Reviewer's report

Title: Delivery and cord care practices in Pemba Tanzania: A qualitative study of community, hospital staff and community level care providers for knowledge, attitudes, belief systems and practices

Version: 1 Date: 12 December 2013

Reviewer: Columba K Mbekenga

Reviewer's report:

Article review report

The study addresses an important issue. Delivery and cord care is an aspect that is very important in reducing neonatal morbidity and mortality in Tanzania. A qualitative approach is crucial to identify context specific beliefs, perceptions and attitudes towards strategizing health messages that will help promote health during deliver and postnatal for the neonate.

Major compulsory revisions:

• The aim:

Different aims are stated at different points in the manuscript. For example, in the abstract (page 3); first paragraph (last sentence); second paragraph (in method subsection, last sentence); page 6 (second paragraph, statement no. 4) just to mention a few. The authors need to be consistent on how they state the aim throughout the manuscript.

For that matter, the aim doesn’t match what is stated in the methods i.e. ‘explore attitudes, beliefs and practices…related to delivery and newborn care’ Vs. ‘explore practices, barriers and impediments to implementation of chlorhexine cord care regimen’. The two are different and would differently different findings. This confusion is also reflected in the title provided where knowledge, attitudes, belief systems and practices are mentioned. However, the findings point to a focus on practice and very little on other aspects. The authors need to be specific and rephrase their aim to fit what was exactly done, and change this across the manuscript where the aim is stated.

• The method section:

Two qualitative data collection methods are mentioned i.e. IDIs and FGDs. However, the authors do not provide any justification for combining the two methods. It is not clear what kind of data is collected using each specific method (what was explored for each specific method), and how the data collected by the two methods complement each other. Definitely, individual interviews would not yield the same kind of data as FGDs, and this methodological difference is not reflected in the manuscript.

In a subsection sampling and sample size; the second sentence is written ‘final sample size was based on the experience of social scientists and ongoing review...
of the process of data collection'; this statement is not clear, may be the author could be more explicit on this, given the later statement in the next sentence, reads ‘data collection continued until data saturation was reached’.

In the sampling strategy; the authors use the term untrained and trained TBAs. It would be beneficial for the readers if the authors could elaborate on what they mean by those two terms. For example for the trained TBAs, who train them, for how long, which content and what are their limitations when it comes to practice (what are they allowed to do/ not to do) by the health care system, and how are they connected to the system. This could be part of the background information or described as part of the setting. This kind of description will help when interpreting data, especially those from the TBAs.

• Data analysis:
The authors mentioned that they use a thematic approach in analyzing data, but do not provide any scholarly reference for their approach. This is very important especially for the readers who might be interested to follow their steps in coding and forming themes.

The analysis process is not clear. A step by step description is needed to guide the reader on how they approached and organized their data. To give an example, it seems code family and themes mean the same thing (from how they write in the manuscript). But later, the authors write, ‘two investigators applied codes to the interviews using ATLAS… Coded text was retrieved and emerging themes analyzed in relation to other themes and variables’. Then, several questions arise; how can one apply code into interview data? The term variables here refer to what? From the way the analysis process is written, it is not clear what was the first step and last step hence confusion. The authors need to clearly describe the process of analysis, and if possible give an example of what they did in the manuscript.

• The results/discussion:
The results section is very rich. A lot of important findings are included in this section. However, I have problem with how the authors treat their findings from the two data sets i.e. FGDs and IDIs. The way they are reported, it is like they come from the same set. What people can say or express in a group is normally what is accepted or adhering to the social norms of a particular context, and it is likely, this would be different from individual opinion or expression in individual in-depth interviews. I would wish the authors to consider these methodological differences of the two methods and include a methodological discussion at the end of their manuscript for the two methods they use. I would also suggest they find ways to explain how the two sets of data complemented each other.

Another problem I see for TBAs especially, the trained ones, who probably are connected to the health care system, they are likely to give desirable answers (from the health care perspective), so that they are not implicated in practicing against what they are taught and allowed to do. There is a need to have this as part of the discussion for limitations.
The results section has a lot on practices than any of the other mentioned aims i.e. exploring knowledge, attitudes, beliefs system, barriers and impediments…. As I said in my previous comment at the beginning, I think the authors need to rephrase their aim/objective to match better with what their findings are. I am also wondering of the choice of method to study practices. Since the authors plan to do a bigger quantitative study, this would have been better captured in that particular methodology.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests