Author's response to reviews

Title: Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh

Authors:

Nuzhat Choudhury (nuzhat@icddrb.org)
Allisyn C Moran (allisynmoran@gmail.com)
M A Alam (aneeloy@yahoo.com)
Karar Z Ahsan (kzunaid@gmail.com)
Sabina F Rashid (sabina@bracu.ac.bd)
Peter K Streatfield (kims@icddrb.org)

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Author's response to reviews: see over
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The Editor
BMC Public health

Dear Editor,

Thank you very much for sending the reviewers’ comments on our manuscript “Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh ” (MS: 25424674580853). These comments helped us to revise and reorganise the manuscript for clarity and quality as suggested. We take this opportunity to thank the reviewers for their time and interest and sincere suggestions to improve the paper.

The reviewers were mainly concerned with length of the manuscript, and also suggested to include a table of the main result, needs to be focused on PNC and comparison with rural area. We agree with their comments and have revised and re-written the paper, including new information (highlighted in the additional text). Please find detailed, point by point, responses at the end of this cover letter below.

On a more general note, the manuscript has been edited by our co authors who are native English speaker. The manuscript is formatted (including the references) according to the requirements of BMC Public Health. Visible vertical lines of the tables are also deleted.

We now submit the revised manuscript for your consideration and hope that it will meet with your favourable decision. Thank you again for giving us the opportunity to revise and resubmit.

Yours sincerely,

Nuzhat Choudhury, MSc, MPH
Senior Research Investigator, ICDDR,B
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Nuzhat Choudhury (nuzhat@icddrb.org), Allisyn C Moran (allisynmoran@gmail.com), M Ashraful Alam (aneeloy@yahoo.com), Karar Zunaid Ahsan (kzunaid@gmail.com), Sabina F Rashid (sabina@bracu.ac.bd), Peter Kim Streatfield (kims@icddrb.org)

Reviewer #1: Michael C Klein

1. Reviewer's report: This is a comprehensive study using both qualitative and quantitative methods. It is well written and has important public health implications. Issues of generalizability have not been addressed. The paper would be stronger if this issue were explored.

   Response: In discussion section first paragraph last 3-4 lines (page # 11) are included where it has been addressed. It is written as follows:

   These findings are based on self-reported maternal care practices, and may therefore differ from actual practices. However, given the consistency of findings in both the quantitative survey and qualitative interviews, we are confident that the findings represent actual practices and it can represent the maternal care practices in urban slums of Dhaka city.

Reviewer #2: Torbjorn Moe Eggebo

Reviewer's report: No major revision
Minor revisions: the manuscript should shortened

The paper describes maternal care and practices in urban slums in Dhaka. The manuscript is well written and easy to read. The manuscript gives important local information, but it also for readers in high resource countries. They should be informed about pregnancy care in low resource countries and about conditions very different from the US and the Western Europe. I think this manuscript should be published.

However, it is too long and could be condensed considerably

   Response: It has been (length of the manuscript) addressed in background (page# 4), result (page 7-11) and discussion section (page # 11).
**Background:** Please condense. The background should be precise and direct to the point. It could be shortened 50%. I miss one information: “The maternal mortality ratio in Bangladesh declined by 40% between 2001 and 2010”. Please give the frequencies of maternal and perinatal mortality in Bangladesh.

*Response: Background has been shortened. The maternal mortality ratio was 320/100,000 live births in 2001, and 194/100,000 live births in 2010.*

**Methods:** Both quantitative and qualitative methods are used and carried out independently. The quantitative results are presented as descriptive data.

*Response: The quantitative data is now presented in a separate table as it was recommended by reviewer #3 as well. Please see Table-2 for detailed care practices.*

**Results:** Characteristics of the population are presented in a table. The results are presented as subheadings of antenatal care, birth preparedness, birth attendants and privacy, postnatal care and influential people in the slum. Each subdivision includes a quantitative and qualitative part. This way of presenting results is original, but I like it. The qualitative part helps explaining the quantitative results.

*Response: Key summary findings where appropriate are written in the text, otherwise most of the findings are now in Table-2.*

**Discussion:** The discussion could be shortened and information should not be repeated. The discussion section emphasizes the importance of educating the population and the need of training for the local birth attendants. I think this is a clear and important message.

*Response: The discussion section has been shortened, and repetitive words have been avoided. (page # 11)*

**Reviewer #3: Zelee Hill**

**Reviewer's report**

**A. Major Compulsory Revisions**

1. In the background explain why quantitative data collection in slum areas is required rather than relying on data from large scale surveys such as DHS. They could explain that these surveys do not allow disaggregation at the required level.

*Response: For quantitative data collection a separate baseline survey was conducted instead of taking information from DHS which do not allow disaggregation at required level. This is written in method section.*
2. Please include a table of the main results (including confidence intervals) with all the main findings from the quantitative survey. This should include data on knowledge and perceptions of pregnancy, delivery and post-partum care. These are listed in the methods but not presented in the results. A table would make the results accessible in a single look.

   Response: A table is included with maternal care practices- the main findings from quantitative survey. The results are in percentage including the confidence interval. Refer to table 2.

3. On reading the qualitative results I was left with the feeling that this is a very surface level analysis and that a more detailed look at the data would reveal more in-depth and more useful findings.

   Response: We revisited the qualitative interview transcripts and incorporated some more in-depth information related to the topics discussed in the paper while addressing to comments from all reviewers which is, we believe, now reflected in the revised manuscript.

4. It is unclear what the authors mean by post natal care. Is it a visit to a facility or a health worker coming to the house within 2 days of birth? In the PNC section the description included intra-partum care, food taboos etc.

   Response: Postnatal care was considered a visit to a facility or a health worker coming to the home. Food taboos, restrictions etc are now under a new subheading i.e ‘restrictions during post partum period’. (pages # 9, 10)

5. Clear data on how the quantitative and qualitative findings compare to rural areas is needed. Actual levels of ANC and a more detailed description of key beliefs found in other papers is needed.

   Response: We agree with the reviewer that a rural-urban comparison of data on maternal care practices would provide better insight to understand the differences between rural and urban settings in Bangladesh. However, given the primary objective of this paper to present information on maternal care in urban slums, we concentrated our focus on the various aspects of maternal care practiced by urban slum dwellers.

6. In the discussion rather than describe that other qualitative research suggests that CHWs can change practices report what impact CHWs have actually had. Many of the key CHW papers are report changes in behaviours such as percentage of facility deliveries.

   Response: It is written as follows:

   The biggest changes occurred in behaviours related to seeking of ANC and in facility births in Hala trial. (ref 17) (page # 12).

7. The discussion has a strong focus on getting ANC visits to 4, the other findings around PNC, skilled attendants etc merit equal attentions.
Response: *It has been addressed in discussion section. Privacy during delivery and social support were the main focused issues to be discussed for this manuscript. This has been addressed on pages 12 and 13.*

8. In the discussion the section on social support appears to be references a more detailed paper from the formative research process for the Manoshi program. This should be made clear as it currently sounds as if these are two separate studies.

Response: *The article that is referenced in this section is a paper reporting summary results from a number of formative research studies from the Manoshi project. This has now been clarified (page #13).*

**B. Minor Essential Revisions**

1. The authors should remove all repetitions and edit to ensure the paper is more concise.

Response: *It has been edited*

2. In the abstract state that the quantitative survey was a probability sample and give an indication of the sample size.

Response: *Sample size 672 is written in the abstract. (page #2)*

3. Make it clear in the abstract and methods that they are reporting findings from the formative research for the Manoshi project. Also clarify if the survey was part of the formative research or was a baseline survey. Reference the Manoshi formative research paper where appropriate.

Response: *It is now clearly written in abstract and methods section that the study has two parts - quantitative (baseline survey) and qualitative (formative research). References are cited where appropriate. (page #2, 5, 6)*

4. In the background include something about the level of service provision in slum populations.

Response: *The following lines are now included in background section:*

*Usually in urban slums, the maternal services are offered at home or in static service delivery sites operated by non-government-organization (NGO) field workers. In some instances, services are available at clinics or dispensaries managed by NGOs, government or the private sector.(page # 4)*

5. The results that are presented in the abstract and in the discussion about PNC being perceived as of little importance are not presented in the results section.

Response: *In result section the qualitative findings have been incorporated (page #9).*
6. Add information in the methods relating to eligibility criteria- Does infant mean any woman with a child under 12 months was included in the survey? Did it matter whether they delivered before they migrated to the study area? Given 52% had lived in the slum for less than two years this may be common. If women who delivered pre-migration were included the results may not reflect behaviours in the slum.

   Response: Women who had children less than one year and currently living in this slum were the eligibility criteria. (page # 6)

7. Give more information on how beliefs and practices were explored qualitatively and a brief outline of the topics covered in the interviews.

   Response: Beliefs and practices relating to various aspects of maternal care were explored by engaging in conversations with the respondents which were guided by semi-structured interview guidelines. The topics of discussion included: perceptions and practices relating to ANC, PNC, & delivery care, care practices during pregnancy, birth preparedness as well as the persons influencing maternal care decisions. This information has been now included in the Methods section of the revised manuscript (page #6)

8. Explain why the qualitative sample was stratified by currently pregnancy multi-gravida women and non-pregnant multi-granvidas. I could not understand the rational for this.

   Response: Our objective was to explore maternal care practice which includes pregnancy, delivery and postpartum care. Pregnant women were selected to know more detailed information on pregnancy care, and recently delivered women were selected to collect the information on delivery and post-partum care.

9. Explain how not wanting to share the pregnancy with community members is linked to not attending ANC 4 times? Most do attend ANC once so have already ‘shared’ the pregnancy with the clinic staff.

   Response: This linkage is now discarded from the revised manuscript.

10. In the paper it sounds as if women do not see the importance of ANC at all yet most attend at least once. The reasons for initial attendance but then dropping out should be explored.

   Response: From the in-depth interviews, most of the women attended ANC to confirm pregnancy via urine test or physical examination. Women said they themselves did not usually seek ANC at facilities on a regular basis as they did not see an urgent need for it, except to reconfirm the pregnancy.

   The above paragraph is included in result section (page #7).

11. Explain the cultural preference for TBAs. This cultural preference is stated but the authors then focus on cost as a reason for using TBAs. To what does this cultural preference refer?

   Response: In result section we have omitted the word 'cultural’. (page #9)
9. In the last paragraph of the PNC section clarify whether the data are qualitative or quantitative.

   **Response:** The last paragraph of the PNC is now a new subheading as stated ‘restrictions...’. This paragraph is findings from in-depth interview. It is written.(page # 10)

10. In the discussion few empirical data are presented on recommendations such as improving birth preparedness, including such data would strengthen the paper.

   **Response:** Ensuring the birth preparedness is now included in discussion section.(page #12)

12. The conclusion that women need more education messages is not based on the results where it is not reported whether woman received educational messages. A more comprehensive behaviour change approach may be needed rather than just educational messages.

   **Response:** It is now written as behavior change message.(page 14)

**C. Discretionary Revisions**

1. Reduce the length of the background section on Manoshi.

   **Response:** It has been reduced.

2. Be consistent with decimal places.

   **Response:** It has been noted.

3. Clarify how the findings of the formative research will be used to judge the effectiveness of the program. Is this by comparing baseline to an endline? If so be specific about this.

   **Response:** We agree with the reviewer that those findings would be used to judge the effectiveness of the program by comparing baseline to endline. (page #5)

4. Add quotes relating to more than 1 ANC visit being unimportant and relying on land ladies for support.

   **Response:** Added one quote on landlady (page #11)

   “I know a local dai, but do not contact her unless my Bariwali (landlady) introduces me to the local dai. Bariwali is very helpful, in case of emergency I can borrow money from her because she has her own money and can manage giving money without asking her husband” (Pregnant woman, 26 years old)

5. Report who the advice about eating after delivery was usually from.

   **Response:** Usually these advices come from primarily elderly women or landladies. It is written in result section (page # 10)
6. Explain the landlady role more- are these women who own large compounds and rent out single rooms?

Response: *Landladies typically own large compounds and rent out single rooms. This is included on page #10.*