Author's response to reviews

Title: Predictors for health facility delivery in Busia district of Uganda: a cross sectional study

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Version: 2 Date: 30 October 2012

Author's response to reviews: see over
RE: RE-SUBMISSION OF MANUSCRIPT 5274876878575043

We are re-submitting the manuscript entitled: *Predictors for health facility delivery in Busia district of Uganda: a cross sectional study* for possible publication in your esteemed journal.

The manuscript resubmitted manuscript has incorporated all issues raised by the two reviewers. The reviewers’ suggestions have enriched the manuscript.

We have attached a point by point response of issues raised by the reviewers.

Yours Sincerely,

Agnes Anyait
David Mukanga

George Bwire Oundo
Fred Nuwaha

RESPONSES TO REVIEWERS COMMENTS

**Reviewer's report**
**Title:** Predictors for health facility delivery in Busia district of Uganda: a cross sectional study
**Version:** 1 **Date:** 17 October 2012
**Reviewer:** S. M. Mostafa M Kamal
**Reviewer's report:**
When assessing the work, I considered the following points:
1. Is the question posed by the authors well defined?
Although the authors have shed light on the question, however, the importance of the study is not described well and not sufficient. This has been added see page 5
2. Are the methods appropriate and well described?
The methods described by the authors are satisfactory.
3. Are the data sound?
Yes, the data are sound.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, but more works to be done. There are numerous grammatical errors and citing the references. More attention should be paid to do the MS error free. Corrections made.
5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, but the authors did not provide any policy recommendations. It is suggested that the authors should provide policy recommendation on the basis of the findings.
6. Are limitations of the work clearly stated?
Yes, it is done properly.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
No. Done for example see references 1-13 in the introduction and the discussion.
8. Do the title and abstract accurately convey what has been found?
Yes, it is satisfactory.
9. Is the writing acceptable?
As I stated earlier, the authors should pay much attention to improve the writing quality of the MS.
In addition, some (not all) errors are mentioned in the following:
Write down the survey date properly. This had been done see page 6
The reference number should be given before the full stop (.). Done
Antenatal care has been written sometimes by two phrases Ante and natal and sometimes as together ‘antenatal’. The word should be written as “antenatal”. Use always % sign. Done
It is not clear what type of consent “verbal” or “written” was taken from the respondents.
Put reference in describing the Busia district in the early of ‘study area’ section in ‘data set’. Done reference 14.
In result section, respondent’s characteristics should be given first then the discussion of the findings. To do so, the authors are suggested to provide a separate table to describe the
Use trimester rather than semester throughout the MS. Done in the results and discussion section.
There is no policy implication. Since the outcome variable is an important issue in the developing countries like Uganda, the author(s) should provide some policy recommendations on the basis of the findings. Policy implications e.g. male involvement and women empowerment are included on pages 12 and 13.
Page 3, para 1, line 6, delete the extra ‘t’ from the sentence. Done.
Page 3, para 1, line 19-24: rewrite the sentence adding preposition. Done
Page 3, para 2, line 36-37, reword ‘held’ by conducted. Done
These are not all. The authors are suggested to go through the full MS to present an errorless research. Done.
Reviewer's report
Title: Predictors for health facility delivery in Busia district of Uganda: a cross sectional study
Version: 1 Date: 24 October 2012
Reviewer: Abel NTAMBUE
Reviewer's report:
Major Compulsory Revisions
The study raises some significant problems for which the precise details must be given:
- The investigation relates to the period between November 14/2005 and November 15/2007. It is supposed that it is into 2008 that it was carried out (2 years previous). It is desirable that the authors also specify which time the study was carried out, instead of limiting itself to the period which was concerned with the study. The time for data collection is included on page 6 under data collection. Data collection started from 15 November 2007 and lasted for 30 days.
- How the authors controlled the impact of this significant time between the delivery and the beginning of the study on the recall bias. Included in the limitations on page 15. Besides events surrounding child birth are important events in a woman’s life and are therefore less likely to be forgotten.
- Among the 505 selected women, it is desirable that the authors specify how much had a last delivery into 2006, and how much had it into 2007, and how they took care that this variation of years does not differentiate the women. Timing of delivery included on page 8 and analysis on effect of place of delivery included on pages 9 and 21 (see table 1). 288 (58%) delivered within the last 12 months.
- The authors give only the number of the surveyed women. How much were visited during the same period, and who had died for example Information on women who died and who had not delivered in the previous two years was not collected.
- The district counts 474 villages, 60% of its population are in a ray of 5 km, however the authors selected 200 villages. Can have to admit that the 200 villages account for the 60% of the population? Population densities of the villages differ. Villages nearer to health units are densely populated compared to those far away.
- The authors give the procedure of sampling of the villages whereas the primary units of the study are the women. It is significant that they also describe why have selected only 505 women. The details miss on the way in which the 505 women were selected; Details now inserted on page 5 as A sample size of 500 had at least 80% power of detecting differences of 15% between the proportions of women delivering in health units and at home based on the Uganda demographic and health survey of 2006.
- The majority of the collected variables contain a great potential of recall bias, insofar as they are primarily based on the declarations of the women (attendance of antenatal care, number of times of attendance of antenatal care, time from onset of labour to delivery, distances to health facilities). It is difficult to show that certain events which have occurred after delivery did not influence the opinions of the women concerning the health facilities) This limitation is acknowledged on page 15. We think that child birth is an important event in a woman’s life and is therefore less likely to be forgotten
Because it is about a cross-sectional study, the authors would make better add the percentages of the delivery in the health facilities instead of limiting itself to the absolute frequencies. We have used numbers as well as percentages see tables. In the presentation of OR, the authors could keep one decimal. In the presentation of the results (text), it is desirable that the authors accompany the % by their manpower (for example p8, line 4 of the second paragraph: “Women who
had more than one pregnancy (...) were asked" OR now use one decimal place.
The results presented in the various tables are less consistent. For example:
1. In table 1, 45 women were not married; therefore they did not have a husband;
however in the variables level of study, occupation of the husband, they are
included. The authors could give more precision by creating a category
separately (for example: without husband). Corrected see table 1. No husband category
added.  
In the same way, because 45 women were not married, they could be in the
parental roof; in the socio-economic variable level of the household, which was
taken into account? We use house where the woman resided.
2. In table 2
- Variable 5-6 of the table: the class of reference for the comparisons is "was not
told "and not "abnormal"[(16*132)/(105*6)]. Like consequence, the comments do
not correspond to the data of the table. Moreover, manpower of the total of the
variables: condition of baby during ANC, condition of mother during ANC, birth
plane and knew expected date of delivery are not correct since 24 women had
not followed the ANC. They can constitute a class with share. Mothers who did not
attend ANC have been removed as recommended.
3. In table 3, the results present a problem of sampling. For exampl,e 23 women
had undergone the Caesarean with the past immediate delivery. What could
represent a rate of Caesarean to the past immediate delivery of 5.7%. But if it is
supposed that 47-50% of the women are confined in a health facility, this rate
reaches 12%. This is not very probable for a completely rural medical district
where only 47% of the pregnant women are confined in the health facilities. There are
problems with this direct projection. Women who received a caesarean section would
have been referred to health units whether they started the delivery process at home. So
the proportion of caesarean section in this population is probably about 5.7%.
4. In table 4. The studied variables relate to only one group of the women
(delivery in a structure of health or with residence), not both at the same time. It
is the case of the variables: time, means of transport, adequate supply of drugs,
a number of the health worker, satisfaction with the privacy at the nearest
maternity facility, the cost of delivery. Table 4 measured mother’s perceptions see page
10. Mothers who delivered at health units and those who did not both had their
perceptions regarding the health units.
5. Table 5: On the variable: “decision to seek ANC”, 24 women had not followed
the ANC; they were not to be concerned. The question “Who makes a decision about
ANC attendance” was answered by all women whether they attend ANC or not.
1) The time between delivery and beginning of the study, which creates two
groups of women, 2) the recall bias, 3) the possible subjectivity of the judgement
of the women related to occurred of events between the delivery and the
investigation, are not discussed like limits of the study; including the way in which
the authors reduced their impact. This limitation has now been added see page 15.

Minor Essential Revisions
Because the authors do not know the proportion of delivery in the health facilities,
they were not to give a figure which poses problem of checking, even if it is
presented like a limit to the study. They would make better use even the data of
routine of course the health system if they exist.
Will have to be re-examined after the taking into account of the various
modifications in the results. This sentence has been deleted (page 14 and 15).
The first section related to "study area" has only one reference, whereas it
presents several data (textual or numerical). It is desirable that the authors
support these data. Reference 14 has been added
Although the type of study carried out appears at the end of the discussion, it is always desirable to give the type of study in the methodological part of study. Design of study added in methodological section page 6 under data collection.

2. In table 2: To avoid the redundancy, the authors can keep only ANC presented in the form of their frequency instead of presenting the two possibilities at the same time; Done. See page 2.
The authors could supplement in the results, the place of delivery to the past immediate delivery. Done. See page 10 and table 3.

Level of interest: An article of importance in its field
Quality of written English: Not suitable for publication unless extensively edited Done.
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
I declare that I have no competing interest in this.