# AN IDENTIFICATION AND MONITORING SYSTEM FOR THERAPEUTIC INTERVENTION FOR CHILDREN UNDER CARE

Trisha Melani Amarasekara

(179303T)

M.Sc. in Computer Science

Department of Computer Science and Engineering

University of Moratuwa

Sri Lanka

May 2019

# AN IDENTIFICATION AND MONITORING SYSTEM FOR THERAPEUTIC INTERVENTION FOR CHILDREN UNDER CARE

Trisha Melani Amarasekara

(179303T)

This dissertation submitted in partial fulfillment of the requirements for the Degree of MSc in Computer Science specializing in Software Architecture

Department of Computer Science and Engineering

University of Moratuwa

Sri Lanka

May 2019

**DECLARATION** 

I declare that this is my own work and this dissertation does not incorporate without

acknowledgement any material previously submitted for degree or Diploma in any

other University or institute of higher learning and to the best of my knowledge and

belief it does not contain any material previously published or written by another per-

son except where the acknowledgement is made in the text.

Also, I hereby grant to University of Moratuwa the non-exclusive right to reproduce

and distribute my dissertation, in whole or in part in print, electronic or other medium.

I retain the right to use this content in whole or part in future works (such as articles

or books).

C. 1	D 4
Signature:	Date:
Digitature	Date

Name: A.A.T.M Amarasekara

The supervisor/s should certify the thesis/dissertation with the following declaration.

I certify that the declaration above by the candidate is true to the best of my knowledge

and that this report is acceptable for evaluation for the MSc Thesis (CS6997).

Signature of the supervisor:	Date
Digitature of the supervisor	Date

Name: Dr. Indika Perera

i

#### **ABSTRACT**

Nowadays, everyone owns a mobile device or access to one. With the massive usage of computers, HCI based applications are in high demand. HCI based applications can be used effectively in Medical and healthcare sector, especially to diagnose diseases. There are several genetic disorders and among them, Down syndrome is the most common genetic disorder. Earlier identification and therapies are very important, since early treatments help children to grow more normally. In this problem background, this research is mainly focused on developing a HCI based, identification and monitoring system for therapeutic intervention for children under care. Since, children with Down syndrome have distinct facial features than others, image processing based approach is used to support the identification of the disorder.

This approach is based on the client server architecture. Here, the client is the mobile application and in server side, there is a combination of the web service and the database. The REST API is for the purpose of Down syndrome detection. To implement this web service, 20 face samples were gathered, including 10 Down syndrome face samples and 10 healthy face samples. By using these samples, two datasets were created for Down syndrome and none syndrome. Each dataset have 10 data for each facial landmark, which includes, jaw, left eye, left eyebrow, right eye, right eyebrow, mouth and nose. After creating the dataset, it was trained using LBP. Based on this trained dataset the web service has been implemented. This web service mainly consists of three phases, face detection, facial feature extraction and classification.

The mobile application consists with three main functionalities, which are Down syndrome detection test, Strengths and Difficulties Questionnaire (SDQ) and Progress evaluation based on the SDQ. In Syndrome detection test, once the parent browse or capture an image of the child, it is passed to the web service as a HTTP POST request and the response from the web service is displayed to the parent as the result. The evaluation of the Detector test has been done by using a test dataset which includes, 30 images and shown that it has 90% of accuracy level, 87.5% precision, 93.3% recall and 90.3% f1-score. Parents can perform SDQ test which includes a number of questions to identify mental and health problems of children between 4 to 17 years old. After completing the test, the application displays the result which includes total difficulties score, emotional symptom scale, hyperactivity scale, peer problem scale, pro social scale and the impact score by examining whether the scores are normal, borderline or abnormal based on the standard scoring scheme. Further, from the second attempt of the SDQ, there is a progress evaluation tool. The application keeps track of all the historical records of the child. These two functionalities also have been evaluated based on feedbacks from few doctors as well as few parents.

#### **ACKNOWLEDGEMENT**

First, I wish to express my great gratitude and appreciation to my project supervisor, Dr. Indika Perera, for the guidance, suggestions and encouragements throughout this research project which helped me to complete this work, in time.

I convey my special thanks to Dr.Apeksha, Dr.G.D Indika Kumara, Dr.S.R Pathirana and medical staff members of Lady Ridgeway hospital, for knowledge, and valuable assistance in initialization of this research.

Then, my utmost gratitude is extended to my husband for his encouragement and guidance throughout my academic life. Next, my friends, especially to Mr.Tiran Wijesekara, Miss. Niroshini Ranaweera, Mr.Ryan Benjamin, Mr. Vilochane Vidyarathne, Mr.Lakshan Costa and Miss. Nithila, whose friendship, hospitality and for support in one way or another in the preparation and completion of this study.

Last but not least, my sincere thanks also forwarded to my family. I am thankful to my Mother, whom I dedicate my work, for her love and best wishes. It is a pleasure to express my gratitude wholeheartedly to my father and my loving sisters for their inseparable support and care in the successful completion this research and for supporting me throughout the toughest years of my academic life.

## TABLE OF CONTENTS

	DEC	CLARATION	i
	ABS	STRACT	ii
	ACK	KNOWLEDGEMENT	. iii
	LIST	T OF TABLES	vii
	LIST	T OF FIGURES	vii
	LIST	T OF ABBREVIATIONS	. ix
1.	INT	RODUCTION	1
	1.1	Background	1
	1.2	Down syndrome	1
	1.3	Problem statement and Motivation	2
	1.4	Objectives and Aims	3
	1.5	Scope of the project	4
	1.6	Overview of the project	4
2.	LITE	ERATURE REVIEW	6
	2.1	Symptoms of Down syndrome	6
	2.2	Similar Products	8
	2.2.	.1 Face2Gene	8
	2.3	Research studies based on Down syndrome detection	8
	2.3.	.1 Automated Down Syndrome Detection using Facial Photographs [5]	8
	2.3.	.2 Down syndrome diagnosis based on Gabor Wavelet Transform [14].	10
	2.3.	.3 Down syndrome recognition using local binary patterns [15]	13
	2.4	Face detection	13
	2.4.	.1 Face Detection Methods on Android	14
	2.4.	.2 Face Detection on OpenCV	14
	2.4.	.3 Face Detection using DLib	15
	2.5	Facial feature extraction	16
	2.5.	.1 Local Binary Pattern	16
	2.5.	.2 Principal Component Analysis	17
	2.5.	· · · · · · · · · · · · · · · · · · ·	
	2.5.	.4 Gabor Wavelet Transform	18
	2.6	Face classification	18

2.6.1		1	Distances in classification	. 18
	2.6.	2	Classifiers	. 19
	2.7	Stre	engths and Difficulties Questionnaire (SDQ)	. 19
	2.7.	1	Psychological attributes	. 20
	2.7.	2	An impact supplement	. 20
	2.7.	3	Follow-up questions	. 20
3.	ME7	ГНО	DOLOGY	. 21
	3.1	Cha	pter overview	. 21
	3.2	Pro	posed Approach	. 21
	3.2.	1	Face detection phase	. 22
	3.2.	2	Facial feature extraction phase	. 24
	3.2.	3	Classification phase	. 26
	3.3	SDO	Q scoring scheme	. 27
4.	IMP	LEM	IENTATION	. 31
	4.1	Cha	pter overview	. 31
	4.2	Dat	aset Creation	. 31
	4.3	Trai	in Dataset	. 33
	4.4	Imp	elementation of the web service	. 34
	4.4.	1	Face detection and facial landmarks determination	. 34
	4.4.	2	Facial feature extraction.	. 36
	4.4.	3	Classification.	. 37
	4.5	Imp	elementation of the client application	. 40
	4.5.	1	Children registration and Login	. 40
	4.5.	2	Down syndrome detection test	. 41
	4.5.	3	Strengths and Difficulties Questionnaire	. 41
	4.5.	4	Child profile and progress evaluation	. 42
5.	EVA	LUA	ATION	. 44
	5.1	Cha	pter overview	. 44
	5.2	Eva	luation of the Web Service	. 44
	5.2.	1	Confusion matrix	. 45
	5.2.	2	Accuracy	. 46
	5.2.	3	Precision	. 46
	5.2.	4	Recall	. 47

	5.2.	5 F1-score	. 48
	5.3	Evaluation of the Mobile Application	. 48
	5.3.	1 Evaluation of Down syndrome detection test	. 48
	5.3.	2 Evaluation of SDQ Scoring mechanism	. 59
		3 Evaluation of SDQ and Progress evaluation functionalities based on lbacks	
6.	CON	NCLUSION	. 74
	6.1	Chapter overview	. 74
	6.2	Research Contribution	. 74
	6.3	Research Limitations	. 75
	6.4	Future Works	. 76
	REF	ERENCES	. 77

## LIST OF TABLES

Table 3-1: SDQ items in each version	27
Table 3-2: SDQ Items and scores	28
Table 3-3: SDQ Impact items and scores	29
Table 3-4 : Categorizing SDQ scores	30
Table 5-1: Confusion Matrix	
Table 5-2: Detection test results	49
Table 5-3: Detector test evaluation	59
Table 5-4: Emotional problems score evaluation	59
Table 5-5: Conduct problem score evaluation	61
Table 5-6: hyperactivity score evaluation	62
Table 5-7: Peer problem score evaluation	64
Table 5-8: Pro social score evaluation	65
Table 5-9: Total difficulties score evaluation	67
Table 5-10: Impact score evaluation	68
Table 5-11: Feedbacks from doctors	71
Table 5-12: Feedbacks from doctors	72
I ICE OF PICUPEC	
LIST OF FIGURES	
Figure 1.1: Chromosome pairs [7]	2
Figure 1.2: The genetic basis of Down syndrome [10]	
Figure 1.3: Basic architecture	
Figure 2.1: Symptom 1 - Upward slanting eyes with skin folds [12]	
Figure 2.2: Symptom 2- Small broad nose [12]	
Figure 2.3: Symptom 3 - Flat face [12]	
Figure 2.4: Symptom 4 - tiny ears [12]	
Figure 2.5: Symptom 5 - Small mouth [12]	
Figure 2.6: Facial landmarks: (a) Face annotated using 44 anatomical landmarks	
Figure 2.7: First three principles of (PCA) [5]	
Figure 2.8: Shape model: (a) point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape the shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (b) mean shape model is a point distribution of the training data; (c) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribution of the training data; (d) mean shape model is a point distribu	
Down syndrome and healthy groups. [5]	_
Figure 2.9: Preprocessing of images. a Crop b Scale c Convert RGB image to	10
grayscale d Histogram Equalization [14]	11
Figure 2.10: Gabor wavelet representation of a face image. a magnitude b the re	
part [14]	
Figure 2.11: Common Haar Features [18]	
Figure 2.12: Dlib 68 facial coordinates [21]	
Figure 2.13: LBP calculation Example [23]	
Figure 2.14: texture primitives of LBP [24]	
Figure 3.1: Proposed Approach	21

Figure 3.2: Face detection phase	. 22
Figure 3.3: Texture extraction for each landmark [38]	. 25
Figure 3.4: Concatenate histograms	. 25
Figure 4.1: Dataset Down syndrome	. 32
Figure 4.2: Dataset none Down syndrome	. 33
Figure 4.3: Trained dataset	. 33
Figure 4.4: Gray scaling code snippet	. 34
Figure 4.5: Image resizing code snippet	. 35
Figure 4.6: Dlib's 68 points	. 35
Figure 4.7: Detected landmarks	. 35
Figure 4.8: Calculate LBP code snippet	. 36
Figure 4.9: Normalize LBP values	. 37
Figure 4.10: Calculate histogram	. 37
Figure 4.11: Concatenate histograms	. 37
Figure 4.12: Classifier selection report	. 38
Figure 4.13: Get trained data	. 38
Figure 4.14: Set classifier	. 38
Figure 4.15: Train the model	. 39
Figure 4.16: Get histogram of the input image	. 39
Figure 4.17: Predict probabilities	. 39
Figure 4.18: Get probabilities of normal and syndrome	. 39
Figure 4.19: Result based on max probability	. 39
Figure 4.20: Login Interface	. 40
Figure 4.21: Register Interface	. 40
Figure 4.22: Display results of the Detector test	. 41
Figure 4.23: Detector test Interface	. 41
Figure 4.24: Questionnaire Interface	. 41
Figure 4.25: SDQ Results	. 41
Figure 4.26: SDQ	. 41
Figure 4.27: Profile before doing detector test and SDQ	. 42
Figure 4.28: Profile after doing detector test and SDQ	. 42
Figure 4.29: Progress evaluation chart - Total difficulties	. 43
Figure 4.30: SDQ detailed report	. 43
Figure 5.1: Web service evaluation report	
Figure 5.2: Evaluation based on feedbacks from doctors	. 71
Figure 5.3: Evaluation based on feedbacks from doctors	. 73

### LIST OF ABBREVIATIONS

Abbreviation Description

HCI Human Computer Interaction

CLM Constrained Local Model

PCA Principal Component Analysis

SVM Support Vector Machines

RBF Radial Basis Function

k-NN K-Nearest Neighbor

RF Random Forest

GWT Gabor Wavelet Transform

LBP Local Binary Patterns

API Application Programming Interface

SDK Software Development Kit

Open CV Open Source Computer Vision Library

HOG Histogram of Oriented Gradients

CNN Convolutional Neural Network

GPU Graphics Processing Unit

SDQ Strengths and Difficulties Questionnaire

HTTP HyperText Transfer Protocol