



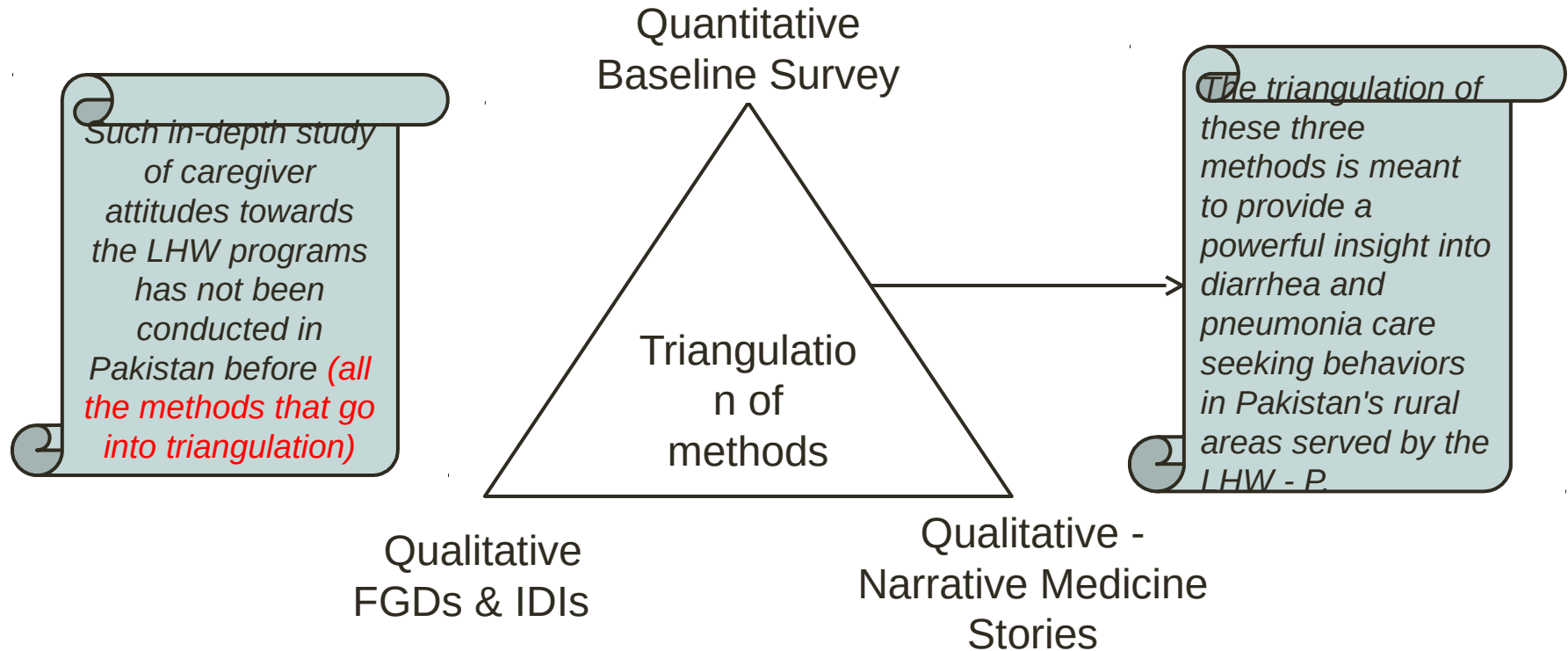
***Exploring the knowledge, practices
and decision making of community
caregivers for improving CCM of
diarrhea and pneumonia in children
under five: results from Project
NIGRAAN***

WIP Presentation by
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September 11, 2015



Methods: Triangulation



NARRATIVE MEDICINE is an emerging qualitative research methodology which in its approach allows participants to tell their own stories which illuminate the context of their lives.

This methodological philosophy has been extended in this study to get narratives from multiple stakeholders involved in decision making in the same household to paint a more holistic picture of household care seeking decisions.



Narrative Medicine: Background



Maria Giulia Marini

Narrative Medicine

Bridging the Gap between Evidence-
Based Care and Medical Humanities

 Springer

Narrative Medicine: Bridging the Gap between Evidence-Based Care and Medical Humanities

From the Foreword

This book introduces 'narrative medicine' in connection with evidence based medicine and clinical research. It uses the metaphor of it being a "bridge" between clinical sciences and humanities/social sciences. The write-up eloquently integrates insight from mythology, literature, cinema, personal anecdotes, research experiences, multinational media and newspapers to explain narrative medicine and lobby its importance for seeking a 'nonscientific' understanding of patients in their most vulnerable moments. These anecdotal quotes from literature are constructive bringing in rich descriptions. Thus the book arguably offers narrative medicine as a conceptual base that has allowed practice of evidence based medicine to be pursued across a broader canvas. Narrative medicine in various clinical specialties emerges and the notion of listening to patient's inner voices addressing the whole system in which individuals exist is innovative. The book highlights the importance of gathering multiple narratives of patient care experiences, so that physicians are privy to a holistic version of their patients that fosters meaningful and informed care. As one scrolls through various chapters, the importance of evaluating the ways we train



Participant Selection and Setting

- ▶ In-depth interviews with 20 caregivers from 11 households
 - ▶ 5 talukas in Badin district
- ▶ Purposive sampling
 - ▶ Caregivers of children under five
 - ▶ Diverse caregiver relationships, socioeconomic status, and setting (rural/urban)





Narrative Medicine: Data Collection



- ▶ Interviews conducted privately in participant homes
 - ▶ Interview language was Sindhi, Urdu, and English
 - ▶ Interviews ranged from 45 to 105 minutes
- ▶ Interview team created a comfortable and neutral atmosphere
- ▶ Verbal and visual story telling





Narrative Medicine: Data Collection Tool

- ▶ Interview tool encouraged caregivers to share the context of their lives pertaining to care giving and for U5 children with pneumonia and diarrhea
- ▶ Six sections sought to understand the participants views on:
 - ▶ Family, home, and community dynamics
 - ▶ Characteristics of healthy child
 - ▶ Characteristics of a child sick with pneumonia or diarrhea
 - ▶ The decision-making and health-seeking processes
 - ▶ Health providers
 - ▶ Managing care plans





Narrative Medicine: Data Analysis

- ▶ Interviews transcribed into English by transcriptionist fluent in Sindhi, Urdu, and English
- ▶ Analysis
 - ▶ Independent review of each transcript
 - ▶ Emerging themes discussed as group and informed by narrative medicine frameworks



Quantitative data analysis was done on excel and SPSS while manual thematic content analysis after transcription was done for qualitative FGDs and IDIs



Results

Results are still under evaluation.

We are looking forward to communicate them to you as soon as available.

