

How to write an INTRODUCTION

Research school CIH

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Purpose

- What is the purpose of an introduction?
 - Catch the interest of the reader
 - Convince the editor
 - Provide info needed to understand the objectives
 - Not a long comprehensive review
 - Aim at 1 ½ page doublespaced A4
- There are **no absolute** ways to do it. These are suggestions only...

Introduction

First para: introduce topic briefly

- Define terms
- What is KNOWN (references)

Middle paras: mysteries

- What is UNKNOWN: gaps
- Indicate research question

Last para: objectives

- Specify objectives

Introduce topic

- Situation in the world
- Situation in YOUR country
- What is problem?
- Work out a research question

Objectives

- End your intro like this:

«Our specific objectives were 1) to describe xxx; 2) to report outcomes YYY; 3) to assess associations ZZZ...»

TITLE

Ocular surface and tear film status in computer workers according to the type of contact lens used

Objective:

To analyze the effect of contact lens use of different materials on ocular surface and tear film status of computer workers.

Ocular surface and tear film status in computer workers according to the type of contact lens used

- Define terms
- What is known about tear films in computer workers?
- What is NOT known about this?
- Indicate research question
- Our objective was to analyze the **effect** (??) of contact lens use of different (??) materials on ocular surface and tear film status of computer workers.

1

Cost and timeliness

Costs and timeliness of care seeking for obstetric complications among pregnant women with and without conditional financial incentives at four districts, Malawi.

Jobiba

Known

Approximately 4% of pregnant women in sub-Saharan Africa suffer from severe obstetric complications during the course of their pregnancy (Orenstein, Orenstein et al. 2012), and **delayed effective management** is recognised as one of the major determinants of maternal mortality in developing settings (Maine D 1991). This delay results from social-economic barriers that influence households, communities and health systems (Thaddeus and Maine 1994, Gabrysch and Campbell 2009). Furthermore, the majority of women who survive severe obstetric complications experience high levels of physical and mental morbidity (Filippi, Ganaba et al. 2007, Wagner, Ronsmans et al. 2012).

3

Known

Prompt treatment of obstetric complications is therefore essential if maternal mortality and morbidity are to be significantly reduced (Paxton, Maine et al. 2005). Currently, a range of effective interventions to manage or prevent obstetric complications are available in resource poor settings including against hemorrhage, eclampsia, sepsis and obstructed labor (Campbell and Graham 2006, Hussein, Kanguru et al. 2012, Bhandari TR and Dangal G 2014). However, it remains a challenge that many pregnant women in resource poor countries **underutilize obstetric emergency** services and/or present too late at health facilities for clinical interventions to make a difference (Kayongo, Rubardt et al. 2006, Echoka, Makokha et al. 2014).

Known

Lack of money has been identified as the biggest constraint to use essential maternal services in recent Demographic and Health Surveys (DHS) (Stanton, Higgs et al. 2013). A number of governments in low and middle income countries are therefore experimenting with novel strategies such as conditional cash transfers (CCTs) to enhance use of maternal services (Eichler, Agarwal et al. 2013). There is growing evidence that such strategies have positive effects on easily monitored behaviors, such as antenatal visits or institutional deliveries, while other studies show less promising results ().

UnKnown

Cost studies on obstetric complications commonly focus on describing the high economic burden of individual maternal morbidities e.g. obstructions (Honda, Randaoharison et al. 2011), such as the differences in costs between women surviving or dying from complications (Ye, Wang et al. 2012) or the cost differentials in women with and without complications (Borghi, Hanson et al. 2003). Less research describe care seeking costs for obstetric complications among women with and without specific financial incentives, and **little (???) is known about the association between financial incentives and timeliness of emergency care seeking**. This information is important as it may offer understanding about the relative differences in health expenditures at individual levels and whether increased expenditures can effectively stimulate prompt health seeking behaviors in emergency obstetric situations; considered vital for saving lives of women experiencing obstetric complications (Honda, Randaoharison et al. 2011).

Objectives

- The objectives of this study were therefore twofold: a) to **describe** care seeking costs for obstetric complications among women with and without financial incentive support, and b) to **assess** if women supported with financial incentive present **more promptly** for obstetric emergency care.
- Comment: «more» than what? With and without?

CHILD HEALTH IN SOUTH SUDAN:

Morbidity and mortality in Under-five children

Justin B Tongum

CHILD HEALTH IN SOUTH SUDAN:

- Define
- What is KNOWN
- What is UNKNOWN
- Research question

Specific objectives

- To identify major causes of mortality during the study period
- To measure burden of undernutrition
- To determine level of immunization coverage
- Determine breast feeding pattern and incidence of Pneumonia, diarrhea and Malaria between 0 to 23 months cohort

Objectives

- Indicate WHO are investigated
- Indicate measurement outcome
- What is CAUSE of mortality? Diagnosis?
- Any association between measured determinants and outcome=mortality?
- Descriptive paper??? Associations???
- Why is last obj put into only ONE? Disease and determinants in one?

CHILD HEALTH IN SOUTH SUDAN:

Morbidity and mortality in Under-five children

- Relation between title and subtitle?

CHILD HEALTH IN SOUTH SUDAN:

Child health is South Sudan