Reviewer’s report

Title: Experiences and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro Region, Tanzania

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Reviewer: Sydney Spangler

Reviewer’s report:

Major Compulsory Revisions

1. Prior work upon which this study builds is not clearly acknowledged. The authors argue that experiences of and responses to abuse/disrespect at facility-based birth in Tanzania is a neglected area of research (background, pars. 3 & 5). Prior studies conducted in Tanzania are ambiguously characterized as highlighting “quality of care” but not the “experience of abuse, its manifestations and responses to it in non-complicated births.” However, some of the studies cited do indeed examine these issues. For example, the study that I conducted in the same setting (Morogoro Region) describes in great depth women’s experiences of and responses to poor treatment at birth in local health facilities. Specific experiences revealed in these analyses that are also identified in the manuscript under review include:

- Neglect in health facilities (women being turned away, women laboring/delivering alone or with minimal support and monitoring)
- Verbal and emotional abuse (scolding/berating, shaming, humiliating)
- Discriminatory treatment based on social and material positioning
- Unofficial requirements for women to bring supplies to health facilities in order to receive care or avoid poor treatment
- Manifestations of low-level corruption (charges for officially free services, charges to register newborns delivered at home, conflicts of interest regarding publically-distributed drugs/supplies and health worker-owned pharmacies)
- Women’s responses to the above experiences (care-seeking behavior, acceptance of and resistance to poor/potentially poor treatment [placing the mattress on the floor in the event of an unattended delivery, paying bribes, etc.]).

I recommend that the authors revise parts of the background section, situating their study more transparently in relation to the previous research cited. Although some corroborating findings are identified in the discussion – which itself seems to contradict the argument in the background – the remarkable similarities between some of these results merits more consideration. This part of the discussion should be revised to clearly acknowledge these similarities, as well as to highlight important differences in methods and findings. Lastly, greater emphasis should be placed on the new knowledge produced by the study.
2. Please provide justification for the specific focus on uncomplicated versus complicated birth in the research question. How would abuse in an uncomplicated situation be different from abuse in a case in which there was a complicating factor? Why is this important? Also, how was uncomplicated birth specifically defined as a criterion for inclusion?

3. The authors argue that both male perspectives and family responses to poor treatment in health facilities are under-researched and that their study fills this gap in the literature (background, par. 5). Although the manuscript does provide some interesting results re: responses of male partners/fathers, perspectives of families as differentiated from those of women and male partners do not come through. These family informants should be defined and these results highlighted if this argument is to be retained.

4. The use of grounded theory seems to get somewhat lost in the manuscript. Generation of new theory is not discussed as a study objective in the intro/background and the iterative, inductive process of data collection and analysis required is not obvious in the methods. The resulting theory (conceptual framework) developed is also not presented as a result, but rather is buried in the discussion. This manuscript would be greatly strengthened if the application of grounded theory were more evident in each section.

5. The manuscript would be substantially improved if it were more streamlined overall. It might be beneficial to add a short introduction section in which the aims and objectives are spelled out (prior to the background). Editing is particularly warranted with respect to non-essential details in the methods, more description and fewer/shorter quotations in the results, and more focus on differentiating confirmatory findings from new findings in the discussion – and on explaining how the conceptual framework might be used alongside existing frameworks to guide future research in this area. Other parts of the discussion can be abbreviated.

Minor Essential Revisions

1. Although the development of a more specific research question from a broader aim (in this case, to explore care seeking for facility-based birth) is not uncommon in qualitative research, the broader aim and emerging focus should probably be presented clearly at the beginning of the manuscript. This way, any later references to this broader aim are easily understood.

2. The long quotation in the background (par. 4) should probably be indented (check with the journal editor for the handling of long quotes).

3. Revisit the subheadings in the results; second and third-level subheadings do not appear to be differentiated from one another, confusing the reading of the results.

4. The manuscript contains two Table 1s (one placed in the manuscript and another in the supplementary documents). In addition, Figure 1 is not clearly
5. The second Table 1 succinctly summarizes categories of abuse found by the study, but its title should reflect these categories as being identified by different groups (e.g., something to the effect of “Types of abuse identified by mothers, fathers, community health workers (CHWs), and community leaders”). Because “feeling mistreated” could potentially apply to neglect as well, this subheading should also be more specific.

Discretionary Revisions

1. Consider incorporating essential information from par. 1 in the study setting section to the par. 1 in the background, making it easier to compare the burden of maternal mortality and morbidity in Tanzania with that of the global and regional contexts. It might also be preferable to cite Trends in Maternal Mortality 1990-2010 (WHO, UNICEF, UNFPA, and the World Bank) for these estimates, if applicable.

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

Quality of written English: Needs some language corrections before being published

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