Reviewer’s report

Title: Do health systems delay the treatment of poor children? A qualitative study on child deaths in rural Tanzania.

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Reviewer: Helen J Smith

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General comments

Reducing childhood mortality is without doubt a huge challenge in countries in SSA, and research that helps us understand better the factors that contribute to untimely child death is important. So the authors tackle a highly relevant topic and attempt to identify the practices at health facility level that might contribute to delay in a child receiving adequate treatment – but the paper requires some modification and clarifications to make clear its contribution to scientific knowledge. More general concerns are that the study is not focused on any disease specifically, and this is a weakness since delays could differ depending on the illness and symptoms the child presents with. The authors seem to make use of data collected within a larger multidisciplinary study, but it is not entirely clear what the aim of the larger study is or how the data presented in this paper fits into the framework of that overarching study. Sections of the paper are poorly structured and overall it lacks consistency. Problematic areas for the authors to consider are outlined below.

Major compulsory revisions

1. Introduction: It is usual for the introduction to provide an overview of the main concepts, summarise other relevant research and state why the study is necessary and what it will contribute to knowledge, as well as providing the theoretical or conceptual framework for the study. The authors partly achieve this. But surprisingly they refer to actual results from the study (top of page 3 “in our study...”) and comment on their own findings (page 3, “we identify four major obstacles” and most of page 4). It is not acceptable practice to summarise the study findings in the background, so references to the findings need to be removed. The authors need to acknowledge that the 3 delays model was developed in relation to maternal mortality, also explain and justify why the focus is just on the third delay when actually a combination of factors and delays is usually responsible. Please clarify what is meant by “anthropologists may have contributed to this discussion”. Anthropological studies are conducted for a specific purpose, and therefore will yield a certain perspective –its not quite clear what the argument is here. The authors rely on several direct quotations from other literature – it is good practice to avoid this unless you really cannot paraphrase or summarise the point. The authors state that they ‘recognise the power-trust-risk nexus’ – this is vague – is this used as an underlying conceptual
or theoretical framework for the study? If so how, since it is not mentioned again in the paper. Avoid beginning sentences with ‘and’ (page 5). The introduction should end with a clear statement of the objectives of the study and what is reported in the paper. Detail on health system and the study district should come in the methods section under the description of the study site/setting.

2. Methods: this section is disorganised and lacks consistency, and as a result doesn’t convey clearly how the research was conducted. It is not clear how the study is linked to the larger study – the sentence “this part of the study...” and proceeding sentences need to be revised so it is absolutely clear why this qualitative research was done and how exactly it fits with the broader study. A sample size of more than 50 interviews is considered large in qualitative research – the authors do not provide a justification for their sample size of 174. Then a ‘follow up’ study is introduced – is this the data that is reported in the present paper? Its really not clear. The next few sentences are jumbled – starting with recruitment of 17 mothers (how was consent obtained?) – then jumping to purposive sampling of villages, and then on to another method, observation. There is no internal consistency in this section; it needs to be re-written, adhering to acceptable and standard ways of reporting research methods, following a logical progression from study design and setting, study population and sampling, describe and justify each data collection method, then describe fully the analysis approach and a section on ethics. At the top of page 7 the authors start to describe informed consent, then jump to how the interviews were conducted, then back to issues related to ethical procedures. The highly sensitive nature of this research demands a comprehensive consideration of how women were approached for interview and how the principle of doing no harm was upheld. Statements like ‘great care was taken to ensure interviewees were comfortable’ need explaining – how was this done? what measures were in place if a woman became distressed? Next there is a comment on observation – which demands a section of its own to explain clearly how and why it was carried out. We are then told that ‘patients’ (who are they, since the study focuses on child deaths?) cross checked the observation data – this is the first time this is mentioned – how was it done? The authors say they ‘did not always remain neutral’ – a reflection on how this may have affected the data collected, the analysis and the findings would be welcome.

3. Analysis and findings: what is not clear from the manuscript is whether the authors use the ‘case study’ as a study design or as a way of reporting the data (ie using case illustrations). It seems they have accumulated a series of case studies of mothers who have lost children, but the process for rigorously analysing these is not clear. How exactly were themes derived from both the individual cases and across cases? How was the data from observations analysed? The results section provides selected cases, combined with author opinion, and references to other research –and the authors appear to miss the opportunity provided by qualitative research to uncover insights, meanings and what is really important to these mothers by comparing and contrasting across the cases. I’m not convinced it is useful to present ‘cases’ in isolation without reference to how they are similar or different from the other cases in the sample.
There is a lot of author opinion on the results section, ie page 10 the whole paragraph beginning ‘one important reason for delay or course is lack of free and available transport’ appears to be based on opinion rather than data collected in the study.

4. Discussion and conclusion: these sections could be improved. Several instances of emotive phrases ie ‘hits the poorest people hardest’, ‘struggle to afford’ (avoid since these phrases are subjective and appeal to emotions rather than setting out a reasoned and justified argument), and colloquialisms ie ‘hasten to add’. Parts of the conclusion are not supported by the data – ie the comment on mobile phones - the problem described in the results appeared to be a lack of initiation of referral rather than a lack of means to communicate with other levels of care.

5. There is no consideration of the study limitations or wider applicability.

**Level of interest:** An article of importance in its field

**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