

## CHAPTER V

### PRESENTATION

Presentation is a part of the portfolio, it was required that I should make my presentation. I had to present my proposal including my data gathering exercise before the examination committee. Decision was made that it will be a 20 minutes presentation, the presentation must be short but clear, good eye contacts with the audience, starting with an interesting example etc.

During my presentation I showed my important points using transparency showing magnitude of the problem, justification of the study – why I selected this problem and how my research findings will improve the health care system. I informed the committee about my research question including the objectives. Next I presented my study design, including study population, sample size, sampling procedure, data collection procedure and how I will do the analysis of my collected data.

As I made a pilot study in exploration to the feasibility of my research proposal, I explained the use of this data gathering exercise and which research method I used and why I choose this research procedure etc. I had to explain to the examination committee how these data gathering exercise will help me toward my research study.

I gave a short description of my collected data including my findings, how and where I collected these data and why I select these places. Most importantly, my research objectives is to assess the mothers knowledge and practice, I took a open-ended interview with the health care provider. I had to explained how this will help me in getting information from them about mothers knowledge and practice.

Also I collected secondary data from different levels of health care system. These secondary data were showing the frequency of ARI episode in Bangladeshi under five children, which age group ARI is more common, and the percentage of children attending health facilities with cough and cold, pneumonia and severe pneumonia etc.

Presentation was completed within the required time. Next questions were asked from different members of the examination committee, at the same time valuable advises were given. After one hour of questioning and discussion, it was decided by the ccommittee about the acceptance of my proposal with few alterations.

Highlights of my presentation which I used as over-heads are attached herewith.

The death toll from ARI is equivalent to that of a crash every 45 minutes of one jumbo jet filled with children, with no survivors.

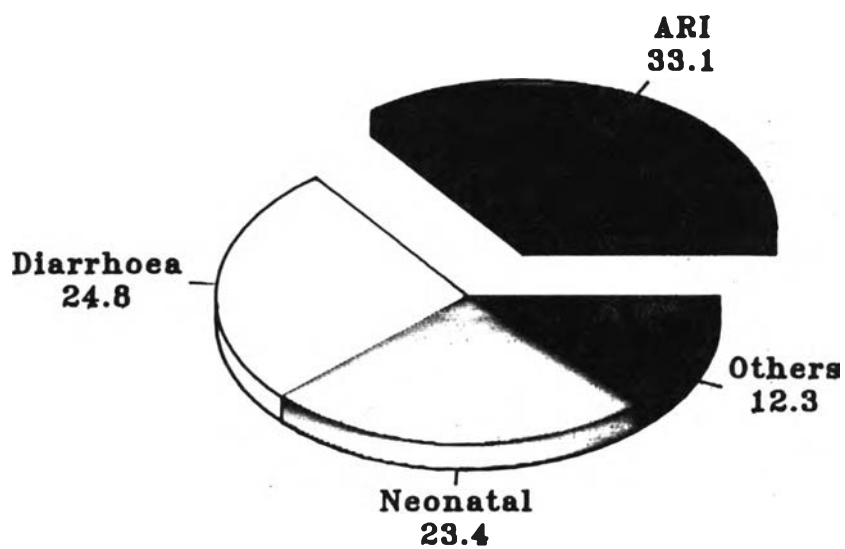
Kenneth McIntosh.

Children Hospital

Boston, Massachusetts.

## Causes of deaths in < 5 Children, 1990(%) In developing countries

---



Source: WHO/RSD/93.25  
Total deaths: 12.9 millions  
ARI deaths : 4.3 millions

## **Magnitude of the Problem**

- 
- 1. In every 7 seconds one child dies**
  - 2. Every child suffers 7-9 episodes and every episode lasts around 7 days**
  - 3. Annually 4.3 million deaths in <5**
  - 4. Rate of incidence is similar globally**
  - 5. Fifty fold increase deaths in developing countries**
  - 6. No agreed classification of ARI due to its heterogenous origin and complex nature**

# **Maternal Health Care practice.**

## **WHO Recommendation :**

- Immunization for DPT, Polio, Measles
- Identification of mild, moderate, and severe cases
- Hospitalization for severe cases
- Continuation of breast feeding
- ↑Quantity of food and drink during illness and recovery phase
- Cleaning of blocked nose
- Providing warmth for cold weather
- Loosing the cloth

# OBJECTIVES

## General Objective :

- To assess the existing level of knowledge and care seeking pattern of mothers of under five children with ARI.

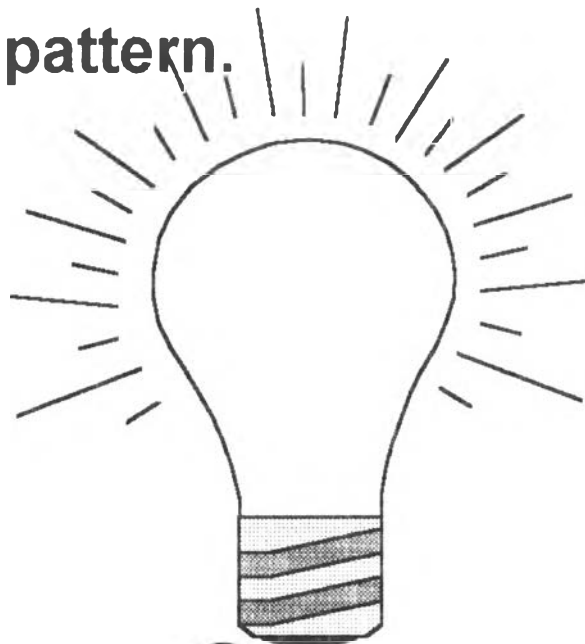


## Specific Objectives :

- To assess the existing level of knowledge of mothers of under five children regarding signs/symptoms of ARI.

## Specific Objectives {Cont.}

- To determine the ability of mothers to identify {recognize} important signs of severe ARI and their care seeking pattern.



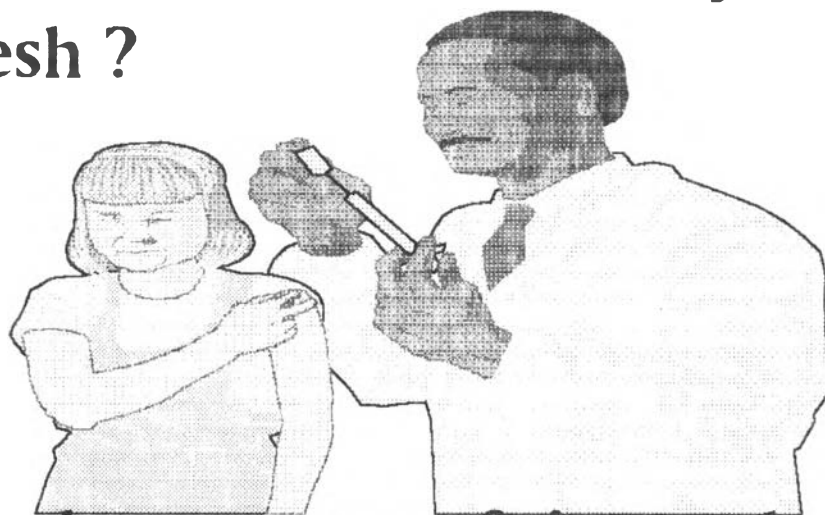
- To determine the home care practices of mothers of children with ARI.





# RESEARCH QUESTION

- What is the knowledge and practices of mothers in case of ARI in their own under five children in 6 urban communities Dhaka city, Bangladesh ?



- What are the patterns of sign and symptoms presenting in under five children with ARI {as perceived by their mothers} in urban communities, Dhaka ?



## **Study design:**

- **Community based cross sectional descriptive study of maternal knowledge and practice in their case of under five children with ARI.**

## **Study site :**

- **Urban communities of Dhaka city, the capital of Bangladesh.**

## **Study population :**

- **Comprised of mothers in urban communities of Dhaka city, who have under five children with ARI.**

## Sample size

Target sample will be approximately 750 urban mothers of Dhaka city who have under five children.

$$n = \frac{Z^2 \times p \times q}{d^2}$$

Z = Standard normal deviate  
( how much differ from the mean)

p = Prevalence of ARI

d = Allowable Error

q = ( 1 - p )

Therefore,

$$n = \frac{1.96 \times 0.4 \times (1-0.4)}{0.035} = 750$$

# Sampling Procedure

Dhaka City has 7 million people and it has 60 wards.

15 % population belongs to under five children.

Under five children population will be estimated for every ward.

Among these 60 wards, only 8 are affluent . Rest are poor.

1 affluent ward and 5 poor wards, in total of 6 wards will be taken randomly.

Proportionate sample will be taken from each ward to get required sample size. i.e. 750

From existing EPI program launched in Dhaka city, data about under five children will be available, and proportionate sample from each ward will be taken on randomly.

# **DATA COLLECTION PROCEDURE**

**Data will be collected by Face-to-face Interviews of the mothers and Observation by Interviewer.**

**Will be collected through  
Constructed Questionnaire.**

**Questionnaire comprised of three  
parts.**

## **Questionnaire 1.1**

- \* General Information :**
- \* Maternal Information**
- \* Child Information**
- \* Family Information**

## **Questionnaire 1.2**

- \* Maternal Knowledge on ARI.**

## **Questionnaire 1.3**

- \* Treatment Practices by mothers.**

# Questionnaire for HCP

**question 1** : Who brings the children to the H.C?

**question 2** : What are the S/S the children usually present in a H.C?

**question 3** : What are the triggering factors for the mothers to bring their children to H.C?

**question 4** : What do you think the major problem of ARI is?

**question 5** : Do mothers bring their children too late?

**question 6** : In your experience, do mothers practice self-care for their children?

**question 7** : Do mothers know signs of severe ARI?

**question 8** : What variables makes one mother better care giver than another mother?

## Structured interview with HCP:

- 11 health care providers were interviewed in regard to their experiences and perceptions of ARI in < 5 children.
- A structured open-ended interview was utilized in this task.
- The aim of this procedure was to identify practitioners perception about mothers knowledge and practice of ARI in their own children.
- The selection was purposeful because of qualitative open-ended discussion.



## Results:

- Providers replied that in more than 90% cases mothers bring their children to health centres. They also stresses important role of mothers.
- They pointed out main sign and symptoms mothers paid attention to, were combination of signs and symptoms.
  - Fever + Cough + difficult breathing
  - Fever + Cough + Sore - throat
- Most providers answered that mothers perceive ARI is a serious illness, and that influence them to come to the centers.
- About major problem of ARI most providers had to think a lot before answering.
  - \* Poor communication with mothers.
  - \* Transport problem.
  - \* Less accessibility to health (some places)
  - \* Economic problem.
  - \* Less activity by health personnel.
- Majority mothers come within 48 hours of the onset, but about 20% delay.