This literature review was conducted to identify determinants of insecticide treated net (ITN) adherence to prevent malaria in children under five. Studies and secondary data sources were identified by searching Ovid/Medline and Malaria Journal. Search terms included malaria, bed net, ITN, and net use.

An Ovid/Medline search for “malaria” resulted in 20,038 articles. Limiting to full text and English language decreased the number to 9,941 results. Subsequent searches for “bed net” and “ITN” resulted in 97 and 143 articles, respectively. 60 of these articles were applicable to the subject matter. This paper is a review of these articles as well as their citing sources.
SAMPLE METHODS SECTION #2

LITERATURE REVIEW WITH FIELD STUDY

I conducted a literature search using several different search engines: ProQuest, PubMed, and Wiley InterScience. I initially used “homeless” and “health” as my keywords, resulting in nearly 4,000 total publications. I then input “mental health” as an additional keyword, minimizing the search results: ProQuest returned 160 articles, PubMed returned 102 articles, and Wiley InterScience returned 215 articles. I reviewed the abstracts of these articles to determine whether they were relevant to this study. I further narrowed my results by eliminating articles for which I could not access a full-text version, using Google Scholar as an additional search engine to seek full-text articles that I could not initially access. This resulted in 47 articles that were reviewed.

Finding a lack of studies conducted in the Midwest region of the United States, I have included my personal case-study of the homeless population in Milwaukee, Wisconsin. During my summer field study with the Homeless Outreach Nursing Center and Autumn West programs in Milwaukee, I observed the staff and the homeless persons to whom they reached out and for whom they advocated. There was a strict understanding that any information I published would in no way identify any homeless client I observed during my study; therefore, the cases presented in this paper are de-identified composites of the homeless individuals I encountered during my field study.
In this paper, we reviewed data collected through the City of Milwaukee Fetal Infant Mortality Review (FIMR) project. FIMR is a program that provides a comprehensive look at infant and fetal deaths, and the FIMR process is shown in Figure 1. This process begins with the death of an infant before their first birthday or a fetal death. A fetal death, commonly known as a stillbirth or miscarriage, occurs when a fetus dies at 20 or more weeks of gestation and/or weighs at least 350 grams at delivery. Following the identification of an infant or fetal death, a data collection process begins. Sources of data include vital statistics, medical records of the infant and mother, public health records, social service records, medical examiner records, and maternal interviews.

Once the relevant information is collected, the case is summarized and put in a de-identified format to be used for case review. Strict confidentiality is maintained; names of mothers, infants, healthcare and social service providers, and institutions are not included in the review.
process. The reviews are conducted using an arbitrary case identification number assigned by the program coordinator. The Case Review Team (CRT) consists of health care providers, social service representatives, community based organizations, and other experts from the community. Cases are reviewed, issues are identified, and then recommendations are made for change.

**Maternal Interviews**

This study reviewed 71 maternal interviews completed between 2005 and 2008. The interviews were conducted by interviewers hired by the project. Key qualifications of the interviewers included the ability to work independently, empathize, and maintain confidentiality. A work history that included a background in medical or social work was also desired. One interviewer was able to speak Spanish. The interviewers were also familiar with the social and environmental factors affecting the mothers in the various neighborhoods of Milwaukee. Some interviewers received training directly from the Infant Death Center of Wisconsin, but most of the interviewers received training from the FIMR project coordinator. They also received training on how to use the interview tool, including the need to record the mothers’ statements just as she said them without trying to interpret the mothers’ words.

Once a mother was identified as a FIMR case, the interviewer was given her name and contact information. The mother would first receive a letter, and then the maternal interviewer would follow up with a phone call to make an appointment for the interview. Sometimes a home visit was a necessary last step in the attempt to contact a mother. Mothers gave written informed consent to participate in the interview, and mothers were given the choice to refuse participation at any time, even during the interview. Mothers also signed a separate acknowledgment of
HIPPA privacy laws. Due to the sensitive nature of the interview content, most of the interviews took place in the home of the mother.

Each interview took approximately 1-2 hours to complete. Mothers were reimbursed for their participation with $25 gift card to a local grocery or retail store. They were also given a small baby remembrance ring in the initial mailing, which they were able to keep whether they participated in an interview or declined to participate. The maternal interviewers were paid $125 for a completed interview and $40 for an attempted interview.

The maternal interview questionnaire used by the Milwaukee FIMR was adapted from a maternal interview questionnaire used by the Infant Death Center of Wisconsin. Due to the similarity in target audiences, there was an assumption that this adaptation would be appropriate. The interview includes social demographics about the mother and the father, medical history pre- and post-pregnancy, infant health, infant sleep routines, and birth outcomes. Most of the questions were measured using a Likert Scale; a few used dichotomous choices (yes or no), multiple choice or fill in. Eight questions are narrative in their answer. Thirteen of the quantitative interview questions were only asked of mothers whose infant was discharged home from the hospital. These questions are specific to pediatric outpatient care and infant sleep, thus they are only applicable to infants who were discharged from the birth hospital. A copy of a blank maternal interview questionnaire is included in Appendix A.
Analysis

The 71 FIMR maternal interviews were first sorted into two categories: infant deaths (n=53) and fetal deaths (n=18). Infant death interviews were categorized into four main causes: 1) complications of prematurity, 2) sudden infant death syndrome (SIDS) and other sleep related causes of death, 3) congenital anomalies, and 4) other. We reviewed the tool and selected questions that would not reproduce results that were produced in the FIMR abstraction process. For the qualitative questions, frequencies were calculated for each response for both infant deaths and fetal deaths. Qualitative questions were analyzed to identify common themes.