Author’s response to reviews

Title: Delivery Practices and Associated Factors among Mothers seeking child welfare services in Nyandarua South District, Kenya

Authors:

Carol Wanjira (cwkagia@gmail.com)
Moses Mwangi (mmwangi@kemri_nuitm.or.ke)
Evans Mathenge (emathenge@domckenya.or.ke)
Gabriel Mbugua (mutitu2002@yahoo.ca)
Zipporah Ng’ang’a (zipnganga@gmail.com)

Version: 4 Date: 20 December 2010

Author’s response to reviews: see over
Reaction to the paper: Delivery Practices and Associated Factors among Selected Mothers Seeking Child Welfare Services in Selected Health Facilities in Nyandarua South District, Kenya

Carol Wanjira¹,², Moses Mwangi², Evans Mathenge⁴, Gabriel Mbugua³, Zipporah Ng’ang’a¹

Address: ¹Jomo Kenyatta University of Agriculture and Technology, Institute of Tropical Medicine and Infectious Diseases, ²Kenya Medical Research Institute, Centre for Public Health Research, ³Kenya Medical Research Institute, Centre for Microbiology Research, ⁴Division for Malaria Control, Ministry of Health

Abstract. Based on the most recent delivery, utilization of safe delivery practice was significantly (p<0.05) influenced by two factors namely; the total number of deliveries a mother had in a lifetime, where more than three deliveries in a lifetime was associated with increased likelihood of delivering unsafely compared to less than or equal to three deliveries (AOR: 5.2, 95% CI: 1.9 – 14.1, p=0.001) and the place of delivery, where a mother was more likely to deliver unsafely if they delivered at home compared to a health facility (AOR: 604.4, 95% CI: 186.4 – 1959.5, p<0.001).

Dear Editor,

In view of the comments raised by the two reviewers, the author of the manuscript mentioned above acted as follows;

Reviewer1: Margaret Elizabeth Kruk

General Comments:
1) To address the issue of biasness, the title is now revised in such a way that the study infers about ‘Mothers Seeking Child Welfare Services in Selected Health Facilities in Nyandarua South District, Kenya’ as opposed to the earlier one which suggested that the inference was about the general population of mothers in Nyandarua South District, Kenya.
2) Discussion
   • The statement on the skilled attendants has been revised to avoid confusion (page 11).
   • The statement on TBAs has been clarified to read; “…1.5% of all the deliveries”
3) Analysis
The Analysis is now tailored to the main objective. After describing the population characteristics, the focus is put on delivery practice which is the only dependent variable. Other variables are considered to be independent. Table 6 on multivariate analysis was merged with Table 2 on bivariate analysis and details on the dependent variable are now clear.

Specific Comments:
Analysis: Three continuous variables i.e. Mother’s age, Total number of deliveries in a lifetime and Wealth score were recorded to categorical form. The analysis was repeated using the categorized variables. The results are presented in a summarized table (Table 2) combining Bivariate and Multivariate analysis. Only significant factors at Bivariate analysis qualify for Multivariate analysis. This procedure is used to identify confounding factors which are eliminated at model building. The final table (Table 3) shows the parsimonious model generated using factors that are significant at Bivariate and Multivariate analysis.

4) The current BMC format that we used does not provide a section on limitation so the limitations of this study were briefly cited in the conclusion section.

Reviewer2: Imran Mohason-Bello
Most of the comments highlighted by Imran were also highlighted by Margaret. The changes are effected as described above.
The manuscript has been revised to include the changes suggested by both reviewers more so on the analysis of the data. The questionnaire used as the tool for data collection has been added as an additional file.

1) Abstract
This section has been re-written to include all the corrections made.

2) Introduction
a) A statement on skilled attendants in Kenya has been included with the categories of individual recognized as skilled attendants being cited.
b) A statement on the training of skilled attendants in Kenya has also been included.
c) Information on the payment systems in Kenya has also been provided.

3) Methodology
a) The formula has been removed.
b) Data collection was done in two sites where due to time limitations data was collected everyday in an alternate manner for example, the interviewers visited the district hospital on Monday then the sub-district hospital on Tuesday and so on. This also enabled the principal investigator to be present to collect data in both sites.
d) KEMRI has been included in the abbreviation section.

4) Results
a) The tables have been revised and Table 2 was added to 1 as suggested.
b) Information on place of birth is available on Table 1.
c) Under the variable ‘religion affiliation of the mother’, the category ‘none’ meant mothers who did not associate themselves with any religion affiliation. To clear the doubt the authors have unanimously decided to use the terminology ‘No affiliation’.
d) Results have been summarized.
e) Data collection from the two sites was not for comparative reasons and the average number of mothers visiting the clinic per day was the same, it could not have affected the data. To address selection of participants during recruitment, the sampling frame was estimated using average number of mothers visiting the clinic per day (established from the facility) multiplied by the number of days to be spent on the site. To calculate the sampling interval, the total estimated sampling size was divided by the calculated sample size giving an interval of three i.e. recruiting every third mother systematically. This was applied every day until the desired sample size was realized.

5) Discussion
a) The discussion has been reviewed and the topographical and other errors have been eliminated.
b) Information on TBAs has been discussed in the section with information on the activities and well reversed.

6) References
The references have been updated.