

University of Malawi

KAMUZU COLLEGE OF NURSING

**KNOWLEDGE AND ATTITUDES OF MOTHERS OF CHILDREN WITH
SEVERE PNEUMONIA ON OXYGEN THERAPY AT LILONGWE CENTRAL
HOSPITAL**

BY

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**PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT FOR THE DEGREE
OF BACHELOR OF SCIENCE IN NURSING.**

SUPERVISOR

Mr. A. Simwaka

University of Malawi

Kamuzu College of Nursing

LILONGWE

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ABSTRACT

Many studies have been done on Pneumonia and Oxygen therapy but none has been done on peoples' knowledge and attitudes towards Oxygen therapy. There is a tendency by most Malawian mothers of refusing Oxygen administration on their children because of past experience of seeing patients dying soon after Oxygen administration and because of other misconceptions they have on Oxygen therapy.

This study will be done to find out the knowledge and attitudes of these mothers regarding Oxygen therapy. The aim is to remove the unnecessary misconceptions, which the mothers in Lilongwe District have in relation to Oxygen therapy so that total effective health care should be given to the children. The findings of the study will also help nurses at Lilongwe Central Hospital Paediatric Ward on how to provide accurate information to mothers regarding Oxygen therapy for them to understand its importance.

A descriptive survey design will be used to analyse the data. Using an interview guide, ten mothers will be interviewed (those with children with severe pneumonia and are to be or are on Oxygen therapy) for a period of four weeks. Data will be analysed using content analysis.

The beneficiaries of the study results will be children who are patients depending on decisions made by their mothers, mothers of children who require Oxygen therapy and health care providers so that child mortality rate due to lack of Oxygen in the body as a complication of severe pneumonia reduces.

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INTRODUCTION

Pneumonia is an acute respiratory infection, which is common in childhood but occurs more frequently in infancy and early childhood. Pneumonia is one of the leading causes of death in Malawi. There is an emphasis placed on recognition of signs of impending severity, both by mothers and primary health care workers so that help can be sought (Malawi Demographic Health Survey, 2001).

One of the clinical manifestations of children with severe pneumonia is breathlessness Which means that they lack Oxygen for normal metabolic functions of the body. Since severe pneumonia is common in Malawi among children and Oxygen therapy is one of the best treatments to overcome complications that arise due to lack of Oxygen, this research will focus on the knowledge and attitudes of mothers of these children regarding Oxygen therapy. Adequate knowledge on Oxygen therapy will promote its use and mothers will develop positive attitude towards it.

Many patients and their families believe that Oxygen administration is a last resort. Although it is true, most patients receiving Oxygen are seriously ill, the nurse should make every effort to reassure the patient and relieve the anxiety of the family (Hood and Dincher, 1988).

BACKGROUND OF THE STUDY

Studies have been done in most countries regarding conditions of lower respiratory tract, their management as well as patients' and guardians' perceptions on the mode of treatment. Pneumonia is said to be ten times more in developing countries. It is a leading cause of death of young children in Malawi. The programme to control Acute Respiratory Infections (ARI) aims at treating cases of ARI early before complications develop (Malawi Demographic Health Survey, 2001).

Severe pneumonia is a complication of pneumonia in which children present with breathlessness, nasal flaring, grunting, and cyanosis, unable to drink or suck. Oxygen therapy is considered one of the highly most effective management methods of severe pneumonia (Phillips et al, 1998). It is therefore the responsibility of health care providers to provide more accurate information regarding Oxygen therapy so that it should be highly accepted by mothers to be administered on their children.

Some of the mothers at Lilongwe Central Hospital Paediatric Ward have their own myths on Oxygen therapy, which may include believing that Oxygen will just finish off the life of the child, and this makes them to refuse Oxygen administration on their children.

There is need therefore to carry out this research so that we find out what beliefs these mothers have, and if at all they are being provided with the necessary information regarding the importance of Oxygen therapy on children with severe pneumonia.

Admission to a Paediatric Intensive care Unit has the potential to expose both children and parents to an inordinate amount of emotional distress (Jay and Youngblut, 1991). The emotional distress, which a mother can have, is the feeling that the child is about to die

and this contributes to her unacceptance to Oxygen therapy, which she believes will finish off the life of the child.

Several studies have found out that the adjustments parents need to make in the transition from the role of 'parent of a healthy child' to 'parent of a critically ill child' was a major source of stress that makes them uncooperative in the care of the children (La Montagne and Pawlack, 1990). Therefore mothers of children with severe pneumonia at Lilongwe Central Hospital need to accept the situation in which their children are which will help them develop positive attitudes towards the care being given by health personnel.

Another study found out that admission to Paediatric Intensive Care requires parents to accept that most decisions about the childrens' welfare will be made by others (Berenhamm and Hatcher, 1991).

STATEMENT OF THE PROBLEM

According to the author's experience at the Paediatric ward at Lilongwe Central Hospital, some of the mothers refuse to have Oxygen administered to their children regardless of the critical condition in which the child is. This happened probably due to beliefs they had on Oxygen therapy for example, that Oxygen is administered to finish the life of the person. Due to this refusal, most of the childrens' lives have been lost. At this hospital, no study has been done to find out what knowledge and attitudes these mothers have regarding Oxygen therapy.

SIGNIFICANCE OF THE STUDY

The findings of the study may be significant in the following ways:

The nurses at Lilongwe Central Hospital and other Hospitals will be aware of their strengths and weaknesses in providing accurate and adequate information to patients and guardians regarding Oxygen therapy.

The study will help the Faculty of Nursing in Colleges/Nursing schools to intensify on giving health education to people in the community regarding Oxygen therapy.

All patients requiring Oxygen therapy and their guardians will be other beneficiaries of the study since they will have accurate information on Oxygen therapy so that they cooperate hence the promotion of their health.

The government will also benefit from the study by having reduced mortality rate of children due to lack of Oxygen in children with severe pneumonia.

OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE

The purpose of the study is to describe knowledge and attitudes of mothers of children with severe pneumonia on Oxygen therapy.

SPECIFIC OBJECTIVES

1. To identify mothers' knowledge on severe pneumonia.

2.To identify mothers' attitudes towards Oxygen therapy.

3.To identify nurses role to reduce refusal rates of Oxygen therapy by mothers.

LITERATURE REVIEW

A good research does not exist in a vacuum but should be an extension of previous knowledge and theory (Polit and Hungler, 1991). Due to inavailability of relevant studies, studies pertaining to the variables in the research title have also been reviewed since their findings are relevant to this study.

Acute lower respiratory tract infections are listed as the third most common cause of death in infants and children one month to fourteen years of age in developed nations. Acute respiratory tract illnesses comprise a wide spectrum of clinical entities, ranging from the wide afebrile common cold to severe pneumonia (Krugman et al, 1992).

Acute respiratory infections are estimated to be the first cause of childhood mortality in developing countries. Each year they claim 4.3 million lives of children under the age of five (WHO, 1993). The most fatal Acute Respiratory Infection form, bacteria pneumonia, is the largest cause of childhood mortality causing 2.7 of the 11 million deaths per year (Jansen, 1998).

Since 1990, activities of the acute respiratory infections programme have focussed on reducing mortality from pneumonia in fewer than fives through the standardisation of diagnostic criteria for acute respiratory infections and rationalisation of its management. The strategies include encouraging the communities to complete all childhood communicable disease immunisations in a timely manner and updating knowledge,

attitude and child care practices of acute respiratory infections of caretakers through health education (Ministry of Health and Population, 1999).

The Malawi Demographic Health Survey (2000) indicates that education of the mother is only mildly associated with acute respiratory infections prevalence, with children of women with no education and with secondary or more education having the lowest prevalence levels. Acute respiratory infections (ARI) are much higher in rural areas (28%) than in urban areas (16%) and slightly higher in Central region than in Northern and Southern regions. The study states that this may reflect genuine differences in morbidity rather sociocultural differences in the perception of the disease.

Studies on pneumonia, dyspnoea which is the subjective experience of having breathing difficulties is generally cited as the most disabling and distressing symptom, it induces fear, compromises functional status and reduces quality of life (Skilbeck et al, 1997).

A study was done to reveal available information as well as experience at St.Jude Childrens' Research Hospital, on the psychosocial interaction of the health care team with critically ill children and their parents. Results indicated that communication barriers brought in stress on health care professionals and parents, which led to interference of adults ability to meet child's needs (George et al, 1992).

Berry Mayall argues that it is precise because responsibility for the child's health and welfare is ascribed to the mother, together with the powerful emotional bond that ties mothers into fighting for their children welfare, that gives mothers uniquely strong reasons for relying on their own ideas about how to achieve good child health (Harvey et al, 1995).

Hoekelman concludes that cultural biases and beliefs of the family contributes to the health of the child.

Traditional attitudes and practices exist in all walks of life, including health issues. Medical treatment and others may be accepted or rejected depending upon the prevalent attitudes of the community. The sum total of all knowledge and practices used for diagnosis, management or prevention of physical, mental or social symptoms constitute the health culture of the community (Ebrahim, 1985).

In the existing knowledge structures, knowledge relating to health is part of the worldview and set of beliefs that include the origins of ill health and modes of cure. A basic knowledge of the cause of disease or of desired changes in behaviour patterns calls for major adjustments in knowledge and beliefs. Cultural resistance can lead to distortion and rejection of the new knowledge and practices that go with it (Mulholland et al, 1999).

Although it is like that, Roy and Andrews (1991) suggest that nurses may be able to change individuals self perception through an intervention called 'Perception alteration', which requires nurses to help individuals to ascertain whether current negative perceptions of self and care are real or are based on misunderstood past events, false assumptions and incomplete information or stereotypes.

THEORETICAL FRAMEWORK

According to Polit and Hungler (1991) when a nursing research is performed within the context of a theoretical framework, the findings are significant and are utilised in nursing context.

Rosenstock's health belief model addresses the relationships between a person's beliefs and actions. The individual behaves in a certain way because of the value placed on a

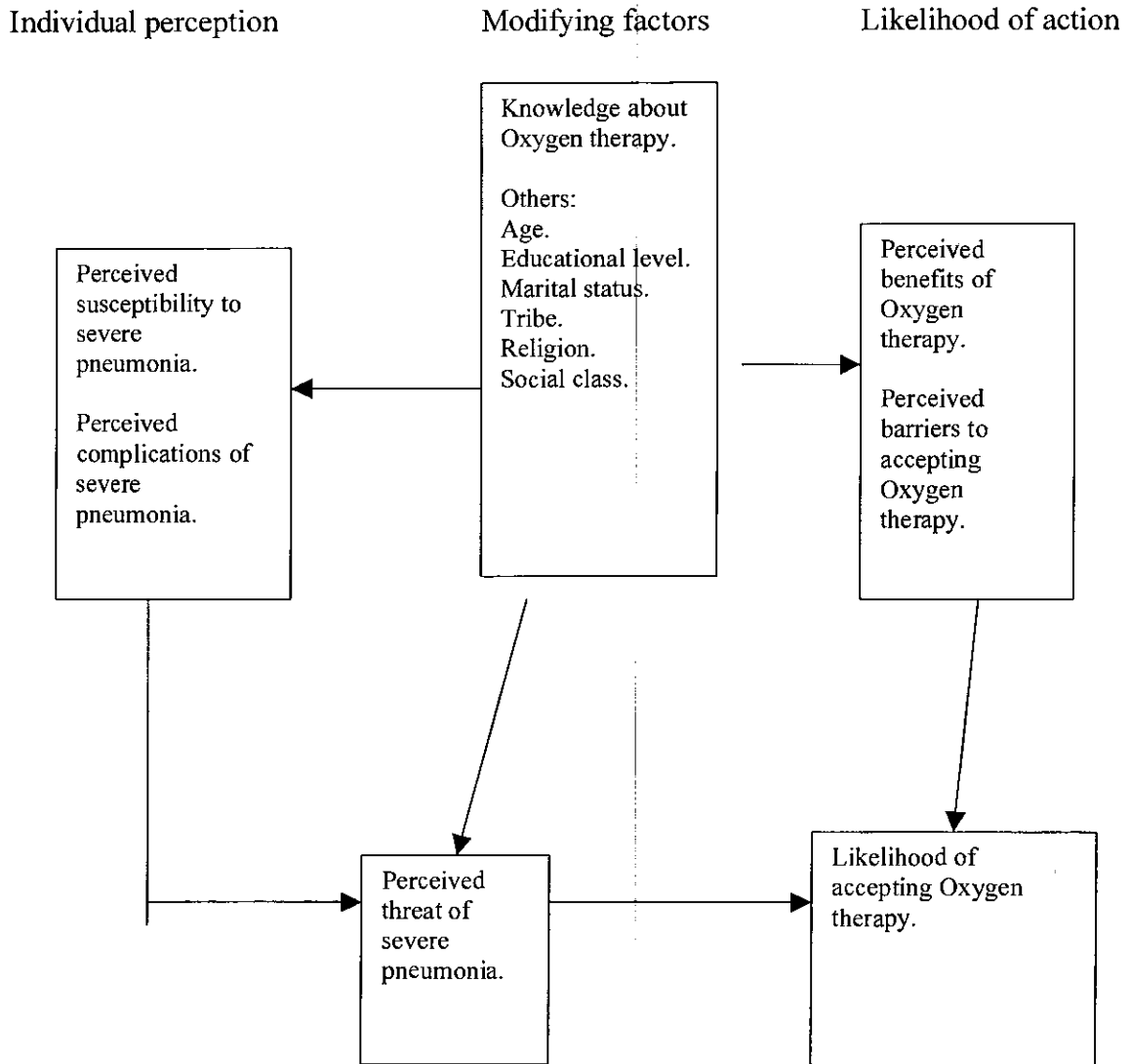
particular outcome and the likelihood that an action will result in that outcome (Perry, 1991).

The model integrates psychological theories of goal setting, decision-making and social learning (Polit and Hungler, 1991). The model postulates that health-seeking behaviour is influenced by a person's perception of threat posed by a health problem and the value associated with action aimed at reducing the threat.

According to Graven and Hirmler (1992) factors that influence person's beliefs include personal expectations in relation to health and illness, earlier experiences with illness and health, sociocultural context and age and development stage.

The health belief model will be used in this study to assist in analysing and discussion of the study. The study is looking at knowledge and attitudes, in other words the beliefs that the mothers have regarding oxygen therapy. The mothers have personal expectations on Oxygen therapy, earlier experiences with Oxygen therapy and sociocultural influences on Oxygen therapy. The beliefs, which these mothers have, influence their action to refuse administration of Oxygen on their children.

MODIFIED ROSENSTOCK'S HEALTH BELIEF MODEL



METHODOLOGY

RESEARCH DESIGN

A descriptive survey design will be used to explore the knowledge and attitudes of mothers of children with severe pneumonia on Oxygen therapy.

Polit and Hungler (1991) gives an example of a descriptive research, that is field studies, in which investigations are done in real social settings, such as hospitals with a purpose of systematically examining the practices, behaviour, attitudes and characteristics of individuals or groups as they normally function in life. Descriptive research design can also be used to justify current practices, which are, developing a certain way of doing things.

Descriptive methods are recommended for research when little or nothing is known about a topic in order to understand the situation (Burns and Groove, 1987). The approach is appropriate to the study because not much is known about the knowledge and attitudes the mothers have on Oxygen therapy.

Data will be collected using an interview guide, which will contain open-ended questions, to allow mothers to express themselves on the knowledge they have in relation to Oxygen therapy.

SETTING

The proposed study will be conducted at Lilongwe Central Hospital Paediatric Ward. The hospital has been chosen because according to Malawi Demographic Health Survey,

prevalence of acute respiratory infections is high in Central region than in Southern and Northern regions. The hospital is convenient to the researcher in terms of funds and period for conducting the research.

SAMPLING

A purposive initial sample of ten mothers as participants will be used. Purposive sampling is a type of convenient sampling which is most commonly used in qualitative studies in order to access selected participants who can provide rich database (Streubert and Carpenter, 1995). It involves conscious selection of certain subjects by the researcher or element to include in the study. A selection is criterion based (Annefield and Morse, 1991).

A small initial sample has been chosen because qualitative methods yield vast amounts of narrative data and will be impractical for the researcher to use large representative sample as some themes may be missed out, careful defining of categories may not be possible and due to lack of time, the researcher may not even complete the research.

INSTRUMENT DEVELOPMENT

An interview guide formulated in English will be used for data collection (See appendix A). The guide will assist the researcher to focus only on issues necessary for the research. The reason for using an interview guide is because the study is in qualitative paradigm and there is need to explore mothers' knowledge and attitudes towards Oxygen therapy. To ensure content validity of the tool, a pilot study will be done and the tool will be given

to the researcher supervisor and experts in qualitative studies and their comments will be used to refine the tool.

PILOT STUDY

Prior to data collection, a pilot study will be done on three mothers in the Paediatric Ward at Lilongwe Central Hospital. In this ward there is High Dependency Unit (HDU) and special care ward in which they admit critically ill children with various conditions including those with severe pneumonia and need to be oxygenated. It will be conducted in one day. The reasons for the pilot study are:

- (a) To determine whether the proposed study is feasible.
- (b) To identify problems of the design
- (c) To test the reliability of the data collection tool.
- (d) To give the researcher an experience with subjects, methodology and the research instrument.

Any mistake, which will arise during the pilot study, will be corrected before main data collection. The amount of time to take for each interview will be determined after the pilot study.

PLAN FOR DATA COLLECTION

The interview guide will be used to remind the researcher on the important points to be covered and to reduce cross rate. According to Annefield and Morse (1991) cross rate is the amount of irrelevant information in an interview, which can be a waste of time.

However, using an interview guide has a disadvantage of long periods of interviews, which can be boring to the participant, but this can be reduced if the interviewer controls unnecessary discussions. The interviews will be conducted on one to one basis in a private place for mothers to express themselves fully. Prompts will be used to search for elaborations, meanings and reasons for the raised points.

Audiotapes will be used to record the interviews. Tape recording is the best form of recording interviews because tapes contain the exact words of the interview questions inclusive and this will assist the researcher during data analysis. Notes will be taken to help note facial expressions, gestures and participant reactions, which will help to enrich the data. The researcher intends to collect the data for a period of four weeks from January to February 2002.

PLAN FOR DATA ANALYSIS

Content analysis will be used for data analysis. It is a procedure for analysing written or verbal communication in a systematic and objective fashion with the goal of quantifying the qualitative data (Polit and Hungler, 1991). It involves organising a mass of information into meaningful classes or categories ready for interpretation. The procedure is labour intensive, as it requires the researcher to categorise all data into appropriate categories but has an advantage of making corrections later in the study using the transcripts. Data will be analysed using the transcripts.

The initial stage of analysing data will be transcribing the tapes into verbatim. Sorting and coding interviews from handwritten data will be done. Codes will be developed from data to represent common unique information. Significant statements will be extracted from the data and grouped into different categories. The transcripts will be read and reread and data segments will be placed into appropriate category codes. Similar categories will be collapsed into topics paying attention to the balance between reduction of categories and maintenance of details sufficient to fulfill the descriptive purpose of the study.

ETHICAL CONSIDERATIONS

GAINING APPROVAL AND ACCESS TO STUDY SETTINGS.

Permission to conduct the study will be obtained from the Ministry of Health and Population (Appendix B). In addition a letter will be sent to the Hospital Director of Lilongwe Central Hospital to use the ward from his setting (Appendix C). These people have the power and authority to grant or withhold access. Some people may deny access if they feel that the setting will be disturbed by the presence of the researcher (Annefield and Morse, 1991).

INFORMED CONSENT

The participants will be informed about the purpose and duration of the study, methods and procedures of data collection, how data will be used, benefits of the results. Participants will also be informed that withdrawal from the study at anytime is voluntary

without any consequences. Questions pertaining to the study will be entertained. Participants will be allowed to make a free choice to participate in the study after the researcher reading out the content on the consent form (Appendix D).

ANONYMITY

To ensure anonymity, participants will be informed that no names will be used during the interview and tape recording. Only numbers known to the researcher will be used.

CONFIDENTIALITY

Confidentiality is the protection of participants in the study such that the individual identities will not be linked to the information provided (Polit and Hungler, 1991). To ensure confidentiality, participants will be informed that after the interview the researcher will use the tapes only. The researcher and the supervisor will be the only people to have access to the transcripts. After completion of the study, the tapes will be erased and the transcripts destroyed.

PRIVACY

Doing one to one interviews, which will be conducted in a quiet enclosed room where no one will listen to the discussions, will ensure privacy. A 'Do not enter' sign will be put on the door to avoid distractions.

TIMEFRAME

OCT NOV DEC JAN FEB MAR APR MAY

Literature search



Proposal writing



Clearance
Pretesting



Data collection
and interpretation



Report compilation



Dissertation binding and
submission



RESEARCH BUDGET

The research budget will consist of the following items:

<u>ITEM</u>	<u>AMOUNT (MK)</u>
STATIONERY	
2 reams of plain papers at K400/ream	800.00
1 ream ruled papers	450.00
4 pens at K10 each	40.00
2 pencils at K5 each	10.00
1 eraser	30.00
1 set of Tippex	200.00
1 sharpener	50.00
2 folders at K50 each	100.00
3 large envelops at K20 each	60.00
3 postal stamps at K5 each	15.00
1 ruler	30.00
SUBTOTAL	<u>1785.00</u>

EQUIPMENT

1 Tape recorder	2500.00
4 Audio tapes	450.00
2 diskettes at K90 each	180.00

SUBTOTAL 3130.00

TRANSPORT

For literature search, pilot study and data collection	2000.00
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TYPING AND PRINTING

Typing and printing questionnaire at K150/copy* 7copies	1050.00
Typing and printing clearance letters at K30/page* 8 copies	240.00
Typing and printing informed consent at K30/page* 20 copies	600.00
Typing 1 copy research proposal at K30/page * 30 pages	900.00
Typing 1 copy research dissertation at K30/page * 60 pages	1800.00
Printing 2 copies of research dissertation at K5/page * 60 pages	300.00

SUBTOTAL 4890.00

BINDING

3 copies research proposal at K350/copy	1050.00
3 copies of research dissertation at K350/copy	1050.00

SUBTOTAL 2100.00

TOTAL 13905.00

CONTINGENCY (10%) 1390.50

GRAND TOTAL 15295.50

JUSTIFICATION OF THE BUDGET

The budget gives an overview of what materials will be required and funds to cover items required to carry out the study.

STATIONERY

Enough stationery will be required and plain papers will be required for typing and printing. Notebooks will be needed for short notes, ruled papers for write ups for the supervisor and stamps for posting clearance letters. Stationery will be required from proposal writing to report writing.

TRANSPORT

Several trips to Ministry of Health and Population, WHO libraries for literature search will be required. Funds will also be needed for transport to pilot study and data collection area at Lilongwe Central Hospital.

SECRETARIAL SERVICES

Money will be needed for typing, printing, photocopying and binding research proposals and the final thesis to be submitted for marking.

CONTINGENCY

The 10% contingency will be required in case prices of major items mentioned in the budget increases due to instability of the Malawi Kwacha. It also covers those items the Researcher may not have thought about at the time of budgeting and may appear to be necessary in the course of the study.

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INFORMED CONSENT:

I, Christina Chabwera, am a final year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing, University of Malawi, Private Bag 1, Lilongwe. I am required to conduct a study as part of my partial fulfillment of the program. The topic of the study is “Knowledge and attitudes of mothers of children with severe pneumonia on Oxygen therapy” at Lilongwe Central Hospital. The results of the study will benefit the nurses, patients, guardians and significant others at the hospital. It will improve utilization of oxygen therapy by patients in need of it as well as guardians acceptability.

Youi will be required to answer questions as per the instructions. Confidentiality will be maintained . The information obtained will be used for health purposes only. You are free to withdraw any time and participation in this study is voluntary.

I,.....would like to participate in this study having understood all the explanations given by the researcher relating to the study. I have understood that my participation or failure to participate will not affect my treatment. I have also understood that I can seek for clarification concerning the study.

I therefore give my consent to participate in this study.

.....
Signature of subject Date Signature of the researcher Date.

APPENDIX B.

University of Malawi.
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The Secretary for Health.

Ministry of Health and Population,

P.O Box 30377,

Lilongwe 3.

ATTENTION: The Research Coordinator, Research Unit.

Through: Research Supervisor (Mr A. Simwaka)

Kamuzu College of Nursing,

P/Bag 1,

Lilongwe.

Dear Sir/ Madam.

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT
LILONGWE CENTRAL HOSPITAL.

I am a fourth year Bachelor of Science in Nursing student at the above mentioned College. In partial fulfillment of the program, I am required to conduct a research study on any topic of my interest. I write to apply for permission to conduct a research study whose title is "Knowledge and attitudes of Mothers of children with severe pneumonia on Oxygen therapy" at Lilongwe Central Hospital.

I propose to conduct the study in four weeks in the months of January to February. The results of the study are expected to benefit nurses, patients and guardians responsible for oxygen therapy in various hospitals.

Your favourable consideration will be greatly appreciated

Yours faithfully,

Christina Chabwera.

Principal Investigator.

APPENDIX C.

University of Malawi.

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe.

The Hospital Director.

Lilongwe Central Hospital,

P.O Box 149,

Lilongwe.

Through: Research Supervisor (Mr A. Simwaka).

Private Bag 1,

Lilongwe.

Dear Sir/ Madam,

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT
YOUR HOSPITAL.

I am a fourth year Bachelor of Science in Nursing student at the above-mentioned college. As partial fulfillment of the course a research project is required in any topic of my interest.

I would like ask for permission to conduct a research study at your hospital with a title "Knowledge and attitudes of Mothers of children with severe pneumonia on Oxygen therapy". Ten mothers of children on oxygen therapy at the paediatric ward will be involved and prior to the real study, a pilot study will be done.

The results of the study are expected to benefit nurses and other health personnel, mothers(guardians) and patients who come across Oxygen therapy. I intend to conduct the study in January and early February, 2002.

Your cooperation will be greatly appreciated.

Yours faithfully,

Christina Chabwera.

Principal investigator.

APPENDIX A

INTERVIEW GUIDE

COUNTRY..... ID CODE.....

TITLE: KNOWLEDGE AND ATTITUDES OF MOTHERS OF CHILDREN WITH SEVERE PNEUMONIA ON OXYGEN THERAPY AT LILONGWE CENTRAL HOSPITAL.

DATE.....
TIME START.....
TIME FINISH.....

PART A: DEMOGRAPHIC DATA

1. AGE.....
2. SEX.....
3. MARITAL STATUS.....
 - a. (a) Married
 - (b) Single
 - © Divorced
 - (d) Separated
 - (e) Widowed

(e) 4. EDUCATION LEVEL

- Standard 1-5
- Standard 6-8
- Form 1-2
- Form 3-4
- Above Secondary level

5. ETHNIC IDENTIFICATION

- (a) Lomwe
- (b) Tumbuka
- © Chewa
- (d) Yao
- (e) Others (Specify)

6. RELIGION

- (a) Presbyterian
- (b) Adventist
- © Jehovah Witness
- (d) Moslem
- (e) Catholic
- (f) Others (Specify)



University of Malawi
KAMUZU COLLEGE OF NURSING

To : All Heads of Departments
From : Head, Basic Studies Department
Date : 21st April 2005

FORMAT FOR PROPOSAL WRITING

Please find attached a format for proposal writing for distribution to student research supervisors in your department.

A.N.K. SIMWAKA

ANKS/nml

Members (Supervisors)

Attached is the format
for your use.

HOD
21/04/05.

University of Malawi
KAMUZU COLLEGE OF NURSING

BASIC STUDIES DEPARTMENT

To : All Heads of Department

From : Head, Basic Studies

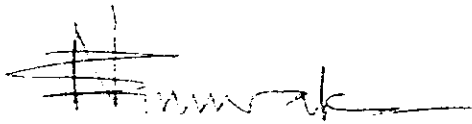
Date : 5th May 2005

SUBMISSION OF STUDENTS' PROPOSAL GRADES

Please refer to a memo of 19th April 2005 from the Academic Dean's office which is requesting all other grades apart from first years to be submitted to her office by 21st May 2005.

Through your office the students' proposal grades from supervisors in your department should be submitted to my office by 17th May 2005.

Please observe the deadline because my department will have to vet the grades before submitting them to the Dean's office.



ANK SIMWAKA

Cc: Principal
Academic Dean
Registrar

ANKS/nml

Supervisors

Please take note of
submission date of
research grade to
office.

H.O.D

6/05/05

University of Malawi
KAMUZU COLLEGE OF NURSING

BASIC STUDIES DEPARTMENT

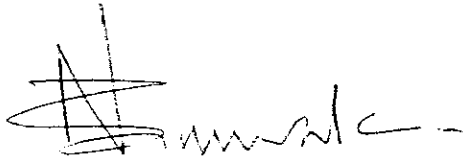
To : All Heads of Department

From : Head, Basic Studies

Date : 5th May 2005

CRITERIA FOR GRADING RESEARCH PROPOSALS

Please find attached a criterion for proposal grading for distribution to supervisors in your department.



ANK SIMWAKA

ANKS/nml

Supervisors

Find attached a pro
Marking guide +
assist you grade
research student

HOD
6/05/05

RESEARCH PROPOSAL MARKING GUIDE

<u>ITEM</u>	<u>SUB-ITEM</u>	<u>MARK</u>
TITLE		2
ABSTRACT		3
INTRODUCTION		
	: General	2
	: Background	5
	: Problem statement	5
	: Study signature	5
OBJECTIVES		
	: General	2
	: Specific	5
LITERATURE REVIEW		
	: General information	4
	: Earlier studies related to Independent variable	5
	: Earlier studies related to Dependent variable	5
	: Reference citing	2
	: Recent literature citing	2
	: Conclusion	2

ETHICAL CONSIDERATION

	: Informed and voluntary Consent from participants	1
	: Confidentiality	1
	: Anonymity	1
	: Permission from study sites	1
	: Approval e.g. CPRC	1
TIME LINE	: Name research activity	1
	: Duration of activity	1
	: Specific dates	1
	: Presentation of timeframe	1
BUDGET	: Expenditure incurred	2
	: Justification of budget where necessary (Big expenditure)	1
REFERENCES	: APA format	5
APPENDIX	: Data collection instrument	1
	: Letters of study site, e.g. MoH	2
	: Form pf consent to participants	1
FORMAT AND WRITING	: Neatness, clarity, grammar, spelling and correct arrangement	5
		----- 100 -----

18. What is your general feeling about Oxygen therapy?

- (a) Helpful
- (b) Not helpful
- © Others (Specify)

19. What is your attitude on Oxygen therapy?

- (a) I hate it.
- (b) It is boring.
- © There is use of force.
- (d) I like it.
- (e) Others (Specify)

QUESTIONNAIRE ON THE ROLE OF GENDER ON
UTILIZATION OF VOLUNTARY HIV COUNSELLING AND
TESTING

- Q8 What is your occupation?
01=student
02=skilled labour
03=unskilled labour
04=businessman
05=professional
06=other (specify)

KNOWLEDGE ON VCT
(If interviewing at home go to Q16a)

- Q9 How did you come to know about VCT?
01=radio
02=friend
03=spouse
04=read somewhere
05=other (specify)

- Q10 When did you know about VCT?
01=4 weeks ago
02=4 months ago
03=>4 months ago

- Q11 How did you come to know about MACRO?
01=radio
02=friend
03=spouse
04=read somewhere
05=other specify

- Q12 When did you come to know about MACRO?
01=< a year ago
02=a year ago
03=> 4 years ago

- Q13 Have you ever discussed about HIV testing with your partner?
01=Yes
02=No
(state reasons for your answer)

- Q14 Is your spouse/ friend aware of your visit to the centre today?
01=Yes
02=No
State reasons for your answer

- Q15 What prompted you to have the test?
01
02

13

Q162

Q162 Have you heard about voluntary HIV counseling and testing (VCT)?

- 01 Yes
- 02 No

If Yes go to Q163 and if No go to Q173

Q163 What is it all about?

1

2

3

4

Q164 Which centres do you know that offer VCT?

- 01 MACRO
- 02 High House (Botum Hospital)
- 03 Other (specify)

Q165 What are your perceptions about VCT?

1

2

3

4

Q166 Have you ever considered to go for VCT?

- 01 Yes
- 02 No

What reasons for your answer

Q167 Do you think its important for people to go for VCT?

- 01 Yes
- 02 No

What reasons for your answer

Q168 How helpful would the HIV results be to you if the results came out

A Positive

B Negative

Q23 What do you think are factors that prompt men and women to go for VCT?

1

2

3

4

5

6

Q23 Which of the above mentioned factors strongly influence
Men to go for VCT?

Women to go for VCT?

Q24 It has been observed that only 25 % of those utilizing MACRO services are
women and the rest are men. What do you think are the reasons behind.

Low attendance by women

High attendance for men

Q15. What do you think should be done to have

the program work better on the VCI servers?

Q16. How do you encourage the high utilization by users?

Q17. Where would you be comfortable to go for VCI?
01. health facilities eg general, district, private hospitals and health centres that offer integrated services

02. Free standing facilities like MACRO

Q18. State reasons for your answer in 26a.

THANK YOU VERY MUCH FOR YOUR TIME