RAJARATA UNIVERSITY OF SRI LANKA
FACULTY OF APPLIED SCIENCES

B.Sc. (General) Degree in Health Promotion
Third Year - Semester I Examination – November/December 2016

HPT 3206 – REPORT WRITING AND ASSESSING

Time: Two (02) hours

Answer all four (04) questions.

1. With suitable examples, explain why following sections are important in a report.
   a) Literature review (30 marks)
   b) Discussion (40 marks)
   c) References (30 marks)

2. a) "Qualitative assessments are important in field reports". Critically analyze this statement. (50 marks)
   b) Explain how the peer assessment supports to improve the quality of a report. (50 marks)

3. Giving appropriate reasons, indicate whether you agree or disagree with the following statements.
   a) Peer review is not an essential part of publishing research.
   b) A report should be focused on the targeted audience.
   c) Harvard is the only referencing style used in field reports.
   d) Abstract section of a report is not essential if the introduction section has more details.
   e) Result section of a report should include results and the interpretations together.

(20 x 5 = 100 marks)

4. a) Recording of data by community members plays an important role in health promotion programs. How would you import the recorded data to your field report?

(50 marks)

b) The following table indicates "Selected causes of global child deaths for both sexes combined in 2005 and 2015, with percentage change between 2005 and 2015." Based on the details given in the table, interpret how the mortality changes occur due to **Diarrheal diseases, Tetanus and Malaria** from 2005 to 2015.

(50 marks)

Selected causes of global child deaths for both sexes combined in 2005 and 2015, with percentage change between 2005 and 2015

	Neonates age <1 month		Children age 1–59 months		Under-5 totals	
	2015 (thousands)	Percentage change, 2005–15	2015 (thousands)	Percentage change, 2005–15	2015 (thousands)	Percentage change, 2005–15
All causes	2621·5 (2562·0–2680·8)	−20·3 (−21·8 to −18·7)	3199·4 (3093·9–3309·8)	−32·1 (−34·2 to −29·7)	5820·9 (5673·0–5965·2)	−27·2 (−29·0 to −25·2)
Communicable, maternal, neonatal, and nutritional diseases	2331·6 (2272·8–2394·0)	−21·6 (−23·2 to −19·9)	2371·7 (2267·7–2473·5)	−37·1 (−39·9 to −34·4)	4703·4 (4569·9–4845·5)	−30·3 (−32·4 to −28·1)
HIV/AIDS	..	..	88·9 (84·3–93·7)	−51·9 (−54·2 to −49·6)	88·9 (84·3–93·7)	−51·9 (−54·2 to −49·6)
Diarrhoeal diseases	44·0 (38·6–50·6)	−38·5 (−46·3 to −29·1)	454·9 (404·4–510·2)	−33·9 (−42·4 to −23·4)	498·9 (447·5–557·6)	−34·3 (−42·3 to −24·9)
Intestinal infectious diseases	..	..	42·2 (22·5–73·2)	−20·0 (−29·8 to −8·9)	42·2 (22·5–73·2)	−20·0 (−29·8 to −8·9)
Lower respiratory infections	152·9 (140·4–166·6)	−35·9 (−40·8 to −30·7)	551·0 (502·2–600·5)	−37·1 (−43·0 to −30·9)	703·9 (651·4–763·0)	−36·9 (−42·0 to −31·6)
Meningitis	25·8 (18·3–35·9)	−15·6 (−31·9 to 9·3)	147·3 (117·1–196·0)	−17·9 (−32·0 to 4·9)	173·1 (137·1–228·9)	−17·6 (−31·0 to 4·0)
Whooping cough	..	..	54·5 (18·8–117·0)	−41·0 (−77·8 to 63·5)	54·5 (18·8–117·0)	−41·0 (−77·8 to 63·5)
Tetanus	19·9 (17·0–23·5)	−57·7 (−64·2 to −50·0)	5·6 (4·1–7·8)	−55·2 (−66·4 to −39·3)	25·5 (21·8–30·9)	−57·2 (−63·8 to −49·1)
Measles	..	..	62·6 (22·4–135·8)	−75·1 (−84·5 to −59·6)	62·6 (22·4–135·8)	−75·1 (−84·5 to −59·6)
Malaria	13·9 (8·9–19·8)	−55·9 (−67·8 to −41·1)	460·2 (324·1–604·9)	−42·3 (−54·1 to −29·0)	474·1 (333·3–623·7)	−42·8 (−54·6 to −29·4)
Neonatal preterm birth complications	765·9 (700·0–854·3)	−25·9 (−31·5 to −20·5)	39·9 (32·7–48·3)	−25·9 (−39·3 to −8·4)	805·8 (736·2–898·6)	−25·9 (−31·3 to −20·6)
Neonatal encephalopathy (birth asphyxia and trauma)	707·8 (638·4–789·7)	−16·3 (−23·8 to −8·0)	32·6 (24·8–43·0)	−11·9 (−34·0 to 16·4)	740·4 (667·6–829·2)	−16·1 (−23·8 to −8·0)

(Wang, Haidong et al. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. The Lancet , Volume 388 , Issue 10053 , 1459 – 1544)

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