

CHAPTER VI

Annotated Bibliography

Babbie. E. (1995). *The Practice of Social Research*. Words Worth Publishing Company. An International Thomson Publishing Company.

This book gives an overview of systematic observation of social life for the purpose of finding and understanding pattern among what is observed. Author has comprised 4 major Holograms to make the concept clear of each chapter included in the book. Hologram 4 contents chapter 1 to 19 which covers detail about process of social research, mainly contents theoretical concept of research, research design, sampling, data collection methods and use of social research in the real field.

Central Bureau of Statistics (1996). *Statistical pocket book Nepal.*, (1996). National planning commission secretariat, HMG of Nepal. Thapathali, Ram shah path, Kathmandu, Nepal.

This is the ninth edition statistical pocket book in Nepal provides current statistical information on various socio-economic activities of the country in a concise but in comprehensive form. Chapter 6 , health section gives an overview of health service pattern of Nepal types and numbers and types of health workers, health facilities as numbers of children benefited by immunization and couples accepting various contraceptives.

Lumbiganon, P. (1988). *Risk Approach Study in MCH Care*. Khon Kaen University Nongrua District hospital. Ministry of Public health. Thailand.

“ The Risk Approach “ was promoted by the World Health Organization as a basis for reallocating resources and developing new health strategies. By this approach, the high risk group would be identified and new strategies is implemented and directed to these groups so that effectiveness of the limited available resources could be maximized with regards to the maternal and child health care, according to the fifth national development plan (1982-1987), the ministry of public health has made the policy as to increase the maternal and child health services especially to the high risk group, stimulate community participation in order to improve the quality and quantity of services. Appendix III have included a detail questionnaire for each delivery including general and socio-economic information, past and present history of pregnancy and delivery information of women.

Knauff, L., Garsonnin. J., Bhattacharya. S., Chaulagai, C.N., Giri. K., El-Malataway, A. (1992) *Report of the evaluation of National TBA Training program*, Division of Nursing, Ministry of health, His Majesty’s Government, Nepal.

This is a report of the evaluation of the national TBA training program presents with its objectives, rationale, scope and focus of the evaluation. It address specific issues to be assessed as program effectiveness, program impact, effectiveness of the MCH training centers, program implementation, appropriateness / adequacy of training and supervision, assessment of Government and donor inputs, future program needs and donor assistance. It also describes as evaluation method, instruments, findings, and recommendations of the programs. Report also describes several indicators to collect information from key informants for policy level to community level including mothers

groups. TBAs, health workers and policy making bodies regarding antenatal, delivery and post natal services.

Kaewsonthi, S., and Harding, A. G. (1992). *Starting, managing and reporting research*. Chulalongkorn University press. Bangkok, Thailand.

This book provides a basic guidance on how to prepare a research proposal, manage the research and report the findings. Its focus is on how to develop an issue, identification of problem, and its relationship with various bio-physical, socio-economical, environment, and many other disciplines. Chapter 10 presents a specific recommendation

of the programs. Reports also describes several indicators to collect information from key informants for policy level to community level including mothers group, TBA, health workers and policy making body regarding ante-natal, delivery and post natal services.

Pradhan, A., R. H., Regmi, G. R., Ban, B. & Govindasamy, P. (1997). *Nepal family health survey*. FP Division, DOHS, Ministry of Health, Kathmandu, Nepal, New ERA, Kathmandu, Nepal. Demographic Health Survey Macro International Inc. Calverton, Maryland, USA.

This NFHS is a nationally representative survey of 8,429 ever married women age of 15-49. The survey is the fifth in a series of demographic and health survey conducted in Nepal since 1976. The main purpose of the NFHS was to provide detailed information on fertility, family planning, infant and child mortality, and maternal and child health nutrition including a series of questions on AIDS. The chapter maternal and child health describes in detail about demographic characteristics of women, number of

antenatal visits, types of ante-natal care providers, ante-natal care coverage in the 5 development region and 13 sub region in Nepal, and brief guidance for planning data collection where as chapter 11 explains planning data processing and analysis.

Sunasak, T. (1990). *A study of maternal mortality in Thailand, 1988-1990*. Bangkok, Thailand.

This study is a cross-sectional retrospective study of maternal mortality in Thailand to find out the distribution, causes and characteristics of maternal death and to recommend a plan of action. It gives an overall view of maternal mortality rate in the specific region, age specific maternal mortality, socio-economic status, and education and absent of ante-natal care. It also gives a summary of maternal deaths caused by similar cause to other developing countries which are preventable. Recommendation made to take action by public health authority on how the occurrence of deaths of mothers and promote health for all Thai mother by the year 2000.

World Health Organization (1994). *Home-based maternal records. Guidelines for development, adaptation and evaluation.*, WHO, Geneva.

This book is prepared as a guidelines for development, adaptation and evaluation of home- based maternal records for developing countries. The records had been evaluated in 20 centers in 14 countries before its general and wide spread use was advocated. Findings indicated that the records proved most useful to community health workers. It increased the referral rate, the use of antenatal care, attendance postpartum health checks and childhood immunization rates. It was also considered to be a suitable

tool to promoting self- reliance and participation of mothers in their own health Annex 5 describes in brief the method to run focus group discussion as a qualitative method of data collection as a process to evaluate Home-Based Maternal Record