?

☐ Mostly alone ☐ Mostly with family members ☐ Mostly with friends who have a disability

☐ Mostly with friends who do not have a disability ☐ With a combination of family and friends

11 Do you have a best friend in whom you confide?

☐ Yes ☐ No

12 How often do you travel outside the home?

☐ Almost every day ☐ Almost every week ☐ Seldom / never (less than once per week)

13 Please check the answer that best corresponds to your current (during the past month) work situation:

☐ Full-time (more than 20 hours per week)
☐ Part-time (less than or equal to 20 hours per week)
☐ Not working, but actively looking for work
☐ Not working, not looking for work
☐ Not applicable, retired due to age

14 Please check the answer that best corresponds to your current (during the past month) school or training program situation:

☐ Full-time
☐ Part-time
☐ Not attending school or training program
☐ Not applicable, retired due to age

15 In the past month, how often did you engage in volunteer activities?

☐ 5 or more ☐ 1-4 times ☐ Never

16 How often do you write to people for social contact using the Internet (e.g., email, social networking sites such as Facebook)?

☐ Every day / most days ☐ Almost every week ☐ Seldom / never

17 How often do you talk to people for social contact using an online video link (e.g. Skype, FaceTime)?

☐ Every day / most days ☐ Almost every week ☐ Seldom / never

18 How often do you make social contact with people by talking or text messaging using your phone?

☐ Every day / most days ☐ Almost every week ☐ Seldom / never

Comments:

APPENDIX – 5

Title: Impact of Divorce and Separation for the Women with Spinal Cord Injury in Community Reintegration.

The Community Integration Questionnaire-Revised(CIQ-R)

নামঃ ..... তারিখঃ.....

১/ কে সাধারণত আপনার বাড়ির বাজার এবং অন্যান্য প্রয়োজনীয় জিনিস পত্র ক্রয় করেন?

□ আপনি নিজেই □ আপনি এবং অন্যকেউ □ অন্যকেউ

২/ কে সবর্দা আপনার বাড়িতে খাবার তৈরি করে থাকেন?

□ আপনি নিজেই□ আপনি এবং অন্যকেউ □অন্যকেউ

৩/ আপনার বাড়িতে কে সর্বদা বাড়ির প্রতিদেনের সাধারন কাজকর্ম করেন?

□ আপনি নিজেই□ আপনি এবং অন্যকেউ □অন্যকেউ।

৪/ কে সর্বদা আপনার বাড়িতে বাচ্চাদের দেখাশোনা করেন?

□ আপনি নিজেই□ আপনি এবং অন্যকেউ □অন্যকেউ □প্রযোজ্য নয় (বাড়িতে ১৭ বছরের নিচে বাচ্চা নেই)।

৫/ কে সব সময় আপনার পরিবার এবং বন্ধুদেরকে একত্রিকরণের জন্য পরিকল্পনা এবং আয়োজন করে থাকেন?

□ আপনি নিজেই□ আপনি এবং অন্যকেউ □অন্যকেউ।

৬/ কে সবসময় আপনার ব্যাক্তিগত আর্থিক সংস্থা যেমন ব্যাংকিং অথবা বিল পরিশোধ করে থাকেন?

□ আপনি নিজেই□ আপনি এবং অন্যকেউ □অন্যকেউ

৭/ এক মাসের মধ্যে কমপক্ষে কতবার আপনি বাড়ির বাইরে কেনাকাটা করেন?

□ ১-৪ বার □ কখনই না।

৮/ মাসের মধ্যে কমপক্ষে কতবার আপনি অবসর সময়ে সিনেমা দেখেন, খেলাধূলা অথবা রেস্তোরা তে যান?

□ ৫ অথবা এরবেশি □ ১-৪ বার □ কখনই না।

৯/ মাসের মধ্যে কতবার আপনি বন্ধু অথবা আত্মীয়র বাসায় বেড়াতে যান?

□ ৫ অথবা এর বেশি □ ১-৪ বার □ কখনই না।

১০/ কখন আপনি সাধারণত অবসরের কাজ গুলো করেন একা অথবা অন্যকারো সাথে?

□ একাই □ বেশির ভাগ সময় পরিবারের সাথে □ বেশির ভাগ সময় বন্ধু বান্ধবের সাথে যাদের প্রতিবন্ধকতা আছে।□ বেশির ভাগ সময় বন্ধু বান্ধবের সাথে যাদের প্রতিবন্ধকতা নাই।

১১/ আপনার কি কোন ভাল বন্ধু আছে যাকে আপনি বিশ্বাস করেন?

□ হ্যাঁ □ না।

১২/প্রায়ই কি আপনি বাড়ির বাইরে ঘুরতে যান?

□প্রায় প্রতিদিন □ প্রায় প্রতি সপ্তাহে □ খুবই কম(প্রতি সপ্তাহে ১ বারের কম)।

১৩/ অনুগ্রহ করে ভেবে উত্তর দিন কোনটা আপনার বর্তমান কাজের অবস্থার সাথে সম্পর্কিত?(আগের মাস সহ)

□ সব সময় (প্রতি সপ্তাহে ২০ ঘন্টার বেশি) □ খন্ডকালীন (প্রতি সপ্তাহে ২০ ঘন্টার কম অথবা তার সমান) □ কাজ নেই কিন্তু কাজ খুঁজছি।□ কাজ নেই কাজ খুঁজছি না।□ প্রযোজ্য নয়, বয়সের কারণে অবসরপ্রাপ্ত।

১৪/ অনুগ্রহ করে ভেবে উত্তর দিন কোনটা আপনার বর্তমান স্কুল অথবা প্রশিক্ষণ কার্যক্রমেন সাথে সম্পর্কিত? □ সব সময় □খন্ডকালীন □ স্কুল অথবা প্রশিক্ষণ কার্যক্রমের অংশ গ্রহন করি না।

১৫/গতমাসে আপনি কতবার স্বেচ্ছাসেবী কার্যক্রমের সাথে সম্পৃক্ত হয়েছেন?

□ ৫ অথবা তারবেশি □ ১-৪ বার □ কখনই না।

১৬/ইন্টারনেট ব্যবহার করে আপনি কখন লোকজনের সাথে সামাজিক যোগাযোগ করেন? (যেমন ই-মেইল, সামাজিক যোগাযোগের স্থান যেমন ফেসবুক) ?

□ প্রতিদিন / বেশির ভাগ দিন □ প্রায় প্রতি সপ্তাহ □ কখনই না।

১৭/সামাজিক যোগাযোগের মাধ্যমে ব্যবহার করে আপনি কখনও লোকজনের সাথে ভিডিও লিংকে কথা বলেছেন? (যেমন: স্কাইপি, ফেস টাইম) ?

১৮/সামাজিক যোগাযোগের মাধ্যম ব্যবহার করে কখন আপনি আপনার মোবাইল এ লোকজনের সাথে কথা বলেন অথবা ক্ষুদে বার্তা আদান প্রদান করেন ?

□ প্রতিদিন / বেশীর ভাগ দিন □ প্রায় প্রতি সপ্তাহে □ কখনোই না।

APPENDIX – 6

Title: Impact of Divorce and Separation for the Women with Spinal Cord Injury in Community Reintegration.

1. Do you have faced any problem in your marital relationship?
2. Does your disability have a negative (bad) effect on your marital life? How spinal cord injury affects your marital life?
3. Who proposed at first for divorce or separation and why?
4. Did you and your husband mutually disused about divorced or separation?
5. Did get any financial benefit from your husband after divorced or separation?
6. Did you take any steps to prevent divorce or separation? If yes, what type of steps you were taken?

7. What type of problem you have to face at home after divorce or separation?

- Do you feel that some people treat you unfairly in your family after divorce or separation?
- Do you need someone to stand up for you when you have problems?
- Do you worry about what might happen to you in the future after divorce or separation? For example, thinking about not being able to look after yourself, or being a burden to others in the future.
- Do you make your own choices about your day-to-day life after divorce or separation? For example, where to go, what to do, what to eat.
- Are you satisfied with your nutrition after divorce or separation? For example, with the amount and quality of the food you eat.
- Do you get to make the big decisions in your life after divorce or separation? For example, like deciding where to live, or who to live with, how to spend your money.

8. What type of difficult you have to face in social participation after divorce or separation?
   - Are you satisfied with your ability to communicate with other people after divorce or separation? For example, how you say things or get your point across, the way you understand others, by words or signs.
   - Do you feel that other people accept you after divorce or separation?
   - Do you feel that other people respect you after divorce or separation?
     - For example, do you feel that others value you as a person and listen to what you have to say?
   - Are you satisfied with your chances to be involved in social activities after divorce or separation? For example, meeting friends, going out for a meal, going to a party etc.
   - Are you satisfied with your chances to be involved in local activities after divorce or separation? For example, being part of what is happening in your local area or neighborhood.
   - Do you feel that your dreams, hopes and wishes will happen after divorce or separation? For example, do you feel you will get the chance to do the things you want, or get the things you wish for, in your life?
9. What type of problem you have to face in involving productive activities after divorce or separation?
   - Are you satisfied with the opportunities you have to work after divorce or separation? For example, with the job offers you receive.
   - Are you satisfied with the adaptations of your environment to your limitation after divorce or separation?
   - Are you satisfied with the opportunities you have to study after divorce or separation? For example, if you want a school or university to accept you as a student.

APPENDIX – 07

শিরোনাম:মেরুরজ্জুতে আঘাতপ্রাপ্ত মহিলাদের সামাজিক অবস্থা পুন:প্রতিষ্ঠায় বিবাহ বিচ্ছেদও পৃথকীকরণের প্রভাব ।

১। আপনার অক্ষমতা কি আপনার বৈবাহিক জীবনে কোন নেতিবাচক প্রভাব ফেলেছে? কিভাবে মেরুরজ্জুতে আঘাত আপনার বৈবাহিক জীবনকে প্রভাবিত করে ?

২। কে প্রথম বিবাহ বিচ্ছেদ এবং পৃথকীকরণের প্রস্তাব দেয় এবং কেন?

৩। আপনি এবং আপনার স্বামী কি যৌথভাবে বিবাহ বিচ্ছেদ ও পৃথকীকরণের সিদ্ধান্ত নিয়েছিলেন?

৪ ।বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর আপনি কি আপনার স্বামীর কাছ থেকে কোন আর্থিক সুবিধা পেয়েছিলেন?

৫। বিবাহ বিচ্ছেদ এবং পৃথকীকরণ প্রতিরোধে আপনি কি কোন পদক্ষেপ নিয়েছিলেন? যদি হ্যাঁ হয়, কি ধরনের পদক্ষেপ আপনি নিয়েছিলেন?

আপনি কাদের সাথে বাস করেন? তাদের সাথে আপনি কি অসুবিধা বোধ করেন?

৭ ।বিবাহ বিচ্ছেদ এবং পৃথকীকরণের পর আপনার কি ধরণের সমস্যার সম্মুখীন হতে হয়েছে?

৮। আপনি কি মনে করেন বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর পরিবারের কেউ আপনার সাথে অনুচিত আচরণ করছে?

-যখন আপনার সমস্যা হয় তখন আপনি কি আপনার পাশে কারো দাড়ানোর প্রয়োজন মনে করেন ?

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর আপনি ভবিষ্যতে কি হবে তা নিয়ে দ:শ্চিন্তা করেন? ভবিষ্যতে কি হবে তা নিয়ে যেমন , নিজের প্রতি দেখাশোনা করতে না পারা অথবা ভবিষ্যৎএ বোঝা হয়ে থাকা।

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর দৈনন্দিন জীবনে আপনি কি আপনার পছন্দগুলো পূর্ণ করতে পারেন, উদাহরন স্বরূপ ,কোথায় যাবেন কি করবেন , কি খাবেন ?

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর আপনি কি আপনার পুষ্টি নিয়ে সন্তুষ্ট? উদাহরন স্বরূপ খাদ্যের গুনগত মান ও পরিমান যা আপনি খেয়ে থাকেন।

–বিবাহ বিচ্ছেদও পৃথকীকরণের পর আপনি কি আপনার জীবনের বড় সিদ্ধান্তগুলো নিতে পারেন? উদাহরন স্বরূপ যেমন সিদ্ধান্ত নেন , কোথায় থাকবেন অথবা কার সাথে থাকবেন, কিভাবে থাকবেন কিভাবে আপনার টাকা ব্যায় করবেন?

-বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর সামাজিক অংশগ্রহনে কি ধরনের সমস্যার সম্মুখীন হতে হয়েছে?

–বিবাহ –বিচ্ছেদ এবং পৃথকীকরণের পর অন্য লোকের সাথে যোগাযোগের সামর্থ নিয়ে কি আপনি সন্তুষ্ট ?উদাহরন স্বরূপ- যেভাবে আপনি বলেন এবং সে অনুযায়ী পেয়ে থাকেন ,যে শব্দ বা সংকেতের মাধ্যমে আপনি অন্যদের বোঝেন। আপনি কি মনে করেন,আপনার বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর অন্য লোকেরা আপনাকে গ্রহণ করেছে?

–আপনি কি মনে করেন, বিবাহ বিচ্ছেদ এবং পৃথকীকরণের পর অন্য লোকেরা আপনাকে শ্রদ্ধা করে ?

উদাহরণস্বরূপ:- আপনি কি অনুভব করেন, অন্যরা আপনাকে ব্যক্তি হিসেবে মূল্যায়ন করে এবং আপনি যা বলেন শোনে ?

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর সামাজিক কর্মকান্ডে অংশগ্রহণের সুযোগ নিয়ে আপনি কি সন্তুষ্ট ?

উদাহরণস্বরূপ:-বন্ধুদের সাথে মিলিত হওয়া,বাইরে খেতে যাওয়া, অনুষ্ঠানে যাওয়া ইত্যাদি ।

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর স্থানীয় কার্যক্রমের সাথে অন্তর্ভূক্ত হওয়ার সুযোগ নিয়ে আপনি সন্তুষ্ট ?

উদাহরণস্বরূপ:- এলাকায় কি হচ্ছে অথবা প্রতিবেশীদের সাথে অন্তর্ভূক্ত হওয়া ।

– আপনি কি মনে করেন, বিবাহ বিচ্ছেদ এবং পৃথকীকরণের পর আপনার স্বপ্নগুলো,আশাগুলো এবং ইচ্ছেগুলো পূর্ণ হবে ?

উদাহরণস্বরূপ:- আপনি কি অনুভব করেন, জীবনে যা আপনি চান সেটা করার সুযোগ পাবেন অথবা যা আশা করেন তাই পাবেন ।

৯. বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর উৎপাদনমুখী কর্মকান্ডে অংশগ্রহণের সময় আপনার কি ধরনের সমস্যার সম্মুখীন হতে হয়েছে।

– আপনি কি মনে করেন, বিবাহ বিচ্ছেদ এবং পৃথকীকরণের পর আপনার কাজের সুযোগ নিয়ে কি আপনি সন্তুষ্ট ?

উদাহরণস্বরূপ:-আপনি কি চাকরির প্রস্তাব পেয়েছেন ।

–বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর আপনার সীমাবদ্ধতার মাঝে পরিবেশের সাথে খাপ-খাওয়ানো নিয়ে আপনি কি সন্তুষ্ট ?

–আপনি কি বিবাহ বিচ্ছেদ ও পৃথকীকরণের পর পড়াশোনার সুযোগ নিয়ে সন্তুষ্ট ?

উদাহরণস্বরূপ:-আপনি যদি চান বিদ্যালয়ে অথবা বিশ্ববিদ্যালয়ে আপনাকে ছাত্র হিসেবে গ্রহণ করুক ।

CRP
Centre for the Rehabilitation of the Paralysed

পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি)
Centre for the Rehabilitation of the Paralysed (CRP)
a project of the Trust for the Rehabilitaton of the Paralysed
Head Office: CRP- Savar, CRP- Chapain, Savar Dhaka-1343, Bangladesh
Tel: +880 02 7745464-5, Fax: 7745069, E-mail: contact@crp-bangladesh.org, www. crp-bangladesh.org

Ref: CRP-BHPI/IRB/02/17/200

Date: 28/02/2018

To
Farjana Taoheed
M.Sc in Rehabilitation Science
Session: 2016-2017, Student ID: 181160055
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of thesis proposal "Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration." by ethics committee.

Dear Farjana Taoheed,

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. The Following documents have been reviewed and approved:

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

Since the study involves exploring Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration and data will be collected from the CRP Savar, and community in Bangladesh through interviewer administered "Bangla Community Integration Questionnaire" and "In-depth personal interviews Questions" that takes maximum 25 to 30 minutes and have no likelihood of any harm to the participants, the members of the ethics committee have approved the study to be conducted in the presented form at the meeting held at 9:00 AM on October 08, 2017 at BHPI.

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

Best regards,

Millat Hossain

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

Date:February 27, 2018
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

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

Sir,

With due respect I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science program at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU). This is a 2-year full-time course under the project of "Regional Inter-professional Master's program in Rehabilitation Science" funded by SAARC Development Fund (SDF). I have to conduct a thesis entitled, "Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration" under honorable supervisor, Md. Obaidul Haque, Associate Professor and head of Department of Physiotherapy, BHPI, CRP, Savar

The purpose of the study is to identify the impact of divorce and separation for the woman with spinal cord injury in community reintegration.

Community Integration Questionnaire (CIQ)and developed qualitative questionnaire will be used that will take about 25 to 30 minutes.Related information will be collected from the community and CRP medical records. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

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

Sincerely yours,

27.02.18
FarjanaTaoheed
Session: 2016-2017
Student ID - 181160055
Student of M.Sc. in Rehabilitation Science (MRS)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the thesis supervisor:

27/02/18
Md. ObaidulHaque
Associate Professor and Head of Department of Physiotherapy
BHPI, CRP, Savar.

Date: February 27, 2018

The Head of Medical Service Wings
CRP, Savar, Dhaka

Subject: **Application for getting permission for using Medical related data.**

Sir,

With due respect I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science program at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU). This is a 2-year full-time course under the project of "Regional Inter-professional Master's program in Rehabilitation Science" funded by SAARC Development Fund (SDF). I have to conduct a thesis entitled, "Impact of Divorce and Separation for the Woman with Spinal Cord Injury in Community Reintegration" under honorable supervisor, Md. Obaidul Haque, Associate Professor and head of Department of Physiotherapy, BHPI, CRP, Savar

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Sincerely yours,

Farjana Taoheed
Session: 2016-2017
Student ID - 181160055
Student of M.Sc. in Rehabilitation Science (MRS)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Approved
27/2/18
DR. SAYEED UDDIN HELAL
MBBS, MPH, MS (Neurosurgery)
Consultant Neurosurgeon &
Head of Medical Services Wing, CRP