Author's response to reviews

Title: Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: a population based survey

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Author's response to reviews: see over
Response to reviewer’s report

Reviewer’s report
Title: Factors associated with health facility childbirth in districts of Kenya, Tanzania and Zambia: a population based survey
Version: 4 Date: 6 May 2014
Reviewer: Terhi Lohela

Reviewer’s report:

MINOR ESSENTIAL REVISIONS
1) In the discussion, the authors state: “There has been no documented study revealing socio-economic inequities in facility childbirth utilization in Zambia.” For example, Gabrys et al. (Figure 4., PLoS Medicine 2011) report the association of education, household wealth and women’s relationship autonomy in community on home delivery. Remove or modify this sentence.
Response: The statement has been removed.

2) In the discussion, the authors state: “Perceived cost was associated with increased likelihood of facility childbirth in urban areas of Mbarali and Kapiri Mposhi though reasons were not immediately clear. It is possible that the women in these areas by-passed the nearest health facility due to financial cost or concerns with quality of care and opted to deliver at facilities further from their homes.”
Clarify this statement. Based on the data, perceived higher cost was associated with increased odds of facility delivery in urban Mbarali and Kapiri Mposhi, but why would this phenomenon be explained by by-passing the nearest facility and delivering further away from home?
Response: This statement is clarified as follows:

“Perceived cost was associated with increased likelihood of facility childbirth in urban areas of Mbarali and Kapiri Mposhi. In both these areas childbirth services were offered free of charge in public health facilities at the time of the study. It might be a possible that women either by-passed fee-charging facilities or preferred them because they offered better quality care. In this study private health facilities were not utilized in Kapiri Mposhi whereas in urban Mbarali more women utilized mission or non-governmental health facilities. Here facility childbirths were observed to be positively associated with trust and perceived quality of care. This compares with a study in Tanzania that described the phenomenon of by-passing health facilities in preference for better quality of care [44]. These differences may indicate complexities in care seeking behaviour at childbirth when women consider cost as well as quality of care.”

DISCRETIONARY REVISIONS
1) In my opinion, p-values should always be presented and at least when they are statistically significant or of borderline significance. I leave this decision to the editor.
Response: We now have included p-values.

2) The manuscript could be shortened as it is quite long.
Response:
Since we looked at both underlying and proximate factors associated with childbirths in these three districts, it was necessary to describe both and may make the manuscript a bit long but hopefully readable and easy to understand.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
I declare that I have no competing interests.