

# [Research and analysis order # 314899 research papers example](https://assignbuster.com/research-and-analysis-order-314899-research-papers-example/)

[Sociology](https://assignbuster.com/essay-subjects/sociology/), [Community](https://assignbuster.com/essay-subjects/sociology/community/)

Use of Mass Drug Administration (MDA) to eliminate Lymphatic Filariasis (LF) in urban areas has not been successful due to challenges such as need for prior population registration, limited access to urban dwellers, acquisition of specific parental consent, inadequate programme support, low compliance due to insufficient information, non-uniform need for MDA across different socio-economic strata and inadequately motivated Community Drug Distributors (CDDs) who are few, (Njomo D. W. et al, 2014, p. 2)
Compliance could be improved by ensuring adequate information and education is availed to the targeted community through social mobilization. This is emphasized by Hodges et al. ( 2010, p. 2) in the statement,” Effective social mobilization and awareness of LF are known to be the key to improved coverage for LF elimination programs”

## References

Hodges, M. H., Smith, S. J. & Fussum, D. (2010). High Coverage of Mass Drug Administration for Lymphatic Filariasis in Rural and Non-Rural Settings in the Western Area, Sierra Leone. Parasites and Vectors, 3(120). Retrieved from http://www. parasitesandvectors. com/content/3/1/120
Njomo, D. W., Mukoko D. A., Nyamongo, N. K. & Karanja, J. (2014). Increasing Coverage in Mass Drug Administration for Lymphatic Filariasis Elimination in an Urban Setting: a Study of Malindi Town, Kenya. PLoS ONE, 9(1): e83413. doi: 10. 1371/journal. pone. 0083413
Article titles
- Increasing Coverage in Mass Drug Administration for Lymphatic Filariasis Elimination in an Urban Setting: a Study of Malindi Town, Kenya
- High coverage of mass drug administration for lymphatic filariasis in rural and non-rural settings in the Western Area, Sierra Leone
The two sources are current and most of the references are within the past 5 years (2008-2013 for the first article and 2005-2010 for the second article).
The two sources are credible because all the authors are experts in parasitology and they work in health institutions dealing with such health problems. In both sources, other peoples work have been clearly cited and acknowledged.
The sources are objective in that all the authors declared no competing interests. Study weaknesses have been clearly mentioned plus how they were dealt with to ensure validity and reliability of the results.
The sources are factual. The sources of the facts and figures have been acknowledged and they are credible and universal sources such as World Health Organization.