



UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

RESEARCH PROPOSAL

ON

**KNOWLEDGE, ATTITUDES AND PRACTICE OF POSTNATAL
MOTHERS ON NEONATAL HYPOTHERMIA AT BWAILA
HOSPITAL.**

BY

SR. GRACE CHIMOWA

**SUBMITTED TO FACULTY OF NURSING AND MIDWIFERY IN
PARTIAL FULFILMENT FOR THE AWARD OF BACHELOR OF
SCIENCE DEGREE IN NURSING AND MIDWIFERY.**

RESEARCH SUPERVISOR: MRS. R. D. MAZENGERA

DATE OF SUBMISSION: 12 NOVEMBER, 2012

67% i

DECLARATION

I declare that this proposal is my own work and effort. It has not been submitted for any degree and is not being submitted for any degree.

NAME OF CANDIDATE:

SR. GRACE CHIMOWA.

SIGNATURE:

.....

DATE:

.....

NAME OF RESEARCH SUPERVISOR: MRS. R. D. MAZENGERA.

SIGNATURE:

.....
RD Mazengera

DATE:

.....
14/11/2012

DEDICATION:

I dedicate this work to my lovely parents, Robert and Felista Chimowa, all my relatives and friends for their untimely love, support, guidance and encouragement. Indeed you have contributed to the success of this work.

Special thanks to the Sisters of Divine Providence for the material, financial and spiritual support throughout the four years. I really felt belonging to the congregation and fully supported throughout this period. May God Bless YOU all.

ACKNOWLEDGEMENT:

I would like to thank the Almighty God for the gift of my life and good health. Through His love and mercy I have managed to come up with this research proposal. I really believe that without God's help, this work would end to nothing. May His name be praised for ever.

I thank the Sisters of Divine Providence for their love and support they have offered me throughout the period of four years. Special thanks go to my fellow community members of Trinity Convent in Muona-Nsanje. I am very grateful for their prayers, material and financial support they gave me. Their support contributed to the success of all I was doing in relation to this research proposal.

With gratitude I remember my parents, Robert and Felister Chimowa, who tried their best that I go to school from the time I was just a young girl. They really created a good foundation for my education. My past plays a great role in who I am today. I thank you so much.

I appreciate the advice I got from Mrs. R. D. Mazengera, my supervisor for this research proposal. Her advice really guided me and made my work easier. Thanks a lot.

MAY GOD BLESS YOU ALL.

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LIST OF ABBREVIATIONS:

HMIS Health Management Information System

KCN Kamuzu College of Nursing

MDG Millennium Development Goal

MDHS Malawi *Demographic* Development Health Survey

MoH Ministry of Health

NNU Neonatal Unit

SPSS Statistical Package for ~~Social~~ Scientist

RESEARCH TITLE: A STUDY ON KNOWLEDGE, ATTITUDES AND PRACTICE OF POSTNATAL MOTHERS ON NEONATAL HYPOTHERMIA AT BWAILA HOSPITAL.

1.0 BACKGROUND:

Neonatal hypothermia has long been recognised as a significant contributor to neonatal morbidity and mortality in developing countries (F. Nayeri, 2005). Globally, few studies have been done on neonatal hypothermia. These studies show that neonatal hypothermia is a common problem in many developing countries and it is associated with an increased risk of mortality in a hospital setting in a developing county. Nationally no study has been done on neonatal hypothermia. It is therefore the purpose of this study to explore the knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila Hospital. ✓

The risk for term babies to develop neonatal hypothermia increases due to large body surface area, which promotes heat loss. They lack insulation; and lack the body mass to produce and save heat. The risk increases when the newborn is left wet while waiting for delivery of placenta. This is because newborn babies are dependent on caregivers to keep them warm and dry. Early bathing of newborn (within 24 hours) contributes to the development of neonatal hypothermia as well. However hypothermia is highly prevalent among both normal weight and low birth weight newborns. ✓

If hypothermia persists, there is increased risk of neonatal cold injury in which case the infant usually becomes lethargic, with slow, shallow and irregular respirations and a slow heart rate corresponding to decreased body temperature. Prolonged cold injury leads to oedema, scleroderma, general haemorrhage (especially pulmonary haemorrhage) and jaundice. This can cause complications such as increased oxygen consumption, lactic acid production, apnoea, decrease in blood coagulability; hypoglycaemia and can lead to death (Bennett & Brown, 2004). If women, the primary caretakers of children, are empowered, the health and survival of their infants is likely to be enhanced (MDHS, 2004). ✓

1.1 PROBLEM STATEMENT:

HMIS at Bwaila Hospital- postnatal ward, show that almost 13% of total neonates admitted in the ward from the month of January to March, 2012 were hypothermic. Therefore understanding knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia is very vital especially with the aim of achieving MDG 4- reduce by two thirds the mortality rate among children under five by 2015.

1.2 SIGNIFICANCE OF THE STUDY:

The study is aimed at exploring the knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila Hospital. The results will help in developing appropriate plans and preventive programs in the management of neonatal hypothermia at national level. They will also guide in planning appropriate collaborative interventions in a hospital setting as well as in the community to manage neonatal hypothermia hence reduce neonatal mortality in Malawi.

The Ministry of Health (MoH) will be directed in key priority areas for developing policies and programs and appropriate resource allocation for primary prevention of the condition. Therefore, this will help in reducing the country's child mortality hence achieve the fourth MDG of reducing child mortality by 2/3 by the year 2015.

This study will help in reinforcing collaboration and multisectoral approach for health programs based on the results for the good of the world's future leaders.

Postnatal mothers at Bwaila Hospital will be educated on how they can manage a neonate with hypothermia. This will equip them with positive and appropriate knowledge, attitudes and practice on neonatal hypothermia hence reducing neonatal morbidity and mortality in Malawi.

How about to the researcher :-

BROAD OBJECTIVE:

To explore the knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila hospital.

SPECIFIC OBJECTIVES:

1. To assess the knowledge of postnatal mothers on neonatal hypothermia
2. To explain the attitudes of postnatal mothers towards neonatal hypothermia.
3. To describe the practice of postnatal mothers on neonatal hypothermia.
4. To recommend the appropriate practice of postnatal mothers towards neonatal hypothermia.
5. To explain the experiences of health workers on neonatal hypothermia.

RESEARCH QUESTIONS:

- What do you know about neonatal hypothermia?
- What are your experiences towards neonatal hypothermia?
- How do you prevent neonatal hypothermia?

LITERATURE REVIEW:

~~Chapter~~ - Separate chapter

Literature review provides a background for understanding of current knowledge on a topic and illuminates the significance of the new topic. It is used to determine gaps or inconsistencies in a body of knowledge (Polit, 2006). This section describes studies that have been conducted on neonatal hypothermia worldwide. ✓

A study on incidence and risk factors of neonatal hypothermia at referral hospitals was conducted in Tehran Islamic Republic of Iran. 900 neonates were randomly selected. Body temperature was measured repeatedly at different time points after birth. More than 50% became hypothermic soon after birth. Multiple regression analysis showed that low birth weight, low gestational age, low environmental temperature, low Apgar score, ✓

multiple pregnancy and receiving cardiopulmonary resuscitation were significantly associated with hypothermia (F. Zayeni, 2007).

Another study was conducted in the Department of Paediatric Medicine, SMS Medical College, Jaipur, to evaluate the knowledge, attitudes and practice about neonatal hypothermia among medical and paramedical staff dealing with newborn care. A total of 160 subjects were assessed (40 paediatric medicine residents, 40 obstetric residents, 40 private practitioners and 40 paramedical staff working in labour room and postnatal wards). Only 47.8% of the subjects defined neonatal hypothermia correctly. As many as 52.2% of the interviewees considered it to be an uncommon problem (S.P. Choudhary, 2000)

In Southern Nepal a study on neonatal hypothermia and associated risk factors among newborns was done. The results indicated that risk varied inversely along the entire weight spectrum: for every 100 g decrement hypothermia risk increased by 7.4%, 13.5% and 31.3% for babies between 3000 g and 2500 g, 2500 g and 2000 g and < 2000 g, respectively. Preterm babies (< 34 weeks), females, those who had been first breastfed after 24 h and those with hypothermic mothers were at an increased risk.

A cohort study was also conducted In southern Nepal on risk of mortality associated with neonatal hypothermia. This was done to quantify the neonatal mortality/hypothermia relationship and develop evidence-based cut-offs for global definitions of neonatal hypothermia. Results showed that mortality increased among mild (relative risk [RR], 1.70; 95% confidence interval [CI], 1.23-2.35), moderate (RR, 4.66; 95% CI, 3.47-6.24), and severe (RR, 23.36; 95% CI, 4.31-126.70) hypothermia cases. Within the WHO's moderate classification, risk relative to normothermic infants ranged from 2 to 30 times. Adjusted mortality risk increased 80% (95% CI, 63%-100%) for each degree decrease, was strongly associated with temperatures below 35.0 degrees C (RR, 6.11; 95% CI, 3.98-9.38), and was substantially higher among preterm infants (RR, 12.02; 95% CI, 6.23-23.18) compared with full-term infants (RR, 3.12; 95% CI, 1.75-5.57). Relative risk was highest in the first 7 days, but remained elevated through 28 days (Mullany L.C, 2010).

In Uganda: a randomized, controlled trial was conducted on the impact of newborn bathing on the prevalence of neonatal hypothermia. The aim of the study was to elucidate the impact of bathing on the prevalence of hypothermia among newborn babies exposed to the skin-to-skin (STS) care technique before and after bathing. Results showed that bathing of newborns in the first hour after delivery resulted in a significantly increased prevalence of hypothermia, defined as temperature $<36.5^{\circ}\text{C}$, at 70 and at 90 min postpartum despite the use of warmed water and the application of the skin to skin method. There was no neonatal mortality. Aside from the bathing procedure, no background factor potentially predisposing the newborns to hypothermia was identified (Anna Bergstron 2005)

A prospective observational study on effect of post-delivery care on neonatal body temperature was carried out at Kathmandu Maternity Hospital followed by a randomized controlled intervention study using three simple methods for maintaining body temperature. There were 500 infants in the initial observation study and 300 in the intervention study. In the observation study, 85% (420/495) of infants had temperatures $< 36^{\circ}\text{C}$ at 2 h and nearly 50% (198/405) had temperatures $< 36^{\circ}\text{C}$ at 24 h (14% were $< 35^{\circ}\text{C}$). Most of the infants who were cold at 24 h had initially become cold at the time of delivery (only seven infants had been both well dried and wrapped). In the intervention study, all infants were dried and wrapped before random assignment to one of the three methods: the “kangaroo” method, the traditional “oil massage” or a “plastic swaddler”. All three were found to be equally effective. Overall, 38% (114/298) of the infants had temperatures $< 36^{\circ}\text{C}$ at 2 h and 18% (41/231) at 24 h (when none was $< 35^{\circ}\text{C}$) (R. B. Johanson 2008).

In 2006, a study on Proposed Guidelines for Skin-to-Skin Treatment of Neonatal Hypothermia was carried out in America. The article about this study proposes that skin-to-skin (STS) care, also called kangaroo care, an intervention in which the unclothed, diapered infant is placed on the mother's bare chest, be used to promote thermoregulation instead of using separation and a warmer. STS care has been recognized as a way to facilitate maternal-infant attachment and promote thermoregulation (Galligan, 2006).

In 2009, a study to review Neonatal hypothermia in low resource settings was conducted in India. This was done to provide a thorough patho-physioepidemiological discussion of

neonatal hypothermia applied to local risk factors within the developing country context with particular emphasis on prevention, recognition and management. All available published literature on neonatal hypothermia relevant to resource poor settings were reviewed. Studies from the developing country settings were primarily reviewed for epidemiology, domiciliary risk factors as well as potential interventions for thermal care. Results revealed that Functional integrity and efficiency of biological systems is critically dependent on an optimal and very narrow range of core body temperature. Risk factors for neonatal hypothermia differ markedly within low resource settings. A combination of physiological, behavioral and environmental factors universally put all newborns, irrespective of birth weight, at risk of hypothermia. The knowledge deficit along the continuum from health providers to primary care givers has sustained the silent epidemic of hypothermia. The challenges of recognition, understanding of local risk factors and communication have meant a lack of informed thermal care for newborns. Simple, feasible interventions exist, but need to be applied, based on local risk factors that disrupt the warm chain. Further research is needed to document local risk factors, develop better techniques for recognition, evaluation of thermal care within essential newborn care and communication strategies for program effectiveness (V Kumar, 2009)

In Zimbabwe at Harare Central Hospital Neonatal Unit (NNU), a cross sectional descriptive study was conducted on Neonatal hypothermia levels and risk factors for mortality in a tropical country. This was done to determine the prevalence of hypothermia, factors associated with hypothermia and risk factors for mortality in hypothermic newborn infants. Findings showed that the need for resuscitation, age at admission to NNU, time of delivery, birth weight, sex and being born before arrival were not significantly associated with being hypothermic. The only factors that were associated with mortality were babies being born before arrival and birth weight below 1500g (Kambarami R, 2005).

Literature given above shows that few studies were conducted worldwide including Africa and none in Malawi on neonatal hypothermia. No study was done to explore the knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia hence this study aims at filling this gap.

77 METHODOLOGY:

Study Design:

An exploratory study design will be adopted to understand the topic from the perspectives of the population involved since they are able to talk about their personal feelings, opinions and expectations. Data will be collected from postnatal mothers and health workers using in-depth interviews. These interviews will be conducted using a well stipulated questionnaire containing both structured and semi-structured open ended questions. This will allow in-depth exploration of the under-researched area of knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia.

Sample:

30 postnatal mothers will be selected (15 primiparas and 15 multiparas- especially those who are para 2-4). They will be selected using purposive (selective) sampling method. This is a sampling method whereby participants who can provide the most information about the central focus of the study are chosen. These groups of postnatal mothers are purposively chosen in order to capture different views from mothers of different experiences regarding child care. This will help to collect comprehensive data on knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia.

Setting:

The study will be conducted at Bwaila Postnatal ward. This place has been chosen because it is where the problem was identified and the subjects are found.

77 DATA COLLECTION:

Data will be collected using a well stipulated questionnaire. A questionnaire is a printed self report form designed to elicit information that can be obtained through the written responses of the subject (Burns & Groove 2005). Open ended questions are questions in which no options or predefined categories are suggested. The respondent supplies his or her own answer without being constrained by a fixed set of possible responses. When

properly constructed and responsibly administered, questionnaire is a vital instrument by which statements can be made about specific groups of people or entire populations.

Therefore to get adequate information this questionnaire will contain both structured questions and semi-structured open ended questions. The questions of the questionnaire will be formulated in English and translated to Chichewa which most of the participants will be conversant with. The questionnaire will be formulated based on the given study objectives. The structured part will be used to collect participants' demographic data and the open-ended part to capture qualitative data.

Responses will be audio-recorded except for those participants who will refuse to have their responses audio-taped. For these participants, hand written notes will be used to record their responses. The interviews will be conducted in Chichewa and are expected to last for about 30 to 45 minutes. Data will be collected for the period of five days.

Pre-testing:

The questionnaire will be pre-tested at Kamuzu Central Hospital on 5 postnatal mothers who will be chosen at random. This will be done in order to note effectiveness of the questionnaire in addressing the study objectives. It will also help to identify and correct errors and test the data collection tool for validity and reliability. (Burns and Grove 2005). This is because a pre-test can reveal deficiencies in the design of a proposed experiment or procedure. Therefore suggestions on areas to be modified can be made so that problems can be addressed before time.

Data analysis.

The taped information will be transcribed verbatim and translated from vernacular language into English. The quantitative data will be analyzed through statistical package for social scientist (SPSS). Tables, diagrams, graphs and pie charts will be used to represent the findings.

Quantitative data will be analyzed using mean, median, mode, standard deviation and

standard error. The data will be presented in form of graphs, charts and frequency tables.

Qualitative data will contain direct quotes from participants and narrations will be reported as spoken by participants without editing the grammar to avoid losing meaning.

Expressions in vernacular language will be presented in parentheses. Identity codes will be used instead of participants' names to maintain privacy and confidentiality.

ETHICAL CONSIDERATION:

The researcher will submit the proposal to Kamuzu College of Nursing Research and Publications Committee for approval to ensure safety to the participants. Permission will be sought from Lilongwe District Health Officer and the hospital administrator to ensure safety of the participants throughout the study.

The participants will be asked to give informed consent to participate in the study. They will be informed in simple and clear language the purpose of the study, its significance, and benefits to the respondent and the whole nation in reducing neonatal mortality. They will also be informed of the risks of the study if any. This will enable the participants to decide whether to participate in the study or not hence giving informed consent. The consent to conduct the study will be sought from the relevant authorities such as the hospital director.

Research care will be exercised when these mothers participate in the study to ensure that their human rights are protected. They will be free from exploitation. Their confidentiality and privacy will be maintained by the use of identity codes instead of names on the questionnaires and that the information will not be accessible to everyone except those directly involved in the study.

DISSEMINATION OF RESULTS

The results will be disseminated through research report which will be placed in the KCN library and copies will be made available at Bwaila Hospital. I will also publish the report.

It is important to publish this study since no study has been published in Malawi on neonatal hypothermia. Only few studies on this topic have been done in Africa and none in Malawi. Postnatal mothers at Bwaila hospital will be educated on neonatal hypothermia, cause, clinical manifestations, management, complications and prevention.

99 LIMITATION OF THE STUDY

The main limitation of the study is that it will not be done at national level hence is not a representative of the whole population. However the results can be used to generalize the outcome. The sample taken will give a true reflection of what is happening on the ground.

The supervisor at times will be far from the researcher. For example at one time the researcher will be allocated at Mulanje District Hospital which will be far from the supervisor who will be in Lilongwe. This will affect the quality of supervision to the researcher. Financial problem is one of the limitations since the researcher does not get money for research. Time factor will also affect the researcher since apart from this study has other academic engagements to do.

RESEARCH BUDGET

	DETAILS	AMOUNT	
		K	t
1	2Gig flash Disk	5,000	00
2	Two reams of paper.	2,000	00
3	Transport to meet supervisor from Bvumbwe to Lilongwe and Back for two journeys @ k2300	9,200	00
4	Questionnaire printing 8 pages @ k10 each = k80 x 125 copies	1,000	00
5	Proposal printing, 40 pgs x k10 (4 copies).	1,600	00
6	Dissertation printing 4 copies. Number of pages not known but to be more than that of proposal	2,000	00
7	Four pens, one pencil and eraser @ k100, k20 and k200 respectively	320	00
8	Internet for literature review	4,000	00
9	Binding of the proposals, k200 each x 4 copies	800	00
10	Binding of the dissertations, K200 each x 4 copies	800	00
11	Accommodation for 7 nights (meeting the supervisor and during data collection)	14,000	00
12	Food for 7 days	7,000	00
13	Incidentals	10,000	00
	GRAND TOTAL	57,720	00

✓

JUSTIFICATION OF THE BUDGET

STATIONERY

The money budgeted for stationery is necessary in this research study. This will enable transfer of soft copies into hardcopies which are usable in field work.

SECRETARIAL SERVICES

Printing and binding of the research proposal and dissertation are needed to submit these two items.

TRANSPORT AND COMMUNICATION

This money will be used when travelling to and from the field for pilot study, to meet the supervisor as well as for data collection. I will also use this money when communicating with the supervisor on the phone or internet.

MEALS AND ACCOMODATION

Sustenance for the researcher will be required when travelling and collecting data at Bwaila Hospital. Therefore this money will be needed for food and accommodation.

INCIDENTAL ALLOWANCE

This money has been budgeted for emergencies that may occur when conducting the study that may require financial support.

REFERENCE:

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UNIVERSITY OF MALAWI
Kamuzu College of Nursing.

APPENDIX A: PARTICIPANT INFORMATION AND CONSENT FORM

**INFORMATION TO PARTICIPANTS IN A STUDY ON KNOWLEDGE,
ATTITUDES AND PRACTICE OF POSTNATAL MOTHERS ON NEONATAL
HYPOTHERMIA AT BWAILA HOSPITAL.**

I am Sr. Grace Chimowa, a fourth year student pursuing Bachelor of Science in Nursing and Midwifery at Kamuzu College of Nursing. In partial fulfilment of bachelors' degree, I am required to do a research of my own interest. The title of my research is: **A study on knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila Hospital.**

The purpose of this study is to explore the knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia. The study will not directly benefit participants however the results of this study will benefit the whole nation and will lead to improved management of neonatal hypothermia at the hospital as well as at home hence contribute to the reduction of neonatal morbidity and mortality in Malawi. There are no risks associated with this research. Participation is voluntary as such you are not under any circumstances forced to participate. You are free to withdraw your participation any time and that will not attract penalty of any sort.

Confidentiality and privacy will be maintained as much as possible. Identity codes will be used instead of participant's name. Information given will not be accessible to everyone except to those who are directly involved in the study. The results of the study will be available in the Library at Kamuzu College of Nursing and Postnatal ward at Bwaila Hospital. Your contribution to this study will be highly appreciated. Are you ready to participate in this study?

Thank you, Madam.

CONSENT:

I..... have clearly understood the requirements and the contents of this letter. I therefore give consent to take part in the study freely and voluntarily.

Signature of participant..... Date

signature of the researcher.....Date



UNIVERSITY OF MALAWI.

Kamuzu College of Nursing

APPENDIX B: PARTICIPANT INFORMATION AND CONSENT FORM
CHICHEWA VERSION.

**CHIDZIWITSO KWA OMWE AKUFUNA KUTENGA NAWO MBALI PA
 KAFUKUFUKU WA ZOMWE AMAYI OCHIRA KUMENE AMADZIWA,
 AMAGANIZA KOMANSO ZOMWE AMATSATIRA PA MATENDA OZIZIDWA
 THUPI OMWE AMAGWIRA ANA OBADWA KUMENE PA CHIPATALA CHA
 BWAILA.**

Ndine Sr. Grace Chimowa, wophunzira wa ku Kamuzu College of Nursing, sukulu ya zaunamwino ndi uzamba, ndipo ndili m'chaka chomaliza. Ine ndikupanga kafukufuku pa mutu wanenedwa kalewu. Cholinga cha kafukufukuyu ndi kupeza zomwe amayi ochira kumene amadziwa, kuganiza komanso kuchita pa matenda ozizidwa thupi omwe amagwira ana obadwa kumene pa chipatala cha Bwaila. Izi zithandiza kumbali yopanga ndi kuika m'malo ndondomeko ndi mapologalamu othandiza kupewa komanso kuthetsa vutoli kuchipatala komanso kumudzi. Choncho izi zidzathandidza kuchepetsa imfa za ana wochepera zaka zisanu zakubadwa.

Kotero muli kupemphedwa mosakakamizidwa kutenga nawo mbali pakafukufukuyu chifukwa ndinu mayi amene ali ndi mwana wobadwa kumene wochepera masiku 28 akubadwa. Mupatsidwa pepala la mafunso limene mungayankhe mu mphindi 30 mpaka 45. Palibe cholowa chilichonse chomwe mupezapo mukatenga nawo mbali mukafukufukuyu. Dzina lanu silizatchulidwa kwina kulikonse, m'malo mwake

tidzagwiritsa ntchito nambala yachinsisi kuimirira dzina lanu. Mayankho anu adzasungidwa pa malo achinsisi ndikugwiritsidwa ntchito popereka zotsatira za kafukufukuyu. Zotsatira za kafukufukuyu zizidzapezeka ku chipinda chowerengerako ku Kamuzu College of Nursing komanso kuchipatala cha Bwaila.

Muli ndi ufulu kusiya kutenga nawo mbali pa kafukufukuyu nthawi iliyonse popanda chilango.

CHILOLEZO:

Ine, ..., ndafotokozeredwa ndipo ndamvetsa za kafukufukuyu, ndipo ndavomera kutenga nawo mbali mwaufulu wanga popanda wina kundikakamiza.

Saini kapena chidindo cha chala cha otenga mbali

Tsiku

.....

.....

Saini ya opanga kafukufuku

Tsiku

.....

.....



UNIVERSITY OF MALAWI.
Kamuzu College of Nursing.

**APPENDIX C: A LETTER TO KCN RESEARCH PUBLICATION COMMITTEE
FOR APPROVAL TO CONDUCT THE STUDY.**

FROM: Sr. Grace Chimowa,
Kamuzu College of Nursing, Private Bag 1, Lilongwe.

DATE: 1ST JULY, 2012.

TO: The Chairperson,
Kamuzu College of Nursing Research Publication Committee,
Private Bag 1, Lilongwe.

Dear Sir/Madam,

APPLICATION FOR APPROVAL TO CONDUCT MY STUDY:

I would like to apply for approval to conduct my study.

I am Sr. Grace Chimowa, a fourth year student pursuing Bachelor of Science in Nursing and Midwifery here at Kamuzu College of Nursing. In partial fulfilment of bachelors' degree, I am required to do a research of my own interest. The title of my study is: **A study**

on knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila Hospital.

I therefore write to apply for approval to conduct this study. Your consideration will be highly appreciated.

Yours faithfully,

.....

SR. GRACE CHIMOWA.



UNIVERSITY OF MALAWI.
Kamuzu College of Nursing.

APPENDIX D: A LETTER TO LILONGWE DISTRICT HEALTH OFFICE
SEEKING PERMISSION TO CONDUCT THE STUDY

FROM: Sr. Grace Chimowa,
Kamuzu College of Nursing, Private Bag 1, Lilongwe.

DATE: 1ST JULY, 2012.

TO: Lilongwe District Health Office,
Post Office Box 54, Lilongwe.

Dear Sir/Madam,

APPLICATION FOR PERMISSION TO CONDUCT THE STUDY AT YOUR
HOSPITAL:

I would like to apply for permission to conduct the study at your hospital.

I am Sr. Grace Chimowa, a fourth year student pursuing Bachelor of Science in Nursing and Midwifery at Kamuzu College of Nursing. In partial fulfilment of bachelors' degree, I am required to do a research of my own interest. Therefore I would like to conduct a study

on knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at your hospital.

I therefore write to apply for permission to conduct this study at your hospital. Your consideration will be highly appreciated.

Yours faithfully,

.....

SR. GRACE CHIMOWA.



UNIVERSITY OF MALAWI.
Kamuzu College of Nursing.

APPENDIX E: A LETTER TO THE WARD IN-CHARGE AT BWAILA HOSPITAL- POSTNATAL WARD SEEKING PERMISSION TO CONDUCT A STUDY

FROM: Sr. Grace Chimowa,
 Kamuzu College of Nursing, Private Bag 1, Lilongwe.

DATE: 1ST JULY, 2012.

TO: The Ward In-charge,
 Bwaila Hospital –Postnatal Ward

Dear Sir/Madam,

APPLICATION FOR PERMISSION TO CONDUCT A STUDY IN YOUR WARD:

I would like to apply for permission to conduct a pilot study in your ward.

I am Sr. Grace Chimowa, a fourth year student pursuing Bachelor of Science in Nursing and Midwifery at Kamuzu College of Nursing. In partial fulfilment of bachelors' degree, I am required to do a research of my own interest. Therefore I would like to conduct a study on **knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia at Bwaila Hospital in your ward.**

I write to ask for permission to conduct a pilot study in your ward.

Your consideration will be highly appreciated.

Yours faithfully,

.....

SR. GRACE CHIMOWA.



UNIVERSITY OF MALAWI.
Kamuzu College of Nursing.

**APPENDIX F: A LETTER TO KAMUZU CENTRAL HOSPITAL SEEKING
PERMISSION TO CONDUCT A PILOT STUDY**

FROM: Sr. Grace Chimowa,
Kamuzu College of Nursing, Private Bag 1, Lilongwe.

DATE: 1ST JULY, 2012.

TO: The Hospital Director,
Kamuzu Central Hospital, Post Office Box 49, Lilongwe.

Dear Sir/Madam,

**APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY AT YOUR
HOSPITAL:**

I would like to apply for permission to conduct a pilot study at your hospital.

I am Sr. Grace Chimowa, a fourth year student pursuing Bachelor of Science in Nursing and Midwifery at Kamuzu College of Nursing. In partial fulfilment of bachelors' degree, I am required to do a research of my own interest. Therefore I would like to conduct a study on knowledge, attitudes and practice of postnatal mothers on neonatal hypothermia

at Bwaila Hospital.

I write to ask for permission to conduct a pilot study at your hospital. Pretesting of data collection instruments is required in order to note effectiveness of the questionnaire in addressing the study objectives. It will also help to identify and correct errors and test the data collection tool for validity and reliability. Therefore suggestions on areas to be modified can be made so that problems can be addressed before time. I would like to do this pilot study at your hospital on 5 postnatal mothers who will be chosen at random.

Your consideration will be highly appreciated.

Yours faithfully,

.....

SR. GRACE CHIMOWA.

DATA COLLECTION INSTRUMENTS:**APPENDIX G: QUESTIONNAIRE ENGLISH VERSION:**

Since you have given consent showing your willingness to participate in this study, may you answer all the questions in this questionnaire.

SECTION A:

Date:

Participant code number:

DEMOGRAPHIC DATA:

Location:

Address:

Mark the correct answer for you.

1. Age

- (a) 15-20 ☐
- (b) 20-30 ☐
- (c) 30-35 ☐
- (d) 35 above ☐

2. Your marital status is:

- (a) Single ☐
- (b) Married ☐
- (c) Divorced ☐
- (d) Widowed ☐

Others specify

3. Religion (a) Muslim
- (b) Christian
- (c) Other (specify).....

4. If a Christian, what denomination?

- (a) Roman Catholic
- (b) CCAP
- (c) Anglican
- (d) SDA
- (e) Other (specify).....

5. To which tribe do you belong?

- (a) Chewa
- (b) Tumbuka
- (c) Ngoni
- (d) Yao
- (e) Lomwe
- (f) Others specify

6. What is your highest level of education?

- (a) Never went to school

(b) Standard 1-8

(c) Secondary education

(d) Tertiary education

7). What is your profession?

(a)Farmer

(b)Business

(c) Housewife

(d) Others specify.....

8. How many children do you have?

(a) one

(b) two

(c) three

(d) four

SECTION B:

1. Have you ever heard about neonatal hypothermia?

(a) Yes. ☐

(b) No. ☐

(c) Not sure ☐

2. The source of information

(a) Health worker ☐

(b) Radio ☐

(c) Others specify

3. If yes what do you know about

a. Causes

i.

ii.

iii.

iv.

b. Signs and symptoms

i.

ii.

iii.

iv.

c. Care of the child with neonatal hypothermia

i.

ii.

iii.

iv.

d. Prevention of neonatal hypothermia

i.

ii.

iii.

iv.

4. Have you ever managed your child with neonatal hypothermia?

a. Yes

b. No

c. Not sure

5. If yes, how did you manage a child with neonatal hypothermia?

.....

.....

6. How old was the child?

a) 1-7 days.

b) 7-14 days.

c) 14-21 days

d) 21-28 days

7. Was your child a preterm or term baby?

a) Preterm.

b) Term.

8) What do you think predisposed your child to neonatal hypothermia?

9) What are the complications of neonatal hypothermia?

APPENDIX H: QUESTIONNAIRE CHICHEWA VERSION**GAWO A:**

Tsiku:

Nambala yanu:

GAWO A: MBIRI YANU

Mudzi:

Keyala yanu

1. Muli ndi zaka zingati zakubadwa:

- (a) 15- 20
- (b) 30- 35
- (c) 20 - 30
- (d) kuposa zaka 35.

2. Kodi muli pa banja?

- (a) ndine osakwatiwa
- (b) banja linatha
- (c) ndine okwatiwa
- (d) ndine mkazi wamasiye

3. Kodi ndinu wa Chipembedzo chanji?

- (a) Wa ChiKhristu
- (b) Wa Chisilamu
- (c) Zina tchulani

4. Ngati ndinu wa ChiKhristu ndinu wamperingo wanji?

- (a) Wa Katolika.

- (b) Wa CCAP.
- (c) Wa Aglican.
- (d) Wa SDA.
- (e) Zina tchulani.....

5. Kodi ndinu wa mtundu wanji?

- (a) Chewa
- (b) Tumbuka
- (c) Lomwe
- (d) Yao
- (e) Ina, tchulani

6. Kodi sukulu mudalekezera pati?

- (a) Sindidaphunzire
- (b) Sitandade 1 mpaka 8
- (c) Folomu 1 mpaka 4
- (d) Maphunziro aukachenjede.
- (e) Zina, tchulani

7. Mumagwira ntchito yanji?

- (a) Ndine Mlimi
- (b) Ndimachita bizinesi
- (c) Ndine mayi wapakhomo
- (d) Zina, tchulani

8. Muli ndi ana angati?

- (a) M'modzi
- (b) Awiri
- (c) Atatu

(d) Anayi

GAWO B:

1. Kodi munamvapo za matenda omwe mwana amazizidwa kwambiri thupi?

(a) Eya

(b) Ayi

(c) Ndakaika

2. Mudamva bwanji?

(a) Kuchipatala

(b) Pa wailesi

(c) Njira zina tchulani

3. Ngati ndi eya mukudziwapo zotani pa magawo awa:

a. chomwe chimayambitsa

- i.
- ii.
- iii.
- iv.

b. zizindikiro za matendawa

- i.
- ii.
- iii.
- iv.

c. kupewa kwake.

- i.
- ii.
- iii.
- iv.

d. Mwana wogwida ndi matendawa alandire chisamaliro chotani?

.....

.....

.....

4. Kodi mudayamba mwasamalapo mwana wanu atagwidwa ndi matendawa?

- a. Eya
- b. Ayi
- c. Ndakaika

5. Ngati ndi eya munamusamala bwanji?

.....

.....

.....

6. Mwanayo anali wamkulu bwanji?

- a. Tsiku limodzi mpaka masiku 7.
- b. Masiku 7 mpaka 14
- c. Masiku 14 mpaka 21
- d. Masiku 21 mpaka 28

7. Mwanayo anabadwa wokwanira masiku kapena wosakwanira masiku?

- a. Wokwanira masiku
- b. Wosakwanira masiku

8. Mukuganiza kuti chinapangitsa kuti mwanayo agwidwe ndi matendawa ndi chiyani?

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9. Kodi kuopsa kwa matendawa ndi kotani?

.....

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ZIKOMO CHIFUKWA CHA MAYANKHO ANU. AMBUYE
AKUDALITSENI.