Author's response to reviews

Title: Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya: A qualitative study

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Author's response to reviews: see over
Dear Editor,

Thank you so much for accepting to extend the deadline for the submission of our manuscript entitled “Perspectives of men on antenatal and delivery care service utilisation in rural western Kenya: A qualitative study” (MS: 1866786883776523).

We have responded to the comments from the three BMC reviewers and are hereby attached. However, we are still awaiting responses from Centres for Disease Control and Prevention, Atlanta GA, USA (CDC) Department of Reproductive Health (DRD). Some of our co-authors are affiliated to CDC and the manuscript has to undergo their internal review process. Please find in the pages that follows our response to I) the reviewers for BioMed Central Pregnancy and Child Birth and II) the CDC reviewers. We have also attached the manuscript including all changes with tracked changes as well as a clean version incorporating all the reviewers’ comments.

Thank you again for your consideration, looking forward to hearing the way forward from you.

Dr. Titus K Kwambai
I. BIOMED CENTRAL REVIEW

Reviewer 1

ABSTRACT

BACKGROUND

1. Line 1- Facility-based antenatal. Insert hyphen.

Thanks for this. The hyphen has been inserted.

2. Line 2- studies suggest that “the” participation of men in ANC and delivery care is associated....- Insert ‘the’

‘the’ has been inserted.

3. Move the last sentence in background section to Methods section of the Abstract. Insert it after the second sentence.

The sentence moved as suggested above.

CONCLUSION

4. Some of the information in the conclusion section can be moved to the Results section of Abstract. The “adherence to ante-natal care schedules and facility-based delivery is generally poor” the sentence can be expunged from the conclusion and inserted in Results.

Thanks for your comment; this was not actually reported in the FGDs, but a known characteristic of the study area, and therefore we think it should remain in the discussion and not part of the results from the study.

5. Line 4- “barriers outweighing facilitators” –suggest adding “with” barriers...

Thanks for the suggestion, “with” has been added.

6. All The cultural norms appear to be the main barrier-from the results. These include native female roles line 5, male roles line 6 and negative health care workers attitude line 6.

Yes, agreed. We have now specified this in the results by adding the following
‘Three main barriers relating to cultural norms were identified’ (line 4).

MAIN TEXT

METHOD

7. Page 3, 1st paragraph of Methodology, under study area:- the information on HIV and polygyny that was placed in Background section of Abstract should be here also.

We have included the following sentence in the methods (page 1, line 5): Like the rest of Nyanza Province, the area has a high HIV-prevalence of 14.9% compared to 7.1% nationally (KAIS, 2007), and polygamy is common
8. Page 4, Paragraph 4, line 7- Change QRS Nvivi 9 to “QSR Nvivo 9”

Thanks for noting this typographic error, the correction has been made

ETHICAL APPROVAL:

9. How was confidentiality guaranteed?

Thanks for the comment; confidentiality was guaranteed through password protection of soft data and use of key and lock for hard copy data (This has been inserted in the text: page 5, under ethical approval, line 4)

RESULTS

10. Where possible, the 7 major emerging themes can be the sub-headings and all the information placed within the group. All the data on men’s role can be put together etc.

Thanks for your observation. Actually the 7 emerging themes are also sub-headings, except for “male roles” and “Benefit of men’s attendances” which we split into two for the sake of clarity to our readers in the presentation of the results.

11. The healthcare workers attitude did not have any major discussion.

The discussion already mentions this as a barrier, and cites other references to this being a problem across other similar settings (see paragraph below, an excerpt from Page 12, paragraph 3, line 3). Please could the reviewer indicate specifically what else would be useful for us to add? Thank you.

‘Negative staff attitude as an obstacle to the utilisation of facility-based ANC and delivery care has been described in other settings [31, 32]. Some participants reported a reluctance to accompany their wives for fear of being ignored or chastised by HCWs. Other studies have reported that HCWs do not allow husbands in with their wives due to congestion and lack of privacy in ANC clinics and labour rooms therefore negating any efforts directed towards encouraging the participation of men in care. [4, 33, 34]. It is paramount, therefore, that HCW are trained to improve interpersonal communication so as to increase client satisfaction’

12. The software QSR Nvivo 9 allows the researcher to quantify qualitative data. There is no quantitative analysis of the findings reported in this paper. It would enrich the paper somewhat.

As a qualitative study this is more about the themes that emerged and the strength of feeling, rather than the number of participants who stated something – particularly as focus groups only use main topics for questions so not all questions are asked to everyone – ‘A few’ would suggest it is less important than ‘many’ or ‘most’ but nothing more can or should be deduced from this. I have checked qualitative papers that have been published recently in BMC Pregnancy and Childbirth and found examples where no proportions / numbers are given so would like to keep as this is – e.g. Sword et al BMC Pregnancy and Childbirth 2012, 12:29: Story et al BMC Pregnancy and Childbirth 2012: 12:28. However, we would welcome any suggestions for specific examples where numbers would be necessary.
**DISCUSSION**

13. Page 12-the authors mentioned lack of transportation and distance to the health facility. Did the mention distance and lack of transportation as barriers to accessing HCF? Did this come up during analysis of data? It appears that they largely blamed the women for the lack of facility delivery.

Thanks for the comment. This came up in a number of FGDs, the distances from their homes to the dispensaries, for most of the participants, are not a walking distance and the road networks is poor especially during the rainy seasons when the roads are muddy and impassable. With the exception of the mission hospital at Lwak, all the dispensaries in the study area do not have an ambulance in case a mother requires referral to higher levels of care.

These sentences have been inserted:

“Only the Mission hospital has an ambulance” (Page 4, paragraph 2, line 15) and,

“Many men mentioned that health facilities are far and the roads are impassable, especially, during the rainy seasons” (Page 8, paragraph 1, line 2)


Thanks for pointing this out, the typographical error has been corrected

15. The limitations applying caution in generalizing the findings because of the potential problems stated; also the FGD did not distinguish between the polygamous and monogamous men.

This is already stated (Page 11, paragraph 5, line 10) of the discussion

16. The authors can use the Conclusion section to summarize the results and provide cutting edge solutions based on their research finding on how to move the community forward.

In light of this comment, and comments made by the other reviewers we have included further suggestions as to how we feel the improvements in service provision could be made in order that service users (both male and female) could be encouraged to attend maternity services. (see below; page 13, line11 under the conclusion section)

Training of HCW on customer care and better interpersonal communication skills is important so as to encourage men’s involvement in ANC and delivery care in this patriarchal society, as are policies which promote gender equality in maternity services. Despite low costs associated with facility-based care, inflexibility over payment methods calls for a workable health insurance cover for all with flexible means for payment of premium”

**REFERENCES**

17. The authors should check the references. Please see original manuscript for annotations. We did not find any annotation regarding the references and are therefore unable to address this comment.
Reviewer 2

18. I miss a few things. WHO wants male involvement? Policy or bottom up?

We have included an additional point as per below

‘The International Conference on Population and Development in Cairo 1994 [8] and the Fourth World Conference on Women, Beijing 1995 [9] pointed towards the need for involving and encouraging men to take responsibility for their sexual and reproductive behaviour, advocating that men are in a position to change attitudes and practice through their positions as community, religious and political leaders. However, they should also take individual responsibility as husbands and fathers to become involved in changing social attitudes including taking responsibility for reproductive health issues’ (page 3, paragraph 2, line 10)

19. I feel that a little theoretical intro would be better placed than the demographic/socioeconomics of part of Kenya. What are male domains and what are female domains....that you already know of? It is enough to say that it is "typical Kenya rural". I want more on culture, less on socioeconomics. Culture shapes gender roles.

Please see the response to comment 3.

20. I would have liked a more detailed description of the Patriarchal society that the study is embedded in: what are the general ideas that also filter over on maternal care and spousal roles?

We have added description of current and past practices of Luo, which provides some detail of gender roles.

‘Traditionally, Luo men were allowed up to 5 wives, however this practice is dying out. Marriage is still important, with a bride price commonly being negotiated, usually in the form of money or cattle. Historically brides moved to live with the husband’s family, with inheritance being passed patrilineal. This tie is lessening in modern Kenya. One custom currently in the process of being eradicated is that of ‘wife inheritance’ whereby a wife is required to remarry or have sexual relations with a member of her late husband’s tribe. This practice was intended to look after the widow in terms of economic, cultural and psychological functions’. (page 4, paragraph 1, line 4)

21. What does male involvement in pregnancy and delivery mean for male involvement for the children?

Thank you, this is a relevant point and a question worthy for further exploration and research. However we may not be able to adequately respond to it since it is beyond the scope of this research paper.

22. These attitudes also probably influence providers. I would have liked to add a piece of provider attitude to the paper, but I guess you do not have that. But you can describe the "architecture" or structure of care giving, both in ANC and delivery, to understand the real barriers.
Thanks for your comment. We have inserted a narrative of how care is provided in health facilities in the study area in the methodology as shown below. However, we may not provide any evidence of the health care workers attitude since it is beyond the scope our research.

“ANC is provided at the ‘mother and child clinic (MCH)’, most of which have limited space and may have more than one HCW offering ANC, postnatal and immunization services in the same room. Labour wards in most facilities do not have barriers or separate rooms for every mother” (Page 4, paragraph 2, line 9)

23. I am still curious about suggested ways forward: Is this something that can be driven through incentives, or are gender equality bottom up strategies better?

We feel that both ways are important because of the wide variety of barriers and facilitators which emerged in our study, suggesting there is no ideal solution but rather many changes to the service could be used as a draw to potential service users. In response to this point, and a suggestion made by reviewer 3 we have included further information in the conclusion regarding gender equality policies and suggesting future payment methods which we feel would act as an incentive.

This is reflected in the following ((see below; page 13, line11 under the conclusion section)

‘Training of HCW on customer care and better interpersonal communication skills is important so as to encourage men’s involvement in ANC and delivery care in this patriarchal society, as are policies which promote gender equality in maternity services. Despite low costs associated with facility-based care, inflexibility over payment methods calls for a workable health insurance cover for all with flexible means for payment of premium.

24. What are the characteristics of the few men that really see their role as Participants, versus mainstream attitude?

Thanks for highlighting this issue; it is relevant to understand the characteristics of men who are actively involved in care versus those who shy away so that the necessary interventions can be put in place. Unfortunately our data collection methods did not put this into consideration and therefore we are not in a position to adequately state these characteristics. We totally agree that this is an issue which should seriously be considered in future researches.

Reviewer 3

25. The authors should recommend further studies that can build upon their findings while addressing some of their limitations. For instance, how future studies can minimise the effect of researcher’s gender and tease out the effects of polygamous marriages. It would also be interesting to hear the views of women regarding the involvement of men in antenatal care and delivery in the same cultural setting.

Thank you for this suggestion, these have been considered in the sentences below

“It would be useful therefore, for future research to explore the views of women on the role of their husbands during pregnancy and delivery, and for men to be interviewed on a one to one basis where
they may be less prone to ‘machismo’ but possibly more constrained by the interviewer effect” (Page 13, paragraph 1, line 7)

“It would also be interesting for future research to find out and compare the views of monogamous versus polygamous men, as well as men who accompany their wives for ANC and delivery versus those who do not “(Page 13, paragraph 1, line 10)

26. Also, what can hospitals/clinics learn from the flexible payment methods of the TBAs? since this was apparently one of the barriers for hospital delivery.

This affirms the need for a universal national insurance policy. The fact that families can afford to pay the more expensive TBA services through instalments shows that a flexible insurance policy is practicable.

This is reflected in the following sentence (Page 13, under the conclusion section line 13);

“Despite low costs associated with facility-based care, inflexibility over payment methods calls for a workable health insurance cover for all with flexible means for payment of premium”

27. There is also a need to speculate on possible ways of improving trust between couples.

Thanks for pointing this out, since this came out in the FGDs, it is important to explore ways and means of improving trust between couples especially in areas with high prevalence of HIV/AIDS. Unfortunately we are not in a position to do this in this research since we did not explore further to find ways of improving trust among couples.
II. CDC REVIEW

Reviewer 1

ABSTRACT

1. This sentence is difficult to read “Three main barriers were identified; pregnancy support was considered a female role; and the male role that of provider, whilst negative health care worker attitudes towards men’s participation, and couple unfriendly antenatal and delivery unit infrastructure acted as a further obstacle.”

We edited the sentence for easier flow as follows: “The three main barriers relating to cultural norms were identified were: 1) pregnancy support was considered a female role; and the male role that of provider; 2) negative health care worker attitudes towards men’s participation, and 3) couple unfriendly antenatal and delivery unit infrastructure.”

2. Not sure one can conclude that “it would appear men facilitate their wives’ utilisation of antenatal and delivery care” from a small, qualitative study. I think all one can say is that a small sample of men reported that they facilitated utilization of ANC.

We rephrased the following sentence to clarify these are what was reported through FGDs: “Although men reported to facilitate their wives’ utilisation of antenatal and delivery care services, this does not translate to practice as adherence to antenatal-care schedules and facility based delivery is generally poor.” And “Recommendations to improve men involvement and potentially increase services utilisation include awareness campaigns targeting men, exploring promotion of joint HIV testing and counselling, staff training, and design of couple friendly antenatal and delivery units.”

3. The tone of this statement seems to differ from that in the Conclusions paragraph at the end of the manuscript—which is more upbeat.

We have removed the last sentence of the conclusion “However, the cultural norms behind barriers to attendance suggest that progress involving men further, may be slow.”

MAIN TEXT

BACKGROUND

4. “Figures are not available on the number of male partners that accompany their wives, either for antenatal or delivery care but it is thought that these are low in the Kenyan setting “If no source is cited, should this be “we think” or “based on our observations” or “based on anecdotal evidence”?

We rephrased to “based on anecdotal evidence”

METHODS

5. How were participants identified?

We added a sentence to specify the recruitment strategy “A list of characteristics of men for each of the 8 FGDs were provided to the VR who referred individuals from their respective villages.”

DISCUSSION

6. “Future designs for the construction of maternal and child care units should, therefore, be more couple-friendly allowing for accommodation to include men as well as women, with perhaps separate waiting areas for men or couples.” I’m concerned that recommendations are coming
from this small study. Suggest wording such as “if our findings are confirmed, the recommendation would be...”

We have edited the sentence to be more nuanced as follows “If our findings are confirmed, future designs for the construction of maternal and child care units should be more couple-friendly allowing for accommodation to include men as well as women, with perhaps separate waiting areas for men or couples”

Reviewer 2

ABSTRACT

7. Do you wish to be specific about polygyny?
We have replaced polygamy by polygyny where appropriate.

MAIN TEXT

METHODS:

8. What measures, if any, were taken to include male partners of local women who had migrated out of the village for employment or other reasons? If none, consider how this would have limited the observation and conclusions you provide.
We did not systematically collect information on migration history, but throughout the discussions it became apparent that some of the participants had worked outside the village. We added a sentence under limitations p.11 “Our participants were drawn from a wide age range stratified by area, including men who had lived and worked outside the study area, therefore our findings might be generalised to the parent population”.

9. Cite manufacturer and location for Nvivo software
We have added the following details p.5 “QSR International Pty Ltd”.

10. Who did the coding? 1 data coder or multiple? What measures were taken to ensure inter-coder reliability? It may be useful to provide an abbreviated list of codes or themes as a table, annex (SEE ANNEX BELOW), or supplemental submission.
We clarified in the methods p.5 that: “TKK coded the transcript and all codes and emerging themes were reviewed by LM”. We would like to include a supplemental file with the coding structure to be published with the manuscript