Author's response to reviews

Title: Involvement of male in antenatal care, birth preparedness, exclusive Breast feeding and immunization for child in Kathmandu, Nepal

Authors:

Dharma N Bhatta Mr. (dnbhatta@yahoo.com)

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Author's response to reviews: see over
To
The Chief Editor
BMC Pregnancy and Childbirth

Subject: Revision of submitted manuscript.

Dear Editor-in-Chief,

Please find enclosed my revised manuscript, “Involvement of male in antenatal care, birth preparedness, exclusive Breast feeding and immunization for child in Kathmandu, Nepal” by Dharma Nand Bhatta, which was submitted for publication as a peer review in BMC pregnancy and childbirth. I made the necessary changes that appeared obvious. Major revisions are made in manuscript as per the provided comments, grammatical errors and English language was corrected by American health professional. The following point-by-point revision has been made in the manuscript based on reviewers’ comments.

Abstract:
Biased words have been corrected in background section. All the part of the abstract section has been revised. Method section has been cleared by providing study area, time-frame and data management. Result section has been enhanced.

Main article:

Background:
Biased and ambiguous words have been corrected.

Specific conference name were replaced with the venue of post-Cairo and Post-Beijing.

Maternal mortality related literatures were deleted.

Male involvement had been defined (In this study male involvement defined as men attending antenatal care, birth preparedness, encourage for exclusive breast feeding and immunization for child with their spouses.).

Three phases of delay has been elaborated and cleared. (This would lead to a reduction in all three phases of delay firstly delay in decision to seek care, secondly delay in reaching care and thirdly delay in receiving care where the male partner play crucial role in first and second phase of delay in developing countries and thereby positively impact on birth outcomes.)

Purpose of the study has been cleared (Nepal has culturally dynamic and patriarchic societies where low status of women, socio-cultural barriers to seeking care: women’s mobility, ability to command resources, decision-making abilities, beliefs and practices surrounding childbirth and delivery has great impact on women’s health. Most of the reproductive health programs are fail
to address these factors in Nepal. Enhancement of male involvement is necessary in culturally dynamic societies like Nepal to improve the women’s health and reduce the maternal mortality.)

**Methods:**
Aim of the study was stated in the background section. Description of study area and inclusion criteria was revised. (A cross-sectional study was carried out in different twenty village development committees (VDCs) and one municipality of Kathmandu district which is central part of Nepal in 2010. The study inclusion criterion was married male of household head whose wife had give birth at least one child during the previous year of this study and willingness to participate in the study.)

Description of sampling strategy was corrected. (The clusters were selected in the first stage and the respondents were selected in the second stage with household surveys. A total of twenty village development committees (VDCs) and one municipality were randomly selected from Kathmandu district. A cluster was a group of households in the same geographical area. In this study a cluster consisted of between 50 and 300 households. The clusters were selected using the method of probability proportionate sampling relative to the number of households. First of all the wards for each selected village development committees and municipality were listed in ascending order. Where wards had more than 400 households they were divided into sub wards. If wards had less than 50 they were merged with neighboring wards to make one cluster with between 50 and 300 households. One ward from each VDCs and municipality were selected as a cluster. Twenty one clusters were then selected using probability proportionate to the number of households. To reach sampled household heads in 21 clusters, 100 household heads from each cluster of VDCs and 200 household heads from municipality were interviewed. Among the total 2200 household heads 22 were refused to take participation in the study and finally 2178 respondents were taken as a sample. Household heads was interviewed within the cluster were determined using interval sampling. Interview was started from the central part of the cluster and chooses a household heads randomly.)

Variables were removed in the adjusted analysis and level of p-value for variables in the equations for stepwise model was specified. (The Hosmer and Lemeshow test was used to assess “goodness of fit” of the models and the likelihood ratio test to assess the relative contribution of terms entered into the model. P-value of less than 0.05 was considered to add the variables in the equations in the process of stepwise model. Religion and income with accompany for ANC, income with arranged money for delivery; age, employment and ethnicity with arranged SBA for delivery; income and employment with arranged transportation for delivery; employment with encourage exclusive breast feeding; religion, ethnicity and employment with accompany for immunization were removed in the adjusted analysis.)

Ethical clearance (Ethical clearance was asserted from institutional review committee of State University of Bangladesh (approval no. 12/09/010).

**Results:**
Table 2 was created from table 1 which stated characteristics describing male involvement. Rest of the table no. also changed.
Interpretation of odds ratios has been corrected. Other interpretation also corrected.
Results of table 3 (now table 4) is appeared in the article.

{I have been gone through one by one analysis repeatedly but there I did not get any changes especially with the education and income variables. There was another one question asked to respondents regarding cause not to accompany for ANC with their wives. The responses were 53.1% said this is women’s duty, 29.3% said due to busyness, 15.0% said feeling shyness, 1.5% said lack of knowledge. This seems educated people are still conservative in their thoughts. This is not included in the main article, if this is necessary to include, please advice me I will add it again. Yes, off course, education has great impact in most of the health indicators but I cannot manipulate the original data in this research.}

**Discussion:**
Discussion part has been re-organized. Findings of the study have been co related with other findings. Unclear sentences have been cleared. Strength and weakness were corrected and made short.

**Conclusion:**
Conclusion section has been revised. (Various factors influencing maternal health operate at various levels and male involvement should be emphasized for women’s empowerment in developing world and it depending on the different associated factors. Male with higher income, higher education, indigenous ethnicities, non formal employment and non Hindu religious had lower involvement; these factors should be emphatically considered during maternal health program development.)

**References**
References have been corrected and numbers of references were reduced.

I look forward to hearing from you at your earliest convenience.

Sincerely yours’
Dharma Nand Bhatta
dnbhatta@yahoo.com