



Daffodil
International
University

**Internship Report on
Fellowship Training on Systematic Literature Review**

Submitted to:

Ms. Fouzia Akter

Assistant Professor and Head

Department of Nutrition and Food Engineering
Faculty of Allied Health Sciences
Daffodil International University

Submitted by:

Tahira Tarannum

ID: 173-34-711

Department of Nutrition & Food Engineering
Faculty of Allied Health Sciences
Daffodil International University

This report is written for completing the internship program.

Date of Submission:

February 20, 2022

Letter of Transmittal

February 20, 2022

MS. Fouzia Akter

Assistant Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health Sciences

Daffodil International University

Subject: Submission of internship report.

Dear Ma'am,

I am privileged to submit my internship report title as "Fellowship Training on Systematic Literature Review" That is required for graduation from the NFE program of Daffodil International University.

In presenting this report I have tried my level best to include all the relevant information and explanation to make the report informative and comprehensive. I have made sure to achieve the objectives of the report and I hope that my attempt will serve the purpose. All my learnings will definitely help me in my career and works regarding research in future.

I have made this report within a short period of time and gave my full efforts to make it compendious. It will be really appreciating if you do have any advice for me to improve my learnings. Seeking your kind attention and looking forward for your queries.

Thank you again for your kind support and patience.

Yours Sincerely,

Tahira Tarannum

ID: 173-34-711

Letter of Authorization

February 20, 2022

MS. Fouzia Akter

Assistant Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health Sciences

Daffodil International University

Subject: Declaration regarding the validity of the Internship Report.

Dear Ma'am,

I am declaring with honesty and truthfulness that the "Internship Report" I have written is not copied from any other intern report and it has fully prepared by myself.

I would also like to make you sure that the report is prepared from my learnings during internship program. I did not include any biased or previously learning topics in this report. I would like to assure that, this report will not be going to use for any other purpose in future.

Yours Sincerely,

Tahira Tarannum

ID: 173-34-711

Tahira Tarannum

Approval Certification

This is to certify that Tahira Tarannum bearing ID: 173-34-711 Program B.Sc. in Nutrition and Food Engineering is a regular student department of Nutrition & food Engineering Faculty of Allied health Science, Daffodil international University. She has successfully completed her Internship program of five months in icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh) in Mohakhali, (online internship) Dhaka-1206, on “Fellowship Training on Systematic Literature Review” and completed this report on February 20, 2022 under my direct report is a worth of fulfilling the partial requirements of NFE program.

Ms. Fouzia Akter
Assistant Professor & Head
Department of NFE
Faculty of Allied Health Sciences
Daffodil International University

NAkten 03.03.2022

Supervisor
Nasima Akter Mukta
Senior Lecturer
Department of NFE
Faculty of Allied Health Sciences
Daffodil International University

Approval Certification (From icddr,b)



To whom it may concern

I am writing to recommended Tahira Tarannum for her internship programme.

This is to certify that Tahira Tarannum, ID-173-34-711, Program B.Sc. in Nutrition and Food Engineering is a regular student department of Nutrition & food Engineering, Faculty Allied Health Science, Daffodil international University. This report was submitted on November 27, 2021 under my direct supervision as part of her internship program of five months at icddr,b Mohakhali, Dhaka-1206 on Fellowship Training on Systematic Literature Review, which meets the partial requirement.

Among the notable projects that she actively participated in, developing proposal on Robson Ten Group Classification System through District Health Information System 2 which aims to improve childbirth practices by rationalizing Caesarean section delivery in district level hospitals in Bangladesh, writing and online training on literature search. In addition to this she has participated in training on EndNote 20 to learn how to cite articles and manuscript writing.

In my capacity as the icddr,b Projects Coordinator and Associate Scientist, I had the pleasure of supervising Tahira Tarannum on several projects. I recommend Tahira without reservation. Her abilities and drive will be a positive reflection of the icddr, b.

Kind regards

Signature

A handwritten signature in black ink, appearing to read 'Aminur'.

Dr. Aminur Rahman Shaheen MBBS, MSc, PhD

Project Coordinator and Associate Scientist,

Universal Health coverage, Health Systems and Population Studies Division, icddr,b

Dare: 19 January 2022

Postal address
icddr,b
GPO Box 128
Dhaka 1000
Bangladesh

Delivery & visitors
icddr,b
68, Shahheed Tajuddin Ahmed Sarani
Mohakhali, Dhaka 1212
Bangladesh

T (+88 02) 222277001-10
F (+88 02) 222277075, 222277077
E info@icddr.org
www.icddr.org

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RECORD OF MY ASSIGNMENTS IN MY INTERNSHIP

| Serial number | Topic | Type of assignments | Date of assignment given | Date of completed assignment |
|----------------------|--|----------------------------|---------------------------------|-------------------------------------|
| 1 | Robson classification | Power point presentation | 21.05.2021 | 31.05.2021 |
| 2 | Summary writing of a meeting | Document as word file | 31.05.2021 | 02.06.2021 |
| 3 | Finding objectives for research proposal | Paper review | 01.06.2021 | 02.06.2021 |
| 4 | Refining introduction and justification | Paper review | 03.06.2021 | 06.06.2021 |
| 5 | Record analysis of DHIS2 (District Health Information Software 2) platform | Data analysis | 04.06.2021 | 06.06.2021 |
| 6 | Introduction writing for Robson proposal under MOH (Ministry of Health) call | Concept development | 06.06.2021 | 14.06.2021 |
| 7 | Summary writing of CV | CV review | 19.06.2021 | 20.06.2021 |
| 8 | Budget training | Training | 14.06.2021 | 16.06.2021 |
| 9 | Vaccine confidence | Concept development | 14.06.2021 | 22.06.2021 |

| | | | | |
|----|--|---------------------|------------|------------|
| 10 | Literature search and citation through | Paper review | 14.06.2021 | 26.06.2021 |
| 11 | Online doctor's chamber application | Concept development | 26.06.2021 | 28.06.2021 |
| 12 | Community engagement for covid-19 management. | Literature search | 17.07.2021 | 24.07.2021 |
| 13 | Training on literature search from the web | training | 15.07.2021 | 15.07.2021 |
| 14 | Online training on EndNote 20 | Training | 02.09.2021 | 02.09.2021 |
| 15 | Thesis on SLE (Systemic lupus erythematosus) | Manuscript writing | 19.08.2021 | 10.09.2021 |
| 16 | SCC (Safe Childbirth Checklist) Paper Bangladesh | Paper review | 07.09.2021 | 08.09.2021 |

ABSTRACT

A systematic literature review is that which identifies, selects and critically appraise research and it helps to find out the answers for a clearly formulated question. Usually, systematic review follows a clearly well-established protocol or process where the criteria is already mentioned before the review has taken place. It focuses on identifying all empirical evidence that fits the pre-specified inclusion to answer questions for research. It considers as a foundation of any academic inquiries. While we are gathering knowledge within a particular field, we require more source to make it more comprehensive. We need to go through each topic related to our field to make it, including examples and experiences from time-to-time people has found. This is sometimes hard to keep up with state-of-the-art research and to be the forefront, as well as to assess the collective evidence in a research area. Therefore, systematic literature review is considered as a most relevant and worthy research method than ever.

Keywords: Systematic literature review, research method, literature review.

CHAPTER ONE

Introduction

A systematic review is considered as highly precise review of any existing literature that addresses a clearly formulated question. Generally, a review systematically identifies, selects, searches, appraises, and synthesizes research evidence relevant to the question using methodology that is reproducible, definite and leads to minimum bias. (C. S. University, n.d.) Systematic reviews are interpreted as the best source of doing any research or research evidence. (Xiao & Watson, 2019)

A systematic review is more extensive than a literature review as it includes both published and unpublished literature, often called grey literature. Grey literature adds value to the review and it is a significant part of a systematic review. This is because grey literature is often more current than published literature and is likely to have less publication bias. Grey literature includes dissertations, reports, unpublished studies, conference papers and governmental research, abstracts and ongoing related surveys. (Majumder, n.d.)

Conducting a systematic review is a complex process. In my internship I have learned how to do different kinds of systematic review, the standard procedures to be followed and the best approach to conducting and writing a systematic review.

Types of systematic reviews

- **Qualitative:** In this type of systematic review, basically we summarized the results of relevant studies but we do not statistically combine it.
- **Quantitative:** This type of systematic review we use statistical methods in order to combine the results of two or more studies.

- **Meta-analysis:** A meta-analysis uses statistical methods to integrate estimates of effect from relevant studies that are independent but similar and summarize them.

Writing a protocol

- Any good systematic review needs a protocol to start first. According to the National Institutes of Health (NIH), a protocol operates as a roadmap for a review and specifies the objectives, methods, and outcomes of primary interest of the systematic review. The purpose of having a protocol is to promote transparency of methods. (G. University, n.d.)
- A protocol defines the search terms, inclusion and exclusion criteria, data that will be analyzed, etc. The protocol needs to be submitted to the journal along with a manuscript. (Snyder, 2019)

The best approach to conducting a systematic review

The most important part of a systematic review is being systematic. A systematic review requires detailed analysis and the security of a vast number of literatures. it ensures that the work is efficient effective and efficient. A clear process can be written as followings: (C. S. University, n.d.)

- Developing a questionnaire
- Defining inclusion and exclusion criteria
- Finding studies
- Selection of relevant studies
- Evaluating study quality
- Abstracting data

- Evaluating and presenting results
- Interpreting the results
- Keeping updated the review as needed

To make notes at each stage will be helpful to follow this whole process. This will make it easier for one to write the review article.

Structure of a systematic review article

A systematic review article follows the same structure which we usually use for an original research article. It often comprised of a title, abstract, introduction, methods, results, discussion, and references. (Snyder, 2019)

- **Title:** The title reflects the topic under review so it should be accurate. Typically, the words “a systematic review” are a part of the title its being used to make the purpose of the research clear.
- **Abstract:** A systematic review usually has an Abstract, which is written in a structured way, along with a short passage devoted to each of the following: background, methods, results, and conclusion.
- **Introduction:** In the Introduction section, it includes the summarization of the research topic and it describes the reasons of conducting the systematic review. It might have gaps in a disagreement in the literature or the existing knowledge that required a review. The objectives and the aim of the study should be stated in this section.
- **Methods:** Selection of a method of a systematic reseach is the most crucial part. We need to explain the methodology clearly and logically and must be followed in the whole survey. Here are some components which should be discussed in

- Inclusion and exclusion criteria
 - Identification of studies
 - Study selection
 - Data extraction
 - Quality assessment
 - Data analysis
- **Results:** Finally, the result section comes and it should also be explained logically. it can be started with describing the search results, and then continue to the study series and characteristics, study quality. Finally, it is discussed the effects of the involvement on the consequence.
 - **Discussion:** In the Discussion part the main findings from the review are being summarized and then we can continue to talk about the limitations of the study and the consistency of the results. Finally, the strengths and weaknesses of the review should be discussed, and it can suggest some implications for current practice.

References: In the References section of a systematic review the extensive number of references are added. We must entry these references carefully using a reference management software which will make it easier to tackle the references effectively.(Xiao & Watson, 2019)

CHAPTER TWO

Robson Classification

The rate of caesarean section surgery has become an important global indicator for measuring access to obstetric services. In many countries (especially high-income countries), rates of caesarean section have increased steadily during the past three decades.(Betran et al., 2021) The 1985 WHO statement that regional caesarean section rates should not exceed 10–15% was based on evidence available at that time; however, the validity of this threshold has since been questioned. (World Health Organization (WHO), n.d.)Conversely, in many lower-income countries, inadequate access to safe and timely caesarean section is a substantial barrier to improving the outcomes of mothers and neonates. These nations are often hampered by an absence of reliable epidemiological data about births and mode of delivery. (Boatin et al., 2018)The determinants of rising caesarean section trends worldwide are controversial. Some authors have argued that the increase is driven largely by the rising use of non-medically indicated caesarean section, which can pose unnecessary risks to mothers and neonates. A deeper understanding of these drivers across countries has been complicated by an absence of international consensus regarding a universal caesarean section classification system. (Wikipedia, n.d.)

Considering this major public health concern WHO has established a classification system through which all pregnant women can be classified in order to identify which group of women has a higher tendency of having caesarean section delivery and also monitor the reason of performing CS. (World Health Organization (WHO), n.d.)In my internship my first assignment was making a power point presentation on Robson classification and present it on a zoom meeting in front of honorable members of “The Obstetrical and Gynaecological Society of Bangladesh” (OGSB) platform which is a national forum of obstetricians and gynaecologist of Bangladesh. In this presentation I tried to explain each group of the classification system with relatable topic regarding this system.

Robson classification:

The Robson Ten Group Classification System (TGCS) is a classification system by which all perinatal events and outcomes can be compared. The system classifies all pregnant women into one of ten groups, each of which are mutually exclusive and, as a set, comprehensive.

The groups are based on five basic obstetric characteristics that are routinely collected for all maternities: parity, onset of labor, gestational age, fetal presentation and number of fetuses.

The classification is simple, robust, reproducible, clinically relevant, and prospective; this means that every woman admitted for delivery can be immediately classified into one of the groups based on these few basic characteristics. The Robson TGCS can be used to analyses all labor events and outcomes and significant epidemiological variables can be considered.

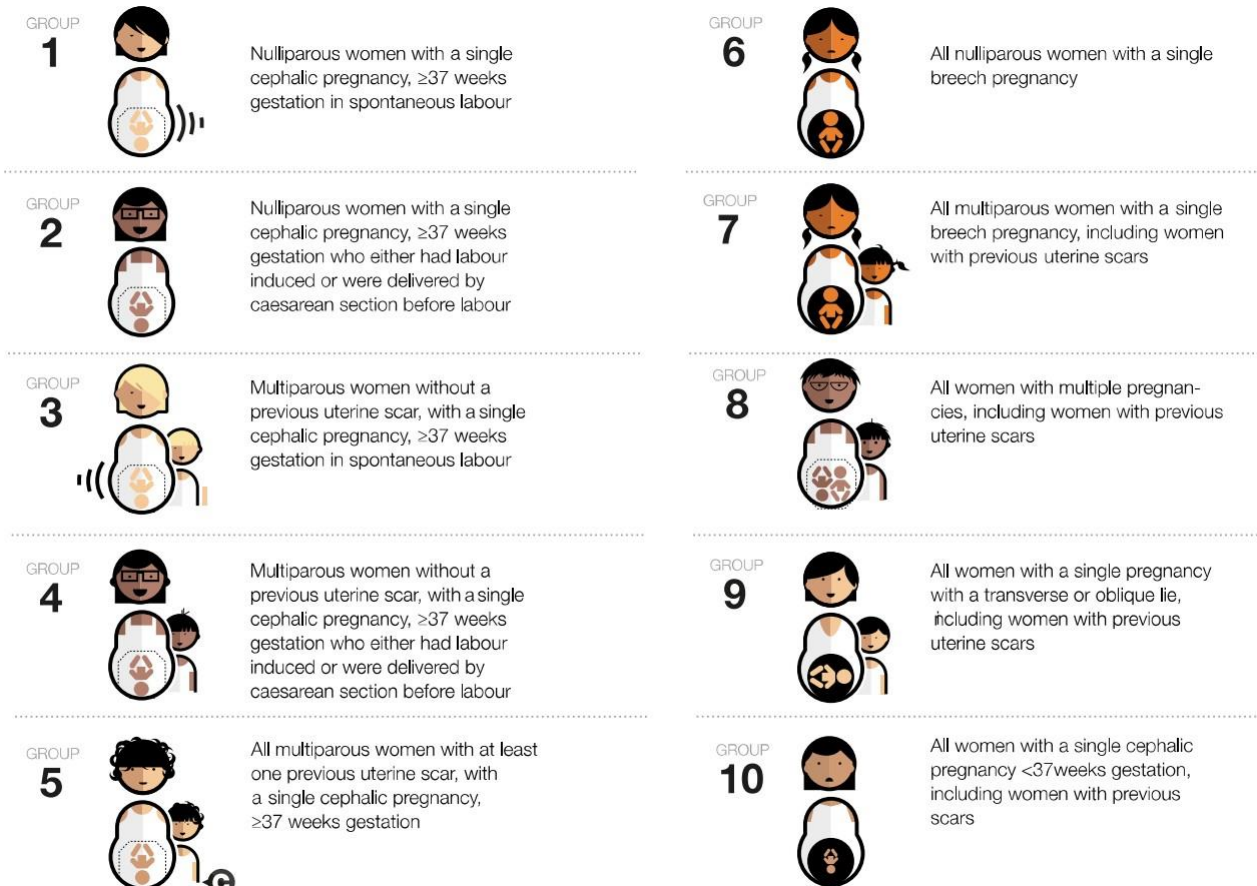
This system has been used extensively internationally to analyses caesarean deliveries. In 2015, the World Health Organization (WHO) endorsed the Robson TGCS as the global standard for assessing, monitoring, and comparing CS rates within and between healthcare facilities over time.

My leanings

For the very first time I came to know about Robson Classification in my internship. I did have gone through this and tried to understand the whole process.

From this groups of women, we can identify which group of women is more prone to have a caesarean section and evaluation the reasons of performing this. Generally, in complicated situation when the mother and infant are in high risk then doctors perform caesarean section. But now a days it has been a choice from both parties to perform CS even there is no complication at all. If the position of the baby is cephalic then mother and doctor both goes for normal vaginal delivery but if the caesarean section rate is higher in these groups, then it will be considered as unnecessary CS delivery. On the other side based on the infant's position if its breech or transvers or if the gestation

weeks is less than 37 then it considered as emergency delivery and then doctors performs caesarean delivery. Higher rate in these groups of women is normal.



[NB: Classification chart from WHO ppt on Robson Classification]

Monitoring caesarean rate through Robson classification let us know if it is alarming and need to take initiatives to reduce this rate of unnecessary CS delivery. This classification is not going to reduce the rate by itself, this is the first step of conducting a survey to reduce the unnecessary cesarean delivery. (World Health Organization (WHO), n.d.)

CHAPTER THREE

Meeting summary

Meeting on “Robson classification”

Meeting date: May 30, 2021

Meeting time: 4:30pm to 5:30pm

Members in attendance:

Dr. A.T.M. Iqbal Anwar, Dr. Aminur Rahman Shaheen, Dr. Tahmina Begum, Anika Rahman, Dr. Tamanna Afroz, Dilruba Nomani, Semim Jahan, Tahira Tarannum.

Call to order: This meeting was held through Zoom app where new intern Tahira Tarannum presented a presentation on Robson classification. After that a discussion took place by respective doctors and researchers about the implementation of this for submission of a proposal to reduce cs rate in Bangladesh under MOH call.

General overview:

The presentation on “Robson10 Classification” by Tahira Tarannum described all the details about the groups of Robson classification and the variables in this classification system. Dr. Tahmina Begum is the first researcher in Bangladesh who has already used this classification in a particular district, and she shared her experiences regarding her survey. She shared the previous experience that while the time of data collection all the six variables were not easily available. Especially the hospital record doesn’t provide the information about labor in most of the cases. By considering this classification as a starting point we need to take further steps to reduce this CS rate. Dr. Tahmina Begum has also mentioned that, basically in which group of women the number of populations will be less, but the CS rate will be higher besides which groups we should take as a matter of concern with a higher CS rate. She suggested that we can compare between these groups. She suggested that our intention will be the reduction of unnecessary CS delivery rate in each group but not to have any bad impact on the mother and the children.

DR. A. T. M. Iqbal Anwar proposed that this is the right time to conduct this survey in Bangladesh.

Our supervisor Dr. Aminur Rahman Shaheen figured out some points and factors about conducting this survey. He said that the hospital authorities or information at facility level might be influenced by various reasons. This classification will create an academic environment but the comparison between the variables of Robson guidelines and our data may not be appropriate to convince our stakeholders. In this case our stakeholders are the mother, the hospital management and the obstetrician. So, we have to consider the real-life variables and the academic core variables together to conduct this survey in a proper way. Dr. Tamanna Afroz who has worked as an assistant researcher for several years shared her experience regarding CS rate in hospitals which was 75% in private hospitals. And she mentioned some factors regarding the mother and the obstetrician that why this CS delivery performed even if there was actually no need of CS delivery. She said that sometimes the obstetricians manipulated the mothers for an early delivery by CS and it has become a common practice now a days in most of the hospitals. In reply, Dr. A. T. M. Iqbal Anwar said not only quantitatively study, but a qualitative strong component is also required to fulfil all the factors from demands and supplies side. He suggested that to reduce CS rate both consumer and service provider should have to be convinced and taken onboard to achieve the goal.

Dilruba Nomani who is a researcher at icddr'b she mentioned some important points while selecting a topic for study. That how the factors and finding varies country to country and context to context from low HDI (Human Development Index) to HDI country. And suggested Tahira Tarannum to research more papers and find out the objectives to go further. She also advised to make sure the data sources before going to the field work, this reality check is very important to make sure there will be no error occurred in field level. Dr. Tahmina Begum shared her previous proposal with us showing the objectives and the plans to give a primary idea about the study. Dr. Aminur Rahman responded positive about the proper indication for CS at facility level and marked it as a challenge. And suggested that OGSB platform can play a vital role here

to motivate the mothers and the obstetricians. Dr. A. T. M. Iqbal Anwar suggested to perform this study for both government and non-government health institute for a better comparison.

CHAPTER FOUR

SMART objective writing

Objectives set out what we are trying to achieve. While conducting any survey the first question comes in mind that what I am going to do what my aim is to find out or what is the thing I really want to change. Answering this question can lead us to find out the objectives for our survey. Without ensuring objectives for an survey we can not step forward to make it happen. So this is very important to write it in an effective way and make it more clear and logical. Objectives for a survey or project has to be specific.

The SMART acronym is a tool designed to help organisations and individuals set objectives in an effective and productive manner. Specific and measurable objectives define the success of a project or initiative.

Definition: An objective is a statement which describes what an individual, team or organisation is hoping to achieve. There are several different versions of the acronym with different terms associated with some of the letters as indicated below. Objectives are 'SMART' if they are specific, measurable, achievable, (sometimes agreed), realistic (or relevant) and time-bound, (or timely). SMART i.e., specific, measurable, achievable, realistic and time bound. (CFI, n.d.)

- Specific: The outline should be a very clear statement precisely what is required.
- Measurable: There should be included a measure to enable organisations to monitor progress and to know when the objective has been achieved.
- Achievable (or agreed): We need to design the objectives to be challenging, but to ensure that failure is not built into objectives. Objectives should be agreed by managers and employees to ensure commitment to them.

- Realistic (or relevant): This is very important to focus on outcomes rather than the means of achieving them.
- Time-bound (or time-bound): All the members need to agree the date by which the outcome must be achieved. (Review, n.d.)

CHAPTER FIVE

Record analysis of DHIS2 Platform

While we were working on a proposal writing regarding the reduction of unnecessary CS rate in Bangladesh in a particular district, I was assigned to analyse the data from DHIS2 platform. This is a global public good transforming health information management around the world, developed by the Health Information Systems Programme (HISP). District Health Information Software 2 (DHIS2) is an open source, web-based platform most commonly used as a health management information system (HMIS). Today, DHIS2 is the world's largest HMIS platform, in use by 73 low and middle-income countries. Approximately 2.4 billion people live in countries where DHIS2 is used. Including NGO-based programs, DHIS2 is in use in more than 100 countries.

Mr. Nishan who is an active member of this platform helped me and provided me an excel sheet of the record of all delivery records from Govt and district level hospitals. In this sheet there was 60 health care institutes or hospitals where delivery cases are performed. And the lacking was, no private hospital has been taken under this DHIS2 platform yet. My finding was:

| 3 months interval 2020 | Number of CS | Number of normal delivery |
|------------------------|-------------------|--------------------------------|
| January to March | 2338 | 6396 |
| April to June | 1527 | 4518 |
| July to September | 1975 | 6046 |
| October to December | 2778 | 7891 |
| | Subtotal 8618 | Subtotal 24851 |
| | Overall CS 25.75% | Overall normal delivery 74.25% |
| In 2021 | Number of CS | Number of normal delivery |
| January to April | 3348 | 8336 |
| | Overall CS 28.65% | Overall normal delivery 71.35% |

From this chart we can see the CS delivery rate is much lower than normal delivery rate. Which is considerable. But as there is no data from private organizations so we can not take this rate as a overview of delivery rate. Because there are many private hospitals and health care centres where delivery cases are performing besides Govt. and national organizations. So monitoring the overall CS rate from a particular district we need to consider each and every cases from all situated health institute from that area.

CHAPTER SIX

Inserting citation

A citation is the way through which we can tell the readers that certain material in that paper came from any other source. It also gives the readers necessary information to fine the detail and authenticity of that data. More precisely, we can say that a citation is an abbreviated alphanumeric expression embedded in the body of an intellectual work that signifies an entry in the bibliographic references section of that work for the purpose of acknowledging the relevance of the works of others to the topic of discussion at the spot where the citation appears.

While writing any article on a particular topic at first we need to go through the deepest of that topic. We need to read to gather more information and analyse the evidence of many experiments regarding that topic to write a more comprehensive and effective notes. This is very important to include a citation when we are including any information from any other sources to enrich our paper. This is the only way of acknowledgment. In my internship I have learnt how to do citation while writing any article using software. There is several software which basically use to cite any paper. I choose Mendeley to do citation for my work. It was easy to use and my supervisor from department helped me to understand how it works. After that I did have write an introduction part for an article with citation using Mendeley.

CHAPTER SEVEN

Budget Training

When a survey is conducted in national level or private level this is very important to make a budget first to conduct that survey. There are many seen and hidden cost is present in field work and in some cases if it is not done properly middle in the survey the researchers may face difficulties to continue the work. So, making a budget plan needs such a process to be followed, expert and experienced person in this sector can make a budget better than a fresher.

In this regard my mentor Dr. Aminur Rahman Shaheen sir is an expert in budget making. He shared a ppt with me where it is well discussed how to make a budget for a project work. The things which should be taken as priority in a budget making policy and so on. At the very first making a timeframe is important. That how much time it will take to complete the survey. Then we need to split that time for particular work as required. Dividing the timeframe for each work in very crucial and need to make sure that time is enough to complete that task. For example, if we consider the total time frame for the survey is two years then we need to divide this 24 month in our work frame according to it's need. Then considering each work the budget needs to be fixed. There are cost for buying equipment, cost of employing workers if needed, researcher's salary or it might

be contractual, in field there is labour cost, food and transport cost based on types of research. So, these are the prime criteria for making a budget and there is much more to make it complete.

CHAPTER EIGHT

Training on literature search from the web

On 15th July icddr,b organized a training on literature search from web on Zoom. Where honourable doctors from icddr,b was present and as an intern I was also present in that training session. This session was really very effective for a fresher in research sector. Because while we are reviewing any paper or working in a project, we need to go through a lot of relevant articles written on that topic. And for this we need to know how to find them out and get the paper for making them useful. They also introduced us with their online library and how to access. In this training session author tried to enlighten us with proper and effective knowledge about the available sources.

Chapter nine

Discussion and Conclusion

9.1 Discussion

These three months of my internship was full of learning and new experiences. Though it was online internship program but with the help of my supervisor Aminur Rahman sir I had been able to do my assignments properly. My first presentation on Robson classification was really a challenge for me it was my very first assignment as well. I gave my full efforts to complete it. While searching literature and read them thoroughly I did have concentrated properly and I always tried to maintain a note writing my findings and important information about that paper. Learning citation was interesting and regarding this matter I took help from my advisor of my department. In my internship

period while doing anything new I did have gone through the basic knowledge about that which made my work easier and more comfortable. Most difficulties I had been faced was writing manuscript for a thesis. That paper was mostly included medical term which seemed a bit hard for me and it took much time to submit. In these three months I got the chance to attend two training programs from icddr,b and I have learned literature searching on web in more details and using EndNote20 software for citation purpose for any article. In the end it was really a great experience and knowledge enriched program where I got the chance to work with my honourable teachers from icddr,b and it will be a great opportunity for me if I got the chance to work in this field further.

9.2 Conclusion

Five months of my internship was full of learning and experiences. Things I have learnt from icddr,b through the assistance of my supervisor helped me a lot while doing my thesis. This will help me in my career if I want to make my career in research sector. It has enlightened my knowledge regarding this sector and made me much experienced going research-based works as well.

The end.

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