

Understanding the Patterns of Bullying and it's Mental Health Effects among the Youth with Physical Disability in Bangladesh



By

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Statement of Authorship

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This thesis has not been submitted for the awareness of any other degree or diploma in any other tertiary institution.

The ethical issues of the study have been strictly considered and protected. In case of dissemination of the finding of this project for future publication, the research supervisor will be highly concerned and it will be duly acknowledged as an undergraduate thesis.

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List of Abbreviations

CRP- Centre for the Rehabilitation of the paralysed

PWD- Person With Disability

Abstract

Bullying is a current major concern in the world. The majority of research are focused on children, adolescents, and the workplace. Internationally mental health disability gets attention in the issues of bullying but the study is limited to physical disability and no national data is available on the prevalence of bullying among youth with physical disability.

The purpose of this study is to identify the extent of bullying according to different types of bullying, also identify the reason and the mental health effects of bullying.

A quantitative, cross-sectional design is used to conduct the study. This study used snowball sampling to collect data. Analysis of data from a sample of 70 participants throughout the Savar Upazila. The participant group was a youth with a physical disability.

A total of 72% are reported they faced bullying within their lifetime but the frequency of bullying was low. Relational bullying ($M=1.60$) was the common type of bullying behavior. Bullying mostly occurred in the community (49%) and market (51%). The youth with disability mostly faced bullying due to their limited physical ability, poor economic status, and being different from others. This present study identified that bullying creates mental health effects, youth with disability who were victims of bullying had reported they felt sad, angry, sleeping problem and faced trouble to make a friend and concentrate in work.

Bullying has a serious mental impact and person with physical disabilities are at higher risk of being bullied. Further research needs to include the rural area and preventive intervention.

Key word: Bullying, Physical disability, Youth, Mental health

CHAPTER I: INTRODUCTION

1.1 Background

Bullying is a widely occurred phenomenon in the world. Bullying is usually known as repeated behavior that is intended to hurt someone either emotionally, physically, verbally, and is often aimed at certain people because of their race, gender, appearance, or disability. (*Harassment, Bullying, and Discrimination*, 2021). There are 4 types of bullying. Verbal, Physical, relational & cyberbullying. Verbal bullying means any slanderous or insulting statement that causes the victim emotional distress. Physical bullying occurs when a person's body parts are hurt such as using inappropriate, hand gestures, hitting, kicking. Relational bullying may damage the victim's psychological or social wellbeing such as humiliating, spreading rumors. Cyberbullying can occur through Text or online social media. It includes sending, sharing negative false, or mean content about someone (Mahmoud &Islam, 2017). These actions are done by people who have more power over someone else intention to make others feel less powerful &helpless. It's considered a form of violence (*Harassment, Bullying, and Discrimination*, 2021). Bullying can create a negative impact on someone's mental health (Rose et al., 2012). Bullying can happen at any age, It can happen to anybody whether they have a disability or not and it can happen anywhere at home, workplace, community (Nickerson et al., 2014). In recent years the topic of bullying receiving lots of attention in schools and the workplace for all people. Bullying among persons with a disability has become a major concern in the field of research but the majority of research has been conducted on school-aged children (6-13 years) & adolescence (14-19 years). But youth (18-35) bullying deserves attention too. In the study about bullying in the disability sector, most of the studies were focused on

intellectual disability, mental disability and development disability (Kowalski & Toth, 2017; Rose et al., 2012). The study is very limited about physical disability. The term physical disability means that affects a person's mobility, physical capacity, stamina, or dexterity. Some examples of physical disability are Brain injury, cerebral palsy, Amputation, Stroke, Spinal cord injury, etc. Physical disability is a more obvious thing. Physical appearance act as a factor for bullying. So study needs to find out the actual scenario of bullying among physical disabilities. This study has explained the extent of bullying, the Reason behind bullying among youth with physical disabilities, and its effect on their mental health.

According to the national youth policy of Bangladesh the youth age range is (18-35) years. Searching for information about the disability-inclusive development situation of Bangladesh, research proved that, Discrimination, exclusion, and neglect, ignorance of the person with a disability is still prevalent, after having direct law enforcement. Persons with disabilities probably are less interested to be involved in any economic activity in Bangladesh. The unemployment rate for adults with disabilities is higher (1.9 percent) compared to people without disabilities (1.5 percent). The main barriers to employment are prejudice and ignorance in our country (Thompson, 2020). It's happened in the home, community, and workplace. The systematic Interventions are limited to raising awareness of the person with a disability in the community. Stigma is a common matter in the community of Bangladesh ((Titumir & Hossain, 2005). Bullying on youth with a disability may additionally occur due to Stigma, discrimination prejudice, discrimination, ignorance but no interest has been given to this issue of bullying. Bullying behavior is frequently repeated unless prevention is taken. Internationally bullying on youth with a disability gets less attention, the number of literature is very few and all the existing studies also have some limitations. At the same time, it's a new concept for the people of our

country. In the present situational context of Bangladesh, it's very necessary to address bullying for promoting inclusive development. Understanding bullying from our cultural perspective is imperative. This study will help to develop insight into the issues of bullying among youth with physical disabilities in Bangladesh.

1.2. Justification of the study

Internationally few research has been conducted about bullying prevalence and mental health effects on youth with a physical disability and no studies have been found at the national level. So undoubtedly this study will provide new insight into inclusive development. Over the year discrimination, prejudice, stigma has been highlighted in Bangladesh (Thompson, 2020). Exploration of this new topic will further enhance the countries inclusive development resource. Bullying can have a variety of psychological and societal effects for the victim such as depression, suicidal thoughts, self-destructive behavior, & social isolation, difficulty in establishing trust, friendships, relationships (Psycom.net, 2018). This study will identify the prevalence of this new barrier that may hamper the participation of youth with disabilities in their social life, as well as in the family and workplace. Occupational therapists play an important role to promote good mental health and social reintegration of the person with a disability in the community. So opportunity awaits for the occupational therapist in this important area. Identifying the bullying prevalence rate and its mental effects will be beneficial for the Occupational therapists to make their intervention more specific according to the situational context of Bangladesh. This study will be helpful to ensure a healthy environment and promote social reintegration of the youth with disabilities by expanding the strategies of the occupational therapist in a wider range.

1.3 Operational definition

- **Bullying:** Bullying is usually described as repeated aggressive behavior in which there has an imbalance of power or strength between the two groups of people. Bullying is an intentional, unprovoked abuse of power by one or more people intended to hurt someone either emotionally, physically, verbally. (Nansel et al, 2001)
- **Physical disability:** A physical disability is a physical condition that affects a person's mobility, physical capacity, stamina, or dexterity. This can include brain or spinal cord injuries, multiple sclerosis, cerebral palsy, respiratory disorders, epilepsy, hearing, and visual impairments, and more. (Marketing Achieve, 2019)
- **Youth:** According to the national youth policy of Bangladesh the youth age range is (18-35) years.
- **Temporary resident:** In this study, the term temporary resident means who are stayed in the community for a certain length of time. Such as treatment purpose or other personal purposes.
- **Permanent resident:** In this study, the term permanent resident means who are stayed in the community from birth and live permanently.
- **Migrated resident:** In this study, the term migrated resident means a person who moves away from his or her place of usual residence to another community and started to live permanently.

CHAPTER II: LITERATURE REVIEW

Literature Review:

In a comprehensive literature search for bullying among youth with physical disabilities and its mental health effects, results showed that the number of literature is very limited at the international level and no research has been found at the national level. So this essay will describe the meaning of bullying, some research findings, their limitations & requirements of new research on this topic based on international study, and the present situational context of Bangladesh.

2.1 Meaning of bullying

The Centers for Disease Control and Prevention (CDC) recently developed a uniform definition of bullying (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7):

“Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.”

Bullying is intentional aggressive behavior. It refers to the use of pressure, chance, or power with the motive of abuse, intimidate or aggressively dominate others or use superior energy or impact to intimidate (someone), typically to force them to do something. Bullying can cause a victim to experience dissatisfaction, afraid, and awful. (Athanasius’s & Deliyanni-Kouimtzis, 2010).

Bullying is usually described as repeated aggressive behavior in which there has an imbalance of power or strength between the two groups of people. (Nansel et al, 2001).

Although definitions of bullying behavior vary. There is various way to define bullying, no single definition is selected across the board. Based on the above information, bullying has been defined as “due to imbalance of power and strength bullying is intentional aggressive behavior, abuse of power by one or more people intended to hurt someone either emotionally, physically, verbally.

2.2 Types of bullying

After the above definition of Gladden and colleagues described two modes of bullying: direct and indirect, and 4 types of bullying: Physical, Verbal, Relational, and Damage to wealth. Another context of bullying is cyberbullying.

- Physical bullying:

Physical bullying is any irrelevant and inappropriate physical contact between the bully and the victim. Hitting kicking, biting, Stealing from another or breaking someone’s things, using hand gestures that are mean or inappropriate to someone. Hitting someone by throwing materials also refers the physical bullying.

- Relational Bullying:

Relational bullying refers the ignorance, trying to damage someone's social respect, ignoring the person in a group, or teamwork. Humiliating and harassment, spreading rumors. Neglect and underestimate someone's work or quality.

- Verbal bullying:

It refers the calling someone in a bad name, insulting and slanderous statements, making jokes, or mocking. Threatening also the form of verbal bullying.

- Cyberbullying:

Cyberbullying is described as sending bad texts, threatening, humiliating, embarrassed, harassed by online media, or otherwise being targeted by another person by using the internet, interactive and digital technologies, or mobile phones. (Mahmoud &Islam, 2017).

2.3 Physical disability

According to the New Brunswick Human Rights Commission (2011), physical disability is defined as:

Any degree of disability, infirmity, malformation, or disfigurement of a physical nature caused by bodily injury, illness, or birth defect and includes, but is not limited to, a disability resulting from any degree of paralysis or diabetes mellitus, epilepsy, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or a wheelchair, cane, crutch or other remedial device or appliance. A physical disability must not be confused with an intellectual disability. Some individuals with physical disabilities have problems with diction, for example, but their intellectual capacity is not affected in any way. (*Supporting Students with Disabilities / Physical Disabilities*, 2013)

A physical disability is a physical condition that affects a person's mobility, physical ability, stamina, or dexterity. This can include spinal cord injuries, brain injuries, multiple sclerosis,

cerebral palsy, respiratory disorders, epilepsy, hearing, visual impairments, and more. (Marketing Achieve, 2019)

2.4. Relation between bullying & disability

Research from different countries has shown that there is a correlation between disability and bullying. The Survey findings from 350 people throughout the big sample, representing perspectives of mothers and fathers of Children (grades three-12) with disabilities, young people with disabilities, adults with disabilities, and the general public consisting of employers, concerned residents, and service vendors said that individuals with disabilities have experienced bullying at rates similar to or extra than their peer without disability (Nickerson et al., 2014). Literature overview of workplace bullying a number of the British population with disability suggested that bullying frequently occurs with a different person, disabilities making the ones a prime target (Bernard, A., 2017). They have a look at cyberbullying prevalence among 231 contributors (16-20 years) with and without disabilities cautioned that youth with disabilities show a substantially higher rate of cyberbullying more than the youth without disabilities. (Kowalski & Toth, 2017).

2.5. Prevalence of Bullying among youth with disability

The study among People with intellectual disabilities (18-40 years) pronounced 15.2% had been cyberbullied and verbal aggression was the common form of cyberbullying behavior. (Jenaro et al., 2018). The survey on abuse (bullying became summed under the framework of abuse) of human beings with disability amongst 7,289 humans (In right here, 20.0 % had a disability and 47.4% had been the member of the family of an individual with disabilities, service provider, and professional). The man or woman with a disability replied, 73 % had been the victim of

bullying, 38% stated it's lasted for years. Bullying mostly occurred in from the people of the community (42.4%), Educational settings (72%), in the workplace (8.8%) (Baladerian et al., 2012). A convenience sample of 269 members (18-40 years) from Chile, Mexico & Spain stated that 46% of bullying occurred in Education settings, 31.11% in leisure sports, and 15.56% of bullying was related to disability (Jenaro et al., 2018). Survey findings from a New York, PWD represented that 27% of bullying victimization most commonly occurs in the community, 12% on the computer, 12% at work (Nickerson et al., 2014). All of those above studies in particular focused on intellectual disability and mental disability. Youth with physical disabilities were not included in this study. In the survey from 284 British personnel with disabilities, the outcomes of the surveys recommended that 10.5 % of people with disability confronted bullying in comparison to 4.5% of those without disabilities (Fevre et al., 2013). The gap in the study was they didn't point out the types of disability. Regardless of the safety of the United States, 41% faced bullying within the workplace (Bernard, 2017). This research is simplest focused on the work zone. The prevalence of bullying varies from area to region (Jenaro et al., 2018). So observation about bullying wishes to include different sectors such as community, home, marketplace, park to get higher records approximately the extent of bullying.

2.6. Reason for bullying:

Adult (18 and older) with a disability reported that being different was the most common reason for being bullied, followed by their behaviors, and jealousy (e.g., they want to be like me, want the things I have). This study also suggests that there may be other reasons adults with disabilities believe they are bullied that were not measured in this study (Nickerson et al., 2014). According to a prior study among school-based children, mentioned the reason for bullying was

bad grades in school, not having close friends, or they were too weak to protest against bullies. Another reason was bullies are trying to show their strength to the victim (Simón Saiz et al.2019).

2.7. Mental effect of bullying

Researchers proposed an interactive relationship between expanded psychosis risks among people with chromosome deletion syndrome who had a record of bullying (Mayo et al., 2019). A study with 373 people (14-16 years) reported that bullying turned into substantially associated with predisposing to psychotic experiences. School bullying, ideals about trauma, and psychotic signs and symptoms may additionally contribute to the development of psychosis (Campbell & Morrison, 2007). Bullying increased the rate of self-harm in early adolescence (Fisher et al., 2012; Lereya et al., 2013). Results from longitudinal studies of the UK showed that children who experience bullying are more likely to report psychotic symptoms (Arseneault et al., 2011; Schreier et al., 2009). The Student with a disability is more likely to be a risk for depression, anger, hostility, lower self-esteem (Rose et al., 2012). Takizawa, R., Maughan, B., & Arseneault, L., (2014) stated that Childhood bullying had increased levels of psychological distress at ages 23 and 50 years old. Victims of frequent bullying had higher rates of depression, anxiety disorder, and suicidality. The gap in the study was they did not measure whether bullying still exists between at ages of 23 & 50 years and they didn't focus on any disability issues. All of these above studies emerge that bullying has a strong relation to mental health effects. But they only focused on Children and adolescents, youth with physical disabilities were not included there. Survey findings from a British employee with a disability stated that different types of disability were associated with different types of ill-treatment. It creates a health effect. (Fevre et al., 2013). In New York, youth with disabilities most commonly reported feeling sad, angry, sleeping problems (Nickerson et al., 2014). This study focused on both

mental & physical disability. Here, 8% of the total sample were youth with a physical disability and the remaining 92% were youth with a mental disability. This small sample of youth with physical disabilities don't enough to represent the mental effects of bullying on youth with a physical disability. Discussion about two diagnoses such as developmental trauma disorder & post-traumatic stress (PTSD) disorder that ought to be considered in the context of bullying. The complexity of the traumatic symptoms is associated with bullying victimization better than PTSD. The researchers encouraged the practitioners to understand how exposure to bullying interacts with development at different ages (Idsoe et al., 2021). Already many studies have been conducted on children and adolescents. So identifying the exposure of bullying & its mental health effects on youth (18-35 years) with a physical disability deserves attention. Therefore, it is necessary to conduct a study for determining the extent of bullying among youth with disability and its impact on mental distress.

2.8. The situational context of Bangladesh

In Bangladesh, there is no study about the issues of bullying & disability. Although there had been little research about bullying in Bangladesh, their fundamental recognition has been on Children and students (Mahmood &Islam, 2017; Sarker & Shahid, 2018; Riyasad, 2020).In Bangladesh, many studies were conducted on Discrimination, stigma, prejudice, negative attitudes for people with disability of Bangladesh. Many people in Bangladesh view disability as a curse, which indicates the social stigma. The PWD is usually left out from development due to inadequate awareness among general people and also the person who designed the developmental program for the PWD in the community. The systematic interventions are very limited to raising awareness of PWD in the community. Women with disabilities are particularly vulnerable to social discrimination & neglect (Titumir & Hossain, 2005). Despite

being directly legislation (including the disabled Person Protection and Rights Act 2013) discrimination still exists in our country (Thompson, 2020). The community people are often not aware of the extreme difficulties faced by PWD and most do not have access to gain knowledge and skill that would help them to include the PWD and their family in the development program. In their own family and community, negative attitudes already exist that cause their exclusion from society. (CAMPE, 2011). The main barriers to the employee for PWD in Bangladesh reported prejudice and ignorance (Titumir & Hossain, 2004). The person with a disability claims that people sometimes call them bad names such as boba, Kana, lengra, pagol and many other local names for different types of disability (Titumir & Hossain, 2005). Here Social exclusion, neglect, ignorance, different types of bad names indicate that people with disability in Bangladesh are nonetheless sufferers of bullying. But no national data is available about the prevalence of bullying in youth with disabilities. Internationally this issue has been addressed infrequently. Rohwerder, B. (2018) stated that attitudes towards disability may vary within the countries, communities, and families. Although some of these explanations are stronger than others this discussion shows that it is very necessary to identify the extent of bullying, the reason behind bullying victimization, and its mental health effects on the youth with physical disabilities in Bangladesh.

CHAPTER III: Methodology

3.1 Study questions

What is the extent of bullying on youth with physical disabilities in Bangladesh and its effects on their mental health?

Aim

To identify the extent of bullying on youth with disabilities in Bangladesh and its effects on their mental health.

Objective

- To identify the extent of bullying among youth with a physical disability according to different types of bullying
- To identify the prevalence of bullying among youth with a physical disability according to place(home, community, workplace, educational settings) and person (neighbor, family person, friends, colleagues, classmates)
- To identify the association between bullying prevalence with Gender, Age, Living experience with disability.
- To identify the reason and mental health effects due to bullying on the youth with disability.

3.2 Study design

The quantitative-based cross-sectional design was used to make statistical inferences about the population of interest. This study aims to identify the bullying prevalence rate and its mental health effects on youth with a physical disability. A cross-sectional study is a snapshot of a particular group of people at a given point in time and best way to find out the prevalence and also useful to identify the associations (Cherry, 2019). For this purpose, this study used a cross-sectional design that fulfills the aim and objective of the Study.

3.3 Study setting and period.

- **Study settings**

The study population included Youth with Physical Disability in Bangladesh. It was conducted in the Savar region in Dhaka City.

- **Study periods:** The study was conducted on April 2021-February 2022

3.4 Study participant:

- **Study Population** Youth with a physical disability.
- **Sampling technique**

The sample has been selected from youth with disabilities in the community by using snowball sampling. Snowball sampling is a chain referral process where research participants recruit other participants for a study. The chain referral process allows the researcher to reach the population that is hard to locate. (*Snowball Sampling: Definition, Advantages and Disadvantages*, 2021). So this process was the easy way to reach the

population from the community. For this purpose, snowball sampling was used for this study.

- **Sample size:**

Sample selection procedure

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

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

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

$$= 384$$

Here,

n = sample size

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

p = As there was no published research on the bullying among youth with physical disability, so the

investigator uses P= 50% = 0.5

q = (1-p) = 0.5

d = 0.05 degree of accuracy required

However, data will be collected from the youth with disability in the community. The study period was short and nowadays in this pandemic situation of COVID 19, it is quite difficult for a student to collect data within the short period from this huge sample. That's why the investigator selected 70 participants.

- **Inclusion and exclusion criteria**

Inclusion criteria:

- Participant age range 18-35 years
- All types of physical disability
- Permanent resident and migrated resident

Exclusion criteria:

- Youth with mental illness.
- Temporary Resident

Participant recruitment process:

After visiting the community then observing the initial participant, the researcher asked for assistance from the participant to identify people with a similar trait of interest. Therefore, used their social network to establish initial links for increasing the chain of participants. Sampling finished when the target sample size (70 samples) has been reached.

3.5 Ethical considerations

The research was approved by the Institutional Ethical Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the Department of Occupational Therapy.

The following section presents some of the important issues taken under consideration in maintaining the ethical standards of this research.

Informed consent

Detailed information about the research purpose, nature, and possible future utilization was provided to all the participants. Before the survey written consent form was provided to the participant so that they could choose to participate in the research.

Right to withdraw

The researcher couldn't force anyone to participate. The respondents' right to voluntarily cancel their participation in research was clearly stated and maintained throughout the study.

Risk and beneficence

Before starting the interview the researcher ensured that this research don't create any present or future impact on the participant.

Confidentiality and privacy

Confidentiality and privacy is the major concern for the research participant. This research ensured the privacy of the participant and maintain the confidentiality of all the information.

3.6 Data collection

3.6.1 Data collection method

Before following the standard data collection procedure ethical approval from the Institutional Ethical Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the Department of Occupational Therapy.

Firstly participant was informed about the research briefly and then asked to participate in the study. Before participation asked to sign the consent form for participating in research. Then

they were fill up the data collection sheet. During data collection, the participant was ensured that the information on the research sheet will be kept secret.

3.6.2 Interview guide/ Survey tool

- Socio-demographic information form:

A socio-demographic variables questionnaire was used to collect general information about participants it including gender, age, education, and other relevant demographical data for the study.

- Development of Survey Questionnaire:

To measure the consequence of bullying, Reason of bullying, Location of bullying, the item of the questionnaire was selected from the online published research “Bullying and Individuals with Disabilities: Needs Assessment and Strategic Planning” the survey questionnaire name was “**Adult survey (18 and older)**” (Nickerson et al., 2014). According to the author's permission, the investigator has modified the questionnaire due to cultural perspectives and language differences and also added some items through the literature review to achieve the objective of the study.

For measure, the mental health effects of bullying used the item of questionnaire from “**Adult survey (18 and older)**” Domain Serial number 10. (Nickerson et al., 2014).

3.7 Data analysis

To analyze the data using SPSS version 20. Variables had been set and input into the data. Then calculated the descriptive statistics including frequency, mean, and standard deviation for demographic information, bullying frequency, and percentage, also for mental health effects.

To measure the association of bullying with gender, educational status, duration of living

experience with disability, and Age use the Chi-square test. To find out where victimization occurs and who is responsible for bullying multiple response questions were calculated. The Spearman correlation test was used to find out the correlation of Mobile phone users and social media users, cyberbullying prevalence, and social media users.

3.8. Quality control and Quality assurance:

The data was collected from the participants using the “Bangla version” question. The question was selected from the published research, the name of the survey question was “survey question adult or older” According to the author's permission this question was translated into Bangla and modified for cultural and language differences in our country. In the first step, three translators were selected for translation. Both translators converted the question into Bengali independently and focus on an easily understandable language. After finalizing the Bangla version of the question. Then the investigator sends this questionnaire to the expert who doesn't have an English version of the questionnaire to translate it into English. After then comparing the Bangla version of the questionnaire to find out any inconsistencies or error. As the participant was the community people, a field test is also done to find out any understanding difficulty and cultural issues. After the field test, the question was modified to match our cultural perspective to get wider information and make it understandable.

CHAPTER IV: RESULT

This cross-sectional study used the SPSS version20 to analyze the data and interpret the result. These results were based on the socio-demographic information variable and according to the term and concept of bullying-related variable. The findings of the present research are presented in different types of tables and charts below.

4.1. Socio-demographic information

This study was conducted with 70 participant (n=70). Among all participant male were 72.9% (n=51). Female were 27.1% (n=19).The age range of participant were 20% (n=14) in between 18-24 years, 27% (n=27) in between 25-30 years, 41.4% (n=29) in between 31-35years.The educational status of participants were illiterate 12.9% (n=9), signature 2.9% (n=2), Primary 21.4%(n=15), Secondary 38.5% (n=27), Higher secondary 4.3% (n=3) and tertiary 20.5% (n=14).In total participant 4.3% (n= 3) were student, 52.9% (n= 37) were Employee and other 42.9% (n= 30) were Unemployed. The social media users were 55.7% (n=39) and Mobile phone users were 85.7% (n=60). (See table 1)

Table 1: Social demo graphs of Youth (18-38 years old) N=70

Variable	Category			Frequency	Percentage
				n=70	
Prevalence of bullying		Yes	No		
Gender	Male	36	15	51	72.9%
	Female	15	04	19	27.1%
Age	18-24			14	20%
	25-30			27	38.5%
	31-35			29	41.4%
Educational Status	Illiterate			09	12.9%
	Signature			02	2.9%
	Primary			15	21.4%
	Secondary			27	38.5%
	Higher secondary			03	4.3%
	Tertiary			14	20.5%
Employment Status	Student			03	4.3%
	Employee			37	52.9%
	Unemployed			30	42.9%
Social Media Users	Yes			39	55.7%
	No			31	44.3%
Mobile Phone Users	Yes			60	85.7%
	No			10	14.3%

4.2. Disability types of the participants (N=70)

Among all the participant the percentage of disability types were Stroke 10% (n=7), GBS 21.4% (n=8), Brain Injury 24.3% (n=17), Spinal Cord Injury 45.7% (n=32), Amputation 4.3% (n=3), Multiple Sclerosis 2.9% (n=2), Cerebral palsy (CP) 1.4% (n=1). (See table 2)

Table 2: Types of disability of participant (N=70)

Variable	Frequency	Percentage
Stroke	7	10.0%
GBS	8	21.4
Brain Injury	17	24.3
Spinal Cord Injury	32	45.7
Amputation	3	4.3
Multiple Sclerosis	2	2.9
CP	1	1.4

4.3. Duration of living experience with disability

The total number of participants was n=70. As shown in table 3, The duration of living experience with disability of participant reported, less than 2 years were 15.7% (n=11), the range between 2-4 years was 34.3% (n=24), the range between 5-10 years was 18.6% (n=13), More than 10 years were 31.4% (n=22).

Table 3: Living experience with disability (N=70)

Variable	Frequency	Percentage
Less than 2 year	11	15.7%
2-4 year	24	34.3%
5-10 year	13	18.6%
More than 10 year	22	31.4%

4.4. Bullying victimization according to a different form of bullying.

The responses about the extent of bullying were reported by 3 criteria, according to the Likert scale “Never” “once a month” “Sometimes”. The extent of bullying was measured by different forms of Verbal, physical, relational, and cyberbullying behavior. The extent of bullying is about “once a month” youth with disability response was high in the verbal forms of bullying such as: firstly “call bad name” 48.6 % (n=34) and secondly ‘get jokes and insult’ 42.6% (n=34). The forms of physical bullying “hitting by throwing materials” 4.3% (n=3) displayed the low percentage than the others forms of bullying.

The extent of bullying about “once a week” youth with disability showed a high percentage in “Humiliating and underestimate” 15.7% (n=11). This is the form of relational bullying and the other form such as “Get ignored” 14.3% (n=17), spreading rumors 10% (n=7) reported the noticeable percentage compared to others. A low percentage was found in “get hitting” 1.4% (n=1) this is a form of physical bullying. It can be said that form of Relational bullying occurred frequently and it is a common form of bullying faced by youth with disability.

The extent of bullying about the criteria “Never” the physical form of bullying “Hitting by throwing material” 92.9% (n=65) and “get hitting” 91.4% (n= 64) reported the high percentage. The form of cyberbullying “Get threat on online” 91.4% n= (64) the percentage was approximately nearer to each other. The response about “call bad name 41.4%” (n=29) was low in that criteria.

In the total percentage of the occurrence of verbal, relational, physical, and cyberbullying among all the forms of bullying, the response of “Once a week” is very low, and “Once a month” is a medium. “Never” is very high compared to each other. Table: 3 depicts the percentages of occurrence of bullying according to a different form to show the extent of bullying by percentage.

Table: 4. Bullying Victimization Reported by Youth (n=70) as Occurring “Never” “Once a month” “Once a Week” According to different forms of bullying.

Domain	Category	Never	Once a month	Once a week
Verbal	Call bad name	41.4% (n=29)	48.6% (n=34)	10.0% (n=7)
	Get jokes and insult	48.6% (n=34)	42.9% (n=30)	8.6% (n=6)
	Get threat	70.0% (n=49)	21.4% (n=15)	8.6% (n= 6)
Physical	Get pinch, Kicking	77.1% (n=54)	18.6% (n=13)	4.3% (n=3)
	Get hitting	91.4% (n= 64)	7.1%,(n=5)	1.4% (n= 1)
	Hitting by material	92.9% (n=65)	4.3% (n=3)	2.9%(n=2)
Relational	Get ignored	45.1% (n=33)	38.6% (n=27)	14.3% (n=17)
	Spreading rumors	58.6.1%(n=41)	31.4% (n=22)	10% (n=7)
	Humiliating& underestimate	54.3% (n=38)	30% (n=21)	15.7% (n=11)
Cyberbullying	Sending bad text	88.6% (n=62)	8.6% (n=6)	2.9% (n=2)
	Get bad comment on social media	87.1% (n=61)	8.6% (n=6)	4.3% (n=3)
	Get threat on online	91.4% n= (64)	5.7% (n=4)	2.9% (n=2)

4.5 Extent of bullying according to types of bullying

Table 5: Present mean and SD of various Types of bullying

Note: Youth with disabilities' responses are on a 3-point Likert-type scale ranging from 1 to 3 (Never -1, once a month-2, and once a week -3).

From Table 5, it is revealed that relational bullying ($M=1.60$, $SD=.61$) was the most common type of bullying among all types of bullying. Then verbal bullying ($M= 1.55$, $SD=.51$). The extent of physical bullying ($M=1.15$, $SD = .34$) and Cyberbullying ($M=1.14$, $SD=.31$) was low among the youth with physical disabilities. The mean score of all types of bullying was between the ranges of "Never (1) to 'once a month'" (2) that representing the frequency of bullying is very rare for youth with disability. The total mean score of the 4 types of bullying altogether was $M=1.33$ which shows a youth with a disability may face bullying a little within their lifetime.

4.6. Prevalence of Bullying

As shown in figure: 1, measure the prevalence of bullying responses was recorded from n=70 participants.72.9% (n=51) of participants reported they were the victim of bullying and 27.1% (n= 19) reported they never faced bullying.

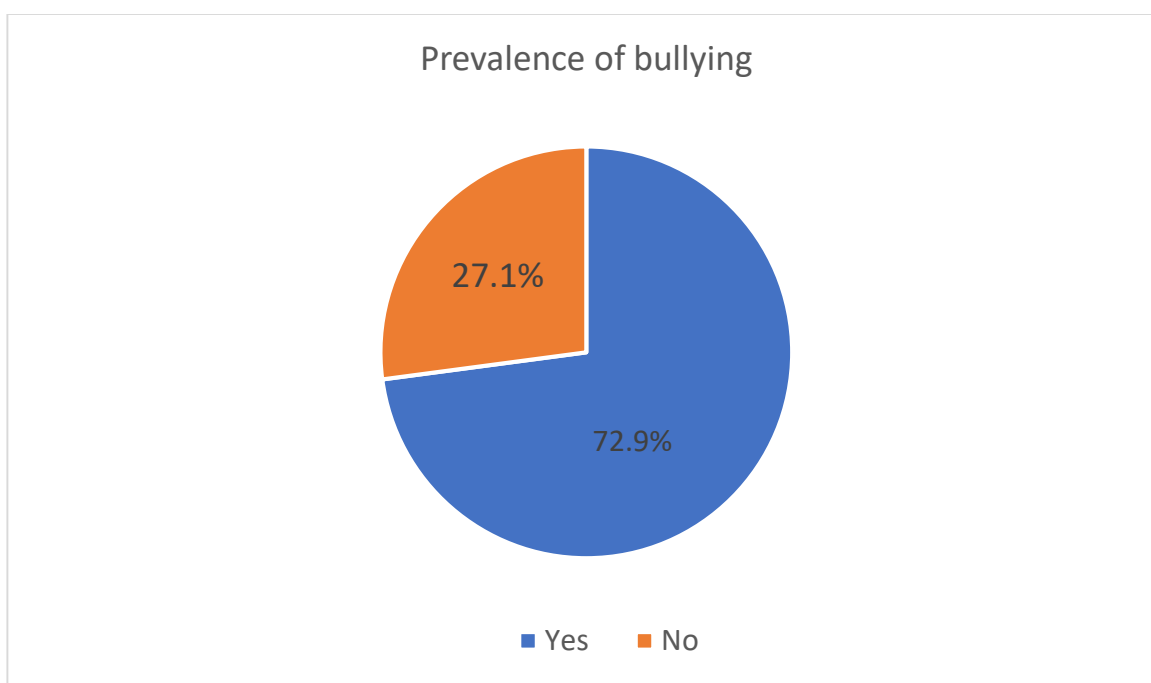


Figure 1: Prevalence of bullying

4.7. Place, where bullying victimization occurs

The response was recorded from the youth with a disability who is the victim of bullying, the participant who is identified as a non-victim was not included here. Among total participants n=51.the place where the bullying victimization occurs the percentage was counted based on multiple responses of the participant. youth with disability reported victimization occur at home 21.6% (n=11), in the community 49.0% n=(25), at workplace 21.6% n=(11), in social occasion 19.6% (n=10), in Market 51.0% (n=26), Shopping center 33.7% (n=19), In park 13.7% (n=7),Educational settings 3.9% (n=2), at hospital 9.8% (n=5), friends house 11.8% (n=6), in

Relative house 15.7% (n=8). The participant responses toward community and market were at a high percentage and the educational settings reported a low percentage of bullying.

Table 6: Where victimization bullying occurs response by Youth (N=51)

Variable	N	Frequency	Percentage
Home	51	11	21.6%
Community	51	25	49.0%
Workplace	51	11	21.6%
Social occasion	51	10	19.6%
Market	51	26	51.0%
Shopping Centre	51	19	37.3%
Park	51	7	13.7%
Educational settings	51	2	3.9%
Hospital	51	5	9.8%
Friend's House	51	6	11.8%
Relative House	51	8	15.7%

4.8.By whom Bullying victimization occurs.

The youth with disability reposed about who are the responsible for bullying victimization. The percentage were family person 19.6% (n=10), Relative 17.6% (n=9), Friends 23.5% (n=12), Neighbor 64.7% (n=33), Colleague 19.6 (n=10), Classmate 2% (n=1), Owner of company 15.7% (n=8), House owner 21.6% (n=11), Shopkeeper 23.5% (n=12). the neighbour represent the highest rate and classmate represent the lowest percentage among all of them.

Table 7, shows the by whom bullying victimization occur in percentage.

Table 7: By whom Bullying victimization Occurs N=51

Variable	N	Frequency	Percentage
Family person	51	10	19.6%
Relative	51	09	17.6%
Friends	51	12	23.5%
Neighbor	51	33	64.7%
Colleague	51	10	19.6%
Classmate	51	1	2.0%
Owner of company	51	8	15.7%
House owner	51	11	21.6%
Shopkeeper	51	12	23.5%

4.9. Correlation between different variables.

This table shows the positive correlation between mobile phone users and social media users $r=.376$ ($r<1$, $p<.05$). There was a low negative correlation between cyberbullying and social media users $r=-.242$ ($r<1$, $p<.05$).

Table: 8 Correlation between different variables.

Factor	r value	p-value
Mobile phone users correlating with social media users	.376**	.001
Cyberbullying means correlating with “Social media users”	-.242*	.044

** . Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed)

4.10. Explore the association between bullying prevalence with Gender, Age, and living experience of disability.

A chi-square test was used to assess whether the bullying prevalence was related to Gender, Age, and duration of the disability. The chi-square test result for Gender was ($\chi^2 = .489^a$, $df=1$, $p=.484$, $p>0.05$). For Age $\chi^2 = .038^a$, $df=2$, $p=.585$; $p>0.05$), For Duration of living experience with disability was $\chi^2 = 1.940^a$, $df=1$, $p=.585$; $p>0.05$. It's revealed that the chi-square value ($p<0.05$) is statistically not significant. There was no association between Bullying prevalence with Gender, Age, and Duration of living experience with disability

As seen in table 9.

Table 9: Chi-square test, result to see whether bullying prevalence is associated with Gender, Age, and living experience with disability.

Variable	Prevalence of Bullying		
	χ^2	df	p-value
Gender	.489 ^a ,	1	.484
Age	.038 ^a	2	.981
Living experience with disability	1.940 ^a	3	.585

4.11. Reasons of bullying victimization

To identify the reason for bullying, the response was count from the participant who is the victim of bullying n=51, the participant who responded “never” in all the forms of bullying were not included here. When adults with disabilities were asked for the reason for their victimization, 41.7 % reported that ‘I am not able like them” was the most common reason for being bullied “Always” and 39.2% reported that reason for “Sometimes”. Being jealous was the reason of bullying, 13.7% participant reported “Always” and 11.8 % reported that reason for “Sometimes”. The reason “I don’t dress same” and “I have a different friend” 5.9% reported they were faced bullying “Sometimes”. Among all participant 39.2% reported they faced bullying sometimes due to the “poor economic status” and 13.7% marked that reason for Always. The reason “I am different from them” 31.4 % responded for sometimes and 17.6% responded for Always. The reasons “I am not cool like them” 7.8%, “Physical structure smaller or bigger” 9.8%, “I was bugging or annoying others” 23.5%, “I did wrong or bad work” 7.8%, “we don’t like each other” 27.5%, “They don’t like my friend”5.9%, “I have more friend” 3.9% youth with disability marked all of those reason for “Sometimes”. The reason “don’t like my company” 3.9% responded for always and “don’t like my friend” 3.9% responded for sometimes. These two reasons reported the low percentage compared to the other reason.

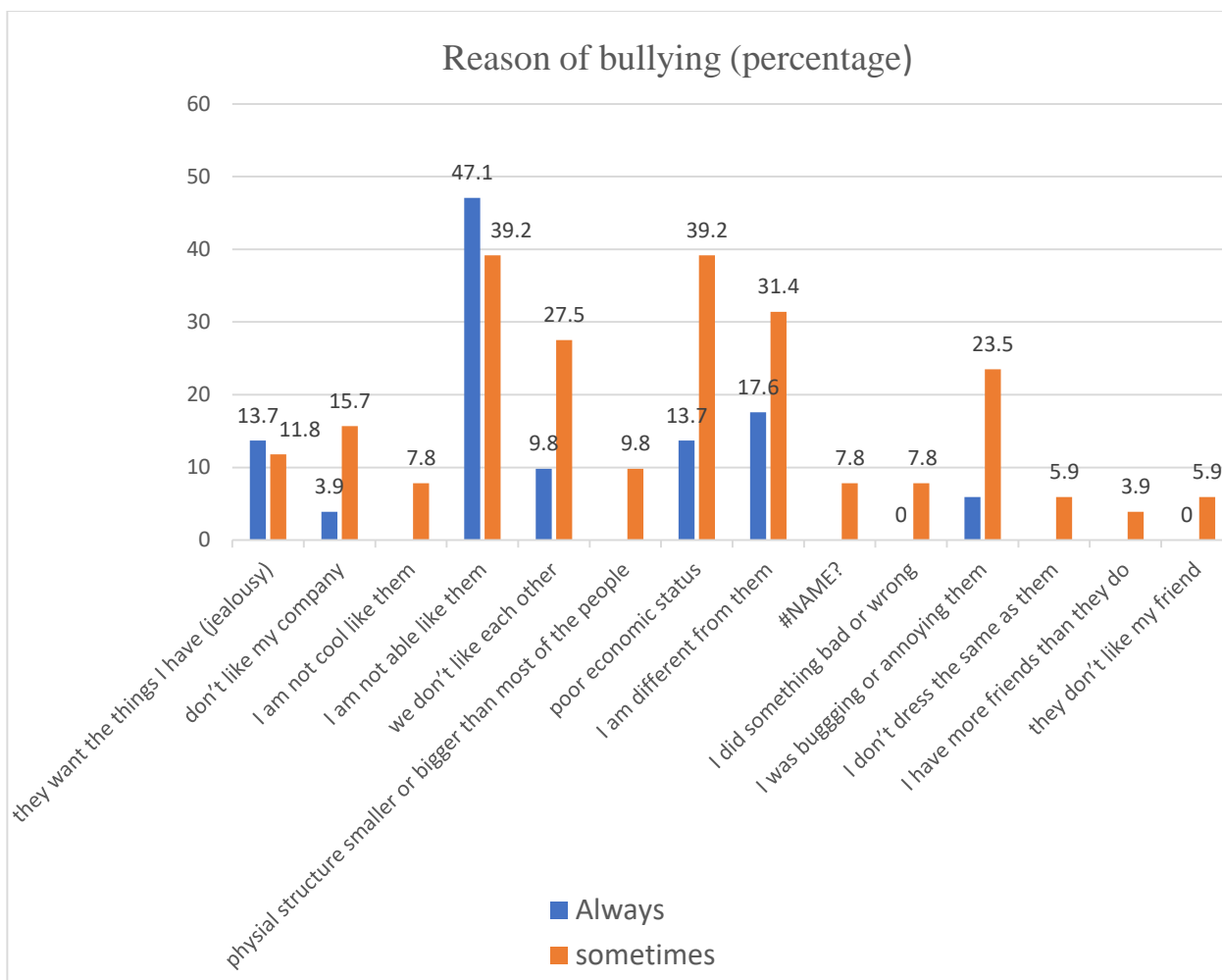


Figure 2. Reasons for Individuals with Disabilities Being Victimized.

Note: Youth with disabilities' responses are on a 3-point Likert-type scale ranging from 1 to 3 (Never -1, sometimes-2, and Always -3).

4.12. Mental health effects of bullying

The mental health effects of bullying are reported by 2 criteria “a lot” and “a little”. Youth with disabilities most commonly reported bullying creates mental health effects. The youth responded in “feeling sad”, 37.3% percipient reported in “a lot” and 45.1% reported it was a little problem for them. . Among all participants 21.6% reported they faced sleeping problems a lot and 17.6% reported a little. “Felt angry” 19.6% reported a lot and 43.1% reported a little. The mental effect “Hard to work” 41.2% reported they faced this problem a little and 19.6% reported they faced this problem a lot. “Felt sick” was marked as “a lot” for 17.6% of participants and a little for 33.3% of participants. In the Eating problem, 2% of participants responded a lot and 23.5% responded in little criteria. Ask for the effects of “family problem” 3.9% reported a lot and 25.5% reported a little. In total response, it shows that “felt sad” was represented the high percentage in the criteria of “A lot”. It’s the most common mental effect for youth with a physical disability who are a victim of bullying. Figure: 3 shows the effects of bullying by percentage

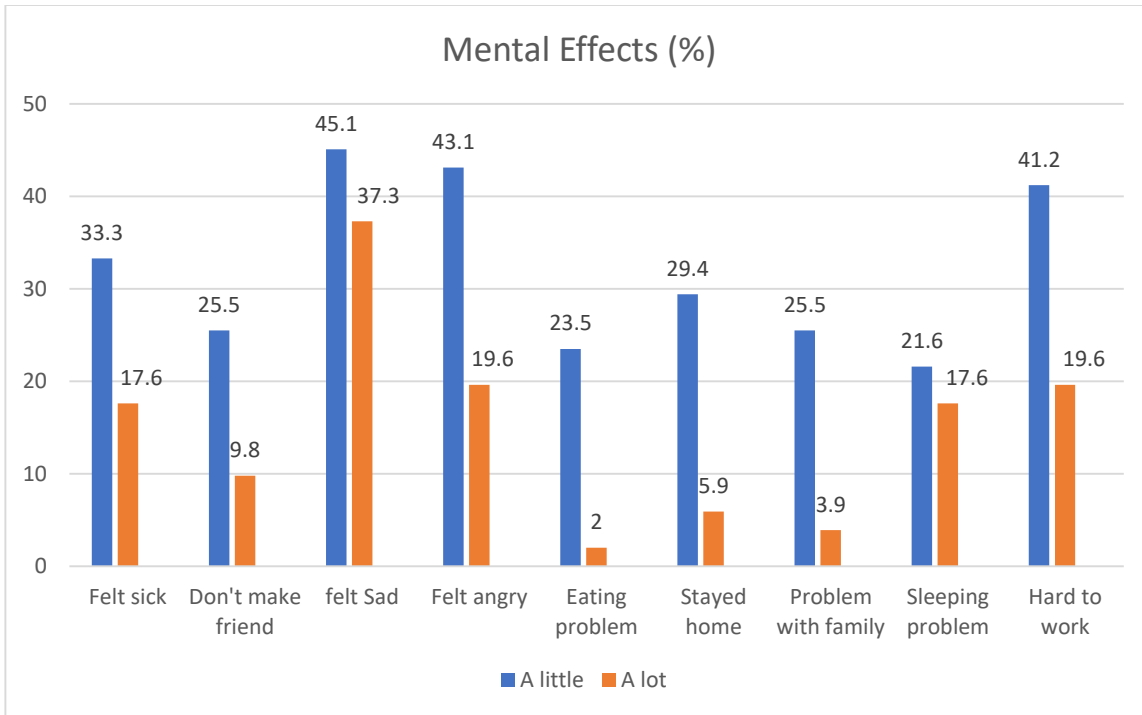


Figure 3: Mental effects of bullying, youth response was recorded according to “A lot” and “A little” criteria

Note: Youth with disabilities’ responses are on a 3-point Likert-type scale ranging from 1 to 3 (Never -1, a little-2, and a lot -3).

CHAPTER V: Discussion

This research was conducted to explore the extent and mental health effects of Bullying among youth with physical disabilities of Bangladesh for addressing the reality of the issue in the current situational context of Bangladesh. In this part, the researcher described the present scenario of bullying among youth with a physical disability the prevalence and consequence of bullying according to different types of bullying, the extent of bullying according to place, the reason behind the bullying, and explore the impact of bullying on mental health. As a whole, this chapter presents the discussion of the findings and the conclusions arrived at based on the findings.

To identify the extent of bullying, this study focus on the 4 different types of bullying such verbal bullying, physical bullying, relational bullying, and cyberbullying. The overall bullying prevalence was 72.9%. This seems to be concurrent with current literature that found 73 % of women and men with a disability had been the victim of bullying (Baladerian et al., 2012). The frequency of bullying was measured by 3 points Likert scale, where 1 means Never, 2 means once a month, and 3 means once a week. Here the repetition of bullying behavior once a week refers to the high frequency (a lot) of bullying and once a month refers to the low frequency (a little) of bullying. The mean score of different types of bullying was, verbal ($M= 1.55$, $SD= \pm.51$), physical ($M=1.15$, $SD =\pm .34$), cyberbullying ($M=1.14$, $SD=\pm.31$), relational ($M=1.60$, $SD=\pm.61$). Comparing the mean score of all types of bullying, findings showed that, the score range was between “never to once a month”(1 to 2) which means youth faced bullying very infrequently and the extent of bullying is not only a little, it refers the frequency which is less than little.

In here the study settings may be the major issues behind the findings of a low frequency of bullying. This study setting was the Savar region of Dhaka city and the study population was the youth with a disability who is the permanent or migrated resident of the community. This community had the Rehabilitation Centre named CRP (Center for the Rehabilitation of the paralysed). Here most of the people are aware of the problem faced by a person with a disability. The person with a disability has participated in the developmental program which promotes empathy and good behavior towards others. Many programs have been organized by CRP to raise awareness in the community about disability which promotes inclusive development and establishes social support networks. Simón Saiz et al.(2019) stated that Bullying has a social impact, the social support network act as a protective factor against bullying. Although the frequency of bullying is very little, despite the developmental program of CRP, the youth with disability in that area also have faced bullying a little within their lifetime (total mean score of bullying, $M=1.33$).

Youth expressed they experienced relational bullying and verbal bullying more than other types of bullying. “call bad name” 48.6 % ($n=34$), was the common form of verbal bullying behavior, and “Humiliating and underestimate” 15.7% ($n=11$), Get ignored 14.3% ($n=17$) was the common form of Relational bullying behavior. It was identified that youth with disability were less likely to be victims of physical and cyberbullying. Here cyberbullying represents the very lowest rate among all the types of bullying. Among total participants, 14.3% ($n=10$) didn't use a mobile phone and 44.3 % ($n=31$) didn't use any social media. There was a significant low positive correlation between the mobile phone users with social media users $r=.376^{**}$ ($r<1$, $p<.05$). Another low negative correlation was found between the Cyberbullying victims and social media users $.r= -.242^*$ ($r<1$, $p<.05$). Although these correlations were statically

significant, we can say that these correlations are responsible for the low extent of cyberbullying among youth.

Bullying incident occurs anywhere (see table 6), the findings of the present study have shown that bullying victimization most commonly occurs in the market at 51% (n= 26) and the community at 49% (n=25). This result was approximately similar to other research which focuses on the person with a disability (Nickerson et al., 2014). Workplace bullying was the most common topic for the youth with disability, this study identified workplace bullying and the findings were 21.9% (n=11). Jenaro et al., 2018, had been conducted a study among a group of school-based adolescence and found that bullying victimization most commonly occurred in educational settings. This present study found the lowest percentage in educational settings. In this study the demographic information of employment status, only 4.3 % (n=2) participant was student, others were unemployed (42.9%) and employed (52.9%). Since the student participants were few, it may be responsible for it.

The person who bullies, youth with disability responded in “neighbor” is common (64.7% n=33). The response about family person (19.6%, n= 10), Colleague (19.6% n=10), Friends (23.5% n=12), House owner (21.6% n=11), shopkeeper (23.5%, n=12) were approximately similar in percentage.

Youth with disability mainly faced bullying due to jealousy and differences (Nickerson et al). This present study found a low percentage of being jealous, 13.7% of participants stated that they always faced bullying due to this reason and 15.5% of participants indicated this reason for sometimes. This percentage was so low compared to other reasons that were identified by the present study. This study identified that “I am not able like them” was the most common reason for youth bullying. The percentage was “always” 47.1%, and “sometimes” 39.2%.

Among all of the reasons the youth with disability responded on “poor economic status” and “I am different from them” was noticeable for ‘sometime’. The difference of findings between the two studies seems to be concurrent with current literature that stated that attitudes towards disability may vary within the countries, communities, and families (Rohwerder, B. 2018).

Asking about the mental health effects of bullying youth with disability most commonly reported they feel sad, feel angry. Some reported that it’s hard for them to concentrate on work and sometimes they felt sick. Eating problems due to bullying are reported as a very low percentage. Other mental effects of bullying also identified these were sleeping problems, staying in the home, hard to make a friend and family problems. The findings from this study showed that bullying is responsible for creating mental health effects among youth with physical disabilities. These findings are supporting the previous finding that also agrees about bullying creates mental health effects. (Rose et al., 2012; Takizawa, R., Maughan, B., & Arseneault, L., 2014).

To explore the association between bullying prevalence with Gender, Age, and living experience with disability. One study has been found that measure the association between bullying prevalence and Gender among school-going adolescence. The finding of the study shows significant gender differences in bullying by verbal and physical bullying (Mohammad & Hossain). In this present study among youth with a physical disability no association is found between Gender ($\chi^2 = .489^a, df=1, p > 0.05$) and bullying prevalence. This study also measures the association between Age ($\chi^2 = .038^a, df=2, p > 0.05$) and bullying prevalence. The findings were not statistically significant. This study found that gender and age were not associated with bullying. Compare to the result of these two studies one assumption may develop that as gender and age were not associated with bullying, the presence of a disability may be an important

factor in bullying victimization. The Duration of living experience with a disability was ($\chi^2=1.940^a$, $df=1$, $p>0.05$) not related to bullying prevalence. That means it does not state that the person who lives in the community for a long time with a disability is more likely to be the victim of bullying. People with disability may be the victim of bullying within a short period or long period and it doesn't depend on the time or duration of their living experience with disability.

CHAPTER V: Conclusion

5.1. Strength

1. This study will develop new insight for the inclusive development
2. The study selects the population who are living in the community. This was ideal for providing the scenario extent of bullying in a specific community.
3. This study uses the developed survey questionnaire “Adult bullying and older” and modifies some questions according to the context of Bangladesh. so this study provides valid information about the situational context of Bangladesh about the extent of bullying and ethical issues are strictly maintained with the author's permission.
4. This study measures the extent, reason, and mental health effects of bullying which provide a clear picture about the nature of bullying that helps to take a step to promote quality of life for the youth with disability of Bangladesh.
5. In Bangladesh there have no standardized tools to measure bullying prevalence. This study findings also may help to make standardized tools.
6. This study will help the professional or service provider who designs a development program to prevent bullying.

5.2. Limitations

There were several limitations to this study. The following are limitations relevant for the interpretation of the findings from this study:

1. The selection of study settings for this study did not solely represent all the youth with disability in Bangladesh. A larger and more exhaustive sample of all over Bangladesh would be taken for .better results and also need to explore the investigation in a rural area.
2. However, the results from this small sampling cannot be regarded as representative of the views of the wider population and therefore the findings of the current study cannot be generalized. In line with this, it is recommended that future studies use a more representative sample size in order to better understand the wider range of bullying
3. This study uses the three-point liker scale, it provides limited information. Using a 5 or more point Likert scale is better for collecting information.

5.3. Practice implication

Recommendation

1. Future research would focus on other communities including the rural area. The findings also compared the present research to find out the differences in bullying prevalence within another community where the awareness about disability is not addressed well.
2. Further research needs to conduct with a wide range of samples to find a better result.
3. Further research may be conducted to know what kind of coping strategies are used to prevent bullying, and what types of steps need to take to stop bullying.
4. Awareness programs and interventions may need to design to address the mental health impact of bullying

5.4. Conclusion

The present study concludes that the youth with disability are shown they faced bullying at least once in their lifetime. The prevalence of bullying is high but repetition of bullying behavior or frequency of bullying was very slow. Among all types of bullying relational bullying such as humiliating and underestimating, getting ignored and verbal bullying such as calling a bad name was the most common form of bullying. The physical bullying and cyberbullying extent were very low. Bullying behavior most commonly occurs in the community, marketplace, and other places including social occasions, family, relative house, and friend's houses. Youth with disability reported Family people, neighbors, relatives, friends, house owners, and colleagues are responsible for bullying victimization. Workplace bullying was low in this area. The study also found that gender, Age, and Living experience with disability weren't associated with bullying prevalent. The main reason for bullying was the limited physical ability of the youth with disability compared to other people. Another reported reason was poor economic status, and being different from others. Bullying can create mental health effects. Youth with a disability who is the victim of bullying is reported as feeling sad, feel sick, feel angry, sleeping problem. Bullying is a major problem for a person with a disability. Although the repetition of bullying behavior is very infrequent in that area most people with disability have a history of bullying. The professionals and government should keep attention to the issues of bullying. More study is needed to include these issues to cover this topic in a wider range. It needs to include the rural area of our country where the awareness about disability is addressed infrequently. The findings of the present study are interesting and may contribute to developing insight among the person who works and design development programs for the person with a disability and help to promote inclusive development

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APPENDICES

Appendix A: Approval letter



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

Ref: CRP/BHPI/IRB/11/2021/529 Date: 16/11/2021

Anika Sarmin Aumy
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-2017
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the research project proposal “Understanding the patterns of bullying and it’s mental health effects among the youth with physical disabilities in Bangladesh” by ethics committee.

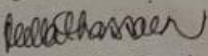
Dear Anika Sarmin Aumy,
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Sk. Moniruzzaman as thesis supervisor. The Following documents have been reviewed and approved:

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

The purpose of the study is to identify the patterns of bullying and its mental health effects among the youth with physical disabilities in Bangladesh. Should there any interpretation, typo, spelling and grammatical mistakes in the title, it is the responsibilities of the investigator. Since the study involves questionnaire that takes maximum 10-15 minutes and have no likelihood of any harm to the participants, the members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held at 9:15 AM on 15th September, 2021 at BHPI 29th IRB Meeting.

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

Best regards,



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

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404
 E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd, www.crp-bangladesh.org

Appendix B: Information sheet (English)

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

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

Code no-

Participants Information sheet

Research topic: “Bullying Among youth with physical disability and its mental health effects: A descriptive survey”

Researcher: Anika Sarmin Aumy, B.Sc. in Occupational Therapy (4th year), Session: 2016-2017, Bangladesh Health Professions Institute.

Supervisor: SK Monirozzaman, Assistant professor and head of the department, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: The study will be conducted Savar Upazila, Dhaka.

Part-1 Information sheet:

Introduction:

I am Anika Sarmin Aumy, student of 4th year B.Sc. in Occupational Therapy, session (2016-2017) studying under the Medicine Faculty of Dhaka University in Bangladesh Health Professions Institute. To complete B.Sc. in Occupational Therapy from BHPI, conduct a research project is mandatory. This research project will be done under the supervision of Sk Monirozzaman, Assistant professor and head of the department, Department of Occupational Therapy, Bangladesh Health Professions Institute. The purpose of the research project is the collection of data and how it will be related to the research and this will be presented to you in detail through this participant paper. If you are willing to participate in this research, in that case the clear idea about the research topic will be easier for decision making. Of course, you do not have to make sure you participate now. Before taking any decision, you can discuss with your relatives, or guardian about this. On the other hand, after reading the information

sheet if you feel problem to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

You are being invited to be a part of this research because in Bangladesh, there is few research on Bullying. But there is no research on bullying among youth with physical disability and it's mental health effects. Your attitude towards this issues will play an important role in implementing the initiatives taken by the Government of Bangladesh.

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

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to sign the agreement. If you ensure the participation, a copy of your consent will be given. After a representative of collection data till by the researcher will go to you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation without giving any explanation to the researcher.

The benefits and risks of participation:

You will not get any benefit directly to participate in this research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits direct from the results of this research will remove the disadvantages. Don't worry about the questions that may know about your identity, it's a request. Patient's name, address will not be included in the data analysis software to reduce the risk of uncover identity.

Confidentialities of information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your personal resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent. Data will be initially collected in papers.

Information about promotional result:

The result of this study will be published in various social media, websites, conference, discussion, and reviewed journals.

Participant's fees:

There is no stimulus and remuneration for participation in this study.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds. This study will be done in small areas and no money come from external source.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation within one week after giving information without giving any explanation to the researcher. If the information can be used after the cancellation, its permission will be mentioned in the participant's withdrawal letter (application only volunteer withdrawal)

Contact address with the researcher:

If you have any question about the research, you can ask me now or latter. If you wish to ask question later, you may contact any of following: Sayma Azbin, B.Sc. in Occupational Therapy, Department of Occupational Therapy and Contact number: 01782107721, Gmail: Sayma.azbin@gmail.com.

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (77454645). This proposal has been reviewed by institutional Review Board (IBR), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, which is committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IBR, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Appendix C: Participant's Withdrawal From (English)

Participant's Withdrawal From

(Applicable only for voluntary withdrawal)

Reason for withdrawal:

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

Whether permission to previous information is used?

Yes/No

Participant's Name:

Participants Signature:

Date:

If illiterate,

Fingerprint of participant



Appendix D: Information sheet (Bangla)



বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা-১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬

কোড নং:

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষণার বিষয়: "বাংলাদেশের শারিরিক প্রতিবন্ধী যুব সমাজের মধ্যে মানসিক উৎপীড়ন(Bullying) এর বিস্তৃতি ও মানসিক স্বাস্থ্যের উপর এর প্রভাব নির্ণয়।"

গবেষক: আনিকা শারমিন অমি, বি.এস. সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০১৬-২০১৭ ইং, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

তত্ত্বাবধায়ক: শেখ মনিরুজ্জামান সহযোগী অধ্যাপক ও বিভাগীয় প্রধান বি.এস. সি ইন অকুপেশনাল থেরাপি ডিপার্টমেন্ট, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

গবেষণার স্থান: ঢাকার সাভারের বিভিন্ন এলাকায় এই গবেষণাটি পরিচালনা করা হবে।

পর্ব-১ তথ্যপত্র:

আমি আনিকা শারমিন অমি, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে (২০১৬-২০১৭ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের মো: মনিরুজ্জামান সহযোগী অধ্যাপক ও বিভাগীয় প্রধান বি.এস. সি ইন অকুপেশনাল থেরাপি ডিপার্টমেন্ট, এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী ও গবেষণাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহণ করতে আপনি ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারণা থাকলে সিদ্ধান্ত গ্রহণ সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহণ আমাদের নিশ্চিত করতে হবে না। যে কোন সিদ্ধান্ত গ্রহণের পূর্বে, যদি চান তাহলে আপনার আত্মীয়-স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহণকারী তথ্যপত্রটি পড়ে, যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্য:

আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ বাংলাদেশের শারীরিক প্রতিবন্ধী যুব সমাজের মধ্যে মানসিক উৎপীড়ন(Bullying) এর বিস্তৃতি ও মানসিক স্বাস্থ্যের উপর এর প্রভাব সম্পর্কে কোন গবেষণা নেই। প্রতিবন্ধী যুবসমাজের জন্য এই গবেষণাটি একটি সুস্থ সমাজব্যবস্থা গঠনে সাহায্য করবে। এই ব্যাপারে সঠিক তথ্য সংগ্রহের জন্য আপনার মনোভাব গুরুত্বপূর্ণ ভূমিকা পালন করবে।

এই গবেষণা কর্মটিতে অংশগ্রহনের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাক।

আপনার থেকে অনুমতিপত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোন কারণে স্বাক্ষর প্রদানে ব্যর্থ হন, সেক্ষেত্রে আপনার কাছ থেকে একজন স্বাক্ষরী উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহন নিশ্চিত করলে, আপনার সংরক্ষনের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেয়া হবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহন করতে হবে না। আপনি সম্মতি প্রদান করা স্বত্বেও গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন।

অংশগ্রহনের সুবিধা ও ঝুঁকিসমূহ কি?

গবেষণা প্রকল্পটিতে অংশগ্রহনের জন্য আপনি সরাসরি কোন সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহনে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারন হতে পারে। তবে আমরা আশাবাদী যে, এই গবেষণার ফলাফল থেকে প্রাপ্ত উপকারীতা এই অসুবিধাকে অতিক্রম করবে। যে সমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে, সেই বিষয়ে উদ্বেগ না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহনকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পে অধ্যয়নরত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে সনাক্ত করতে পারে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায়ে উল্লেখ থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে। তথ্যপত্রগুলো তালাবদ্ধ ড্রয়ারে রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্তসমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে।

প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যে কোন ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোন ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিক ভাবে কাগজপত্র সংগ্রহ করা হবে।

ফলাফল প্রচার সম্পর্কিত তথ্য

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

অংশগ্রহণকারীর পারিশ্রমিক

এই গবেষণায় অংশগ্রহণের জন্য কোন পারিশ্রমিক দেবার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎস

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

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহ

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

গবেষকের সাথে যোগাযোগের ঠিকানা

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যে কোন সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লিখিত নাম্বারে (01644-417293, আনিকা শারমিন অমি) অথবা ইমেইলে (anikaamyot@gmail.com) যোগাযোগ করতে পারেন।

অভিযোগ

এই গবেষণা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন অভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন। এই গবেষণা প্রকল্পটি বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে সিআরপি-বিএইচপিআই/আইআরবি/১০/১৮/১২৩৪ পর্যালোচিত ও অনুমোদিত হয়েছে।

Appendix E: Participant withdraw form (Bangla)

অংশগ্রহণকারীর প্রত্যাহার পত্র
(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহণকারীর নাম:

প্রত্যাহার করার কারণ:

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

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ/না

অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীর স্বাক্ষর:

তারিখ:

.....

যদি নিরক্ষর হয়*

অংশগ্রহণকারীর আঙ্গুলের ছাপ

Appendix F: Consent form (English)

Consent form

I am Anika Sarmin Aumy. (BSc. In occupational Therapy 4th year). I am conducting a study Titled on:

“Bullying among youth with physical disability: Prevalence and mental health effects”

Please answer the following questions by ticking the response. It applies for confirmation, that you understand the general purposes, risks, and methods of this Research and agree to participate.

	YES	NO
1. I have received the Information Sheet for this study and have had details of the study explained to me.	<input type="checkbox"/>	<input type="checkbox"/>
2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.	<input type="checkbox"/>	<input type="checkbox"/>
5. I wish to participate in the study under the conditions set out in the Information Sheet.	<input type="checkbox"/>	<input type="checkbox"/>

Participants signature Date:

Witness signature.....Date:

Researcher signature.....Date

Please keep your copy of the consent form and the information sheet together.

Appendix G: Consent form (Bangla)

সম্মতিপত্র

আসসালামুয়ালাইকুম,

আমি, আনিকা শারমিন আমি, ৪র্থ বর্ষ, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বি.এইচপিআই) বি.এসসি. ইন অকুপেশনাল থেরাপির একজন ছাত্রী। আমার ব্যাচেলর ডিগ্রী পেতে, আমাকে একটি গবেষণা প্রকল্প পরিচালনা করতে হবে এবং এটি আমার অধ্যয়নের একটি অংশ। আমার গবেষণার শিরোনাম হল " বাংলাদেশের শারীরিক প্রতিবন্ধী যুবসমাজের (পুরুষ, মহিলা) মধ্যে উত্পীড়নের অভিজ্ঞতা এবং এর মানসিক স্বাস্থ্যের প্রভাব।" আমার গবেষণা প্রকল্পটি পূরণ করতে, ডেটা সংগ্রহ করার জন্য আমার আপনার কাছ থেকে কিছু তথ্য দরকার। সুতরাং, আপনি এই গবেষণার একজন সম্মত অংশগ্রহণকারী হতে পারেন এবং কথোপকথনের সময় হবে ১৫-২০ মিনিট।

আমি আপনাকে জানাতে চাই যে এটি একটি সম্পূর্ণরূপে একাডেমিক অধ্যয়ন এবং অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। আমি আশ্বাস দিচ্ছি যে সমস্ত তথ্য গোপন রাখা হবে। আপনার অংশগ্রহণ স্বেচ্ছায় হবে। ডেটা সংগ্রহের এক সপ্তাহের মধ্যে যে কোন সময় আপনার সম্মতি প্রত্যাহার করার অধিকার থাকতে পারে তবে ডেটা সংগ্রহের এক সপ্তাহের পরে প্রত্যাহার করতে পারবেন না।

এই গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি গবেষক আনিকা শারমিন আমি, এবং/অথবা সুপারভাইজার, শেখ মনিরুজ্জামান (সহযোগী অধ্যাপক ও বিভাগীয় প্রধান, অকুপেশনাল থেরাপি বিভাগ, বি.এইচপিআই, সিপিআর, সাভার, ঢাকা-১৩৪৩) এর সাথে যোগাযোগ করতে পারেন।

তথ্য প্রদান শুরু করার আগে আপনার কোন প্রশ্ন আছে? হ্যাঁ না

আমি ইন্টারভিউ নিয়ে এগিয়ে যেতে পারি?

হ্যাঁ না

অংশগ্রহণকারীর স্বাক্ষর এবং তারিখ:

তথ্য সংগ্রাহকের স্বাক্ষর এবং তারিখ:

গবেষকের স্বাক্ষর এবং তারিখ:

Appendix H: Questionnaire English

Survey questionnaire for identifying bullying prevalence of youth (18 -35) years

I am Anika Sarmin Aumy, 4th-year B.Sc.in occupational therapy Student. I am trying to learn how people treat you. This is not a test and there is no grade or score. We would like to tell the truth when you answer. You do not need to answer the question that makes you uncomfortable. Please answer the question the best that you can. When you are answering the question you need to pick one of the choices unless the question says you may choose more than one.

Part-1(Social demographic information)

1. I am: male/ female
2. I am.....years old
3. Has a doctor or someone ever told you that you have a disability: yes/no
4. If you answer the last question yes, do you know the name of the disability you have

*stroke	*SCI	*Multiple sclerosis	* GBS
*Motor neuron diseases	*Head Injury	*vision problem	*others
*Amputation	*Fracture	* I don't know	
5. Economic Status: Yearly income:
6. Educational status: illiterate/primary/secondary/ higher secondary/tertiary
7. How many days did you live in your community with your disability:
8. Do you use mobile phone?
 Yes No
9. Do you use social media?
 - Facebook
 - What's app
 - Imo
10. Does having a disability ever stop you from community events or going to work: yes/no

Part-2(Bullying prevalence)

Here are something that can help us to know how people treat you. Please choose Never, a little (once a month), or A Lot (once a week). Let us know how many times that happens to you.

1. Verbal bullying

How many times do you	No	A little (once a month)	A lot (once week)
<ul style="list-style-type: none"> • Get teased or called name in a mean way. 			
<ul style="list-style-type: none"> • I was easily insulted, laughed at, and make jokes, fun at me. 			
<ul style="list-style-type: none"> • I get threatened by someone in a mean way (Mentally, Economically) 			

2. Physical bullying

How many times	No	A little (once a month)	A lot (once a week)
<ul style="list-style-type: none"> • For no apparent reason, I am teased, pushed, hits and using body language in a mean way and unsuitable for me. 			
<ul style="list-style-type: none"> • I am physically hurting and teased by someone 			
<ul style="list-style-type: none"> • Due to I have a functional limitation, someone throwing an object toward me aggressively 			

3. Relational bullying:

How many times do you	No	A little (once a month)	A lot (once a week)
<ul style="list-style-type: none"> I get ignored on social occasions and humiliated by my appearance in society. 			
<ul style="list-style-type: none"> Lying and spreading rumors about me for damaging my social reputation. 			
<ul style="list-style-type: none"> Underestimate my worth, criticize my work, whisper about myself, and humiliate me. 			

4. Cyberbullying:

How many times do you	No	A little (once a month)	A lot (once a week)
<ul style="list-style-type: none"> Someone sending me harshly, insulting, abusive, hurtful text on social media and mobile. 			
<ul style="list-style-type: none"> Someone ignores my opinion, puts me down, do bad comments in a public post and social media. 			
<ul style="list-style-type: none"> I get threatened and harassed by someone via the internet or mobile. 			

Part -3

1. Where does a thing (being teasing, Insulting, left out) happen to you. You can choose more than one.

- ❖ At home
- ❖ At workplace
- ❖ Social occasion
- ❖ On my community
- ❖ Market
- ❖ Shopping center
- ❖ park
- ❖ Education settings
- ❖ Hospital and therapy center
- ❖ At my friend house
- ❖ At my relative house
- ❖ Or others.....

4. By whom I am being bullied:

- ❖ Family member
- ❖ Relative
- ❖ Friends
- ❖ Neighbors
- ❖ Colleague
- ❖ Classmates
- ❖ House owner
- ❖ Organization owner
- ❖ Shopkeeper

5. When someone does these things to me, it is because....

	Never	Sometimes	Always
They want the things I have			
They don't like my company			
I am not as cool as them			
Physical structure smaller or bigger than most of the people.			
I am not able like them			
We don't like each other			
I am different from them			
I did something bad or wrong to them			
Poor economic status			
I was bugging or annoying them			
I don't dress the same as them			
I have more friends than they do			
They don't like my friends			

Part -4(Mental effects)

1. How much of a problem were these things

	No	A little	A lot
I felt sick			
I felt low self-esteem			
I felt worthlessness			
I felt sick			
I felt angry			
I felt anxious & stressed			
I had a sleep problem			
It was hard to work			
I could not make friend			
I stayed at home			

Appendix I: Questionnaire (Bangla)

পর্ব-১ (ব্যক্তিগত তথ্য)

তারিখ:

কোড নং:

১. লিঙ্গ: ১.পুরুষ ২. মহিলা
২. বয়স:
৩. একজন ডক্টর বা হেলথ কেয়ার প্রফেশনাল কখনো আপনার প্রতিবন্ধীতার সম্পর্কে আপনাকে অবহিত করেছে?
 হ্যা না
৪. যদি আপনার উত্তর হ্যা হয়, আপনি কি আপনার প্রতিবন্ধীতার নাম বা ধরনটি জানেন? যা আপনাকে বলা হয়েছিল।
 নিম্নে উল্লেখ করুন (✓) মার্ক
 ১.স্ট্রোক
 ২.জি বি এস
 ৩. মস্তিষ্কের আঘাত
 ৪. মেরুদণ্ডে আঘাত
 ৫. অঙ্গচ্ছেদ / গ্রম্পুটেশন
 ৬. মাল্টিপল স্কেরোসিস
 ৭. ফ্লেকটার/ অস্থিভঙ্গ
 ৮. আমি জানি না
 ৯. আমি বলতে আগ্রহী নই
 ১০. অন্যান্য:
৫. আপনি কতদিন যাবৎ এই শারিরিক সমস্যায় আক্রান্ত?
৬. শিক্ষাগত যোগ্যতা: ১.প্রাথমিক/২. মাধ্যমিক/ ৩. উচ্চমাধ্যমিক/ ৪. উচ্চতর শিক্ষা।
৭. অর্থনৈতিক অবস্থা: বাৎসরিক ইনকাম: ছাএ/ছাত্রী
৮. আপনার পেশা:
৯. আপনি কি মোবাইল ফোন ব্যবহার করেন?
 হ্যা না
১০. সামাজিক যোগাযোগ মাধ্যম, ব্যবহার করেন?
 ১.ফেসবুক,
 ২.হোয়াটস্ এপ,
 ৩. ইমু ব্যবহার করেন?
 ৪. অন্যান্য:

১১ .প্রতিবন্ধীতা কি কখনো আপনাকে কমিউনিটি ইভেন্টে/ সামাজিক অনুষ্ঠান বা কাজে যেতে বাধা দেয়?

হ্যাঁ না

পর্ব-২ (বুলিং বা উত্যক্ততা এর ব্যাপকতা নির্ণয়)

এখানে কিছু বৈশিষ্ট্য আছে, যা সমাজের মানুষ কতৃক আপনার প্রতি কেমন আচরণ করা হয় তা জানতে আমাদেরকে সাহায্য করবে। দয়া করে আপনি টিক (✓) চিহ্নের মাধ্যমে আপনার মতামতটি প্রকাশ করুন:

১২.মৌখিক উত্যক্ততা:

আপনি কতবার শিকার হয়েছেন	কখনোই না	মাবে মাবে (মাসে ১ বার)	প্রায়শাই (সাপ্তাহে ১ বার)
12(A). কারো দ্বারা উত্যক্ত হওয়া বা ব্যাঙ্গাতক নামে ডাকা। যেমনঃ নামকে বিকৃত করে ডাকা (ল্যাংরা, বোবা)			
12(B). আমাকে সহজেই অপমান সূচক কথা বলে,হাসি ঠাট্টা করে			
12(C). আমাকে শারীরিক, মানসিক, আর্থিক ভাবে ক্ষতিগ্রস্ত বা অপদস্ত করার হুমকি ও অযথা ভয় দেখায়			

১৩. শারিরীক উত্যক্ততা:

আপনি কতবার শিকার হয়েছেন	কখনোই না	মাবে মাবে (মাসে ১ বার)	প্রায়শাই (সাপ্তাহে ১ বার)
13 (A). বিনা কারণে আমার গায়ে হাত তোলা হয় , ধাক্কা দেওয়া, ফেলে দেওয়া, খোচা দেওয়া হয় , এমন অঙ্গ ভঙ্গি ব্যবহার করা হয় যা আমার জন্য নেতিবাচক ও অনুপযোগী।			
13(B). কারো দ্বারা আঘাতপ্রাপ্ত বা শারিরীক নির্যাতনের শিকার হই।			
13(C). রাগান্বিত হয়ে আমার গায়ে নিত্যব্যবহার্য কোন জিনিস দ্বারা আঘাত করা,বা ছুড়ে মারা হয়।			

১৪. সামাজিক বুলিং

আপনি কতবার শিকার হয়েছেন	কখনোই না	মাবে মাবে (মাসে ১ বার)	প্রায়শাই (সাপ্তাহে ১ বার)
14.(A). সামাজিক অনুষ্ঠানে বা এলাকায় আমার উপস্থিতিকে ছোট করে দেখে, আমাকে হেয় ও তুচ্ছতাচ্ছিল্য করা হয়।			
14.(B). আমার ব্যাপারে মিথ্যা কথা বা গুজব ছড়িয়ে আমার সম্মানকে নষ্ট করা হয়।			
14.(C). আমার যোগ্যতাকে ছোট করা হয়, কাজ নিয়ে সমালোচনা করা, অপদস্ত করা, এবং আমার ব্যাপারে কানাঘুসা করা হয়।			

১৫. সাইবার বুলিং

আপনি কতবার শিকার হয়েছেন	কখনোই না	মাবে মাবে (মাসে ১ বার)	প্রায়শাই (সাপ্তাহে ১ বার)
15.(A). আমাকে অপমান করে, ছোট করে, খারাপ ভাষায় সামাজিক যোগাযোগ মাধ্যম ও মোবাইলে বার্তা, পাঠানো হয়।			
15.(B). পাবলিক পোস্ট বা সামাজিক যোগাযোগ মাধ্যম ইন্টারনেট এ আমাকে অবমূল্যায়ন, কুরুচিপূর্ণ মন্তব্য ও হেয় প্রতিপন্ন করা হয়।			
15.(C). আমি ইন্টারনেট বা মোবাইল ফোনে নানা হয়রানি, হুমকি ও অপদস্ততার শিকার হই।			

আপনি যদি উপরের সবগুলো উত্তর "কখনোই না" হয় তাহলে আপনি আপনার অংশগ্রহন এখানেই সমাপ্ত করুন।

পর্ব-৩ কোথায় এবং কাদের কর্তৃক উত্যক্ততার শিকার হচ্ছেন তা নির্ণয়)

১৬. কোথায় সংগঠিত হচ্ছে? (একের অধিক টিক (✓) চিহ্ন দেওয়া যাবে)

- ১. বাড়িতে
- ২. কর্মক্ষেত্রে
- ৩. সামাজিক অনুষ্ঠানে
- ৪. এলাকায়
- ৫. মার্কেট,
- ৬. বাজার
- ৭. পার্ক
- ৮. শিক্ষাপ্রতিষ্ঠান

- ৯.হাসপাতাল ও থেরাপি সেন্টার
- ১০.বন্ধুর বাসায়
- ১১.আত্মীয়ের বাসায়
- ১২.অন্যান্য

১৭.কাদের দ্বারা উত্যক্ততার শিকার হচ্ছেন?

- ১.পরিবারের সদস্য
- ২.আত্মীয়স্বজন
- ৩.বন্ধু-বান্ধব
- ৪.প্রতিবেশী
- ৫.সহকর্মী
- ৬.সহপাঠী
- ৭.প্রতিষ্ঠানের পরিচালক
- ৮.অন্যান্য

১৮. আপনি কোন কারনটি আপনার উত্যক্ততায় শিকার হওয়ার জন্য দায়ী মনে করেন?

(একের অধিক টিক (✓) দেওয়া যাবে)

	কখনোই না	মারো মারো	সব সময়
18(A).আমার কোন জিনিস, তারা সেটা নিজেদের জন্য পেতে যায়			
18 (B).আমার সঙ্গে কেউ পছন্দ করে না।			
18.(C).আমি তাদের মত পরিপাটি না।			
18.(D).আমি তাদের মত সক্ষম মানুষ না			
18.(E).আমরা একে অন্যকে পছন্দ করি না			
18.(F).আমার শারীরিক গঠন যেমনঃ উচ্চতা অনেক কম /বেশি, আমি অনেক মোটা/চিকন			
18.(G).আমার অর্থনৈতিক অবস্থা দুর্বল			
18.(H).আমার গায়ের রং এর জন্য দায়ী			
18.(I).আমি তাদের থেকে দেখতে শারীরিক গঠন (শারীরিক প্রতিবন্ধিতা)কিছুটা ভিন্ন			
18.(J).আমার দ্বারা কোন খারাপ ও ভুল কাজ হয়েছে			
18.(K).আমার কোন কাজ তাদের মতের বাইরে গিয়েছিল যা তাদের রাগান্বিত বা বিরক্ত করেছিল।			
18.(L).আমি তাদের মত সুন্দর পোশাক পরিধান করতে পারি না			
18.(M).তাদের চেয়ে আমার অনেক বেশি বন্ধু আছে			
18.(N).তারা আমার বন্ধুদের পছন্দ করে না			

পর্ব-৪ (মানসিক স্বাস্থ্যের উপর বুলিং এর প্রভাব নির্ণয়)

১৯. উত্যক্ততার শিকার হওয়া আপনার মানসিক স্বাস্থ্যের জন্য কতটা সমস্যাদায়ক ছিল?

	কখনোই না	অল্প	অনেক
19(A) আমি অসুস্থতা অনুভব করতাম			
19(B) বন্ধু বানাতে সমস্যা হতো			
19(C) বিষন্নতা অনুভব করতাম			
19(D) রাগান্বিত অনুভব করতাম			
19(E) আমার খাবার খেতে সমস্যা হতো			
19(F) আমি এজন্য বাড়ির বাইরে কম বের হই			
19(G) আমার পরিবারের মানুষের সাথে ঝামেলা সৃষ্টি হতো			
19(H) আমার ঘুমের সমস্যা হতো			
19(I) কাজে মনযোগ দিতে কষ্ট হয়			

