Author’s response to reviews

Title: Concepts on Quality of Antenatal Care in Developing Countries: Results of an Evaluation in Argentina, Cuba, Saudi Arabia and Thailand.

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Dear Editors
Bio Med Central

You will find attached the modified version of the paper "Concepts on Quality of Antenatal Care in Developing Countries: Results of an Evaluation in Argentina, Cuba, Saudi Arabia and Thailand" containing the suggestions of the two reviewers. After considering the observations of the two reviewers, the authors decided to change the title to a new one "Women’s opinions on antenatal care in developing countries: Results of a study in Cuba, Thailand, Saudi Arabia and Argentina". The main arguments of the conceptual framework were transferred to the introduction section of the conceptual framework. A summary of the changes is exposed next.

Reviewer 1:

a) The text was modified to clearly specify that the study was attached to a broader trial where characteristics about services delivery were defined, particularly regarding the issue of the type of provider. In all countries doctors were the main providers, except for the case of Thailand where midwives where involved. The study assesses the opinion of women about the providers in their own countries. A statement is made that where midwives where involved women have strong preferences for them. This finding coincides with studies made in other developing countries.

b) A clarification on the importance of social condition as a variable to introduce diversity is made in the text. Actually, social condition was very homogeneous due to the fact that women attending health care units live in surrounding neighbourhoods in each country and the variable was not considered to
introduce variation. Variation was only introduced by age and parity. Across countries social condition accounts for a minor degree of variation and the role of culture is much stronger as it is exposed in the paper.

c) According to Morgan and Krueger (1993) there are several myths regarding the use of focus groups. One of them is to believe that they only work to obtain consensus. We agree with the point of view of these authors. As researchers, we do not use focus groups to obtain consensus but a very different objective to identify diversity among people with a similar socio-economic background.

d) There is also a clarification that was obviously missed in the original version about the fact that in the first two issues (the contextual ones) of the results section, all opinions were considered, but in the third (the one modified by the trial) only the opinion of women participating in the intervention branch were included.

e) We did not include the opinion of women that were personally interviewed. It was not necessary for the purpose of the document as the information coming from focus groups discussions was rich enough to support our arguments.

f) Regarding the use of technology, it should be said that we identified a strong demand of ultrasound test only in Argentina where this technology is widely available at first-level antenatal care. Although this is not an issue that was modified by the protocol, it appeared in the focus groups as important. We are not trying to evaluate the availability of this resource but the opinion that its presence create in women. The opinion of women in this case is in favour of the availability of the technology. The interpretation of this issue can be addressed in different ways. Although we consider the potential harmful effect of technology we have no data to provide an opinion about this, but we recommend that the use of this technology should be evaluated initially using cost-effective indicators. The text referred by the reviewer was modified to address these issues.

g) More literature references were included to back up our arguments.

Reviewer 2.

a) The comment about the length of the paper was considered but we decided to maintain the initial structure and to clarify the arguments.

b) We refer the paper published in The Lancet by Villar J, et al. (2001), where details about the modifications of the protocol are presented.

c) Social condition in each country is highly homogeneous and this was not used as a criteria to introduce variation in the focus groups. This is made clear in the new version of the paper.

d) Table 1 is now including information about the number of focus groups carried out per country.

e) As it is now mentioned in the new version, social condition was not an issue for the selection of women neither for the interpretation. In all countries, except Thailand, all women participating in focus groups discussions attended the same clinic and lived in the same type of neighbourhood. In Cuba, the social condition issue does not play a role since this is meant to be a society where social classes can not be identified except for those groups belonging to high levels of the bureaucratic strata and the rest of the of the population. In Saudi Arabia women attending public clinics within the trial belonged to middle class groups. In this country class differences are not as important as gender differences as it is mentioned in the paper and religious ideology is deeply permeating most of the opinions regardless class structure. In Argentina, all women lived in low socioeconomic neighbourhoods and only in Thailand; both women living in urban and rural locations were attending the same unit. Not enough information to provide explanations on social differences was available.

f) The original version of the paper did not describe the main findings by country and only compared main issues across them. However, since in BioMed Central, extension is not a restrictive issue we decided to describe the situation in each country and, in each of the issues described, an initial comparative interpretation was included. We still think that the description of the cases is relevant for those readers who are no interested in comparison but in the situation in each country. Actually,
comparisons have to be made in a very careful way as cultural differences makes women’s opinions country-specific.

g) Aspects regarding the new protocol are exposed in the third issue of the results section. The first two are only contextual to the intervention but we think that are absolutely relevant to understand the opinions referred in the third issue. In the methodology section it is said that opinions of women from both branches are included in issues 1 and 2, and that only opinions from women attending the new protocol are included in issue 3.

h) Discussion is including now peer reviewed literature that is used to compare previous findings with ours.

i) Limited external validity is clarified in the text.

Sincerely

Gustavo Nigenda