Title: How decision for maternal care is made in two rural medical districts of Burkina Faso? a qualitative study

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Author’s response to reviews: see over
Dear Editor

I am enclosing herewith a revised version of the manuscript entitled “How decision for maternal care is made in two rural medical districts of Burkina Faso? A qualitative study”

The responses to comments of the two reviewers are listed below:

**Reviewer 1:**

This paper investigates an interesting and real problem in the context of Burkina Faso: the mother-mortality. But in the introduction, the authors have not mentioned the studies made in Burkina Faso on the same topic. In addition many programs have been initiated through the national political health and your article does not evoke them. It will be useful to quote such programs even if they are not operated today. Another problem is the fact that the link between economic and health services accessibility for the women is not clearly exposed in the introduction when it is largely comment in the text.

**Response:** the results do not focus on maternal mortality but want to point the problem of health services utilization. I agree that some research took place on the maternal mortality area such Skilled care initiative, Immpact, and others. This study is exploring an aspect that do not need necessary reference to all have already done in the large field of maternal mortality in Burkina Faso.

We do not see in the text a presentation of institutions and the description of the kind of collaboration with the specification of the role of each actor into the Research-Action processes. What is the role of the agents? Financial support sources? Who wait for results and how these one have been used? It will be helpful if the authors list all these informations in the perspective of efficient analyzes, since the study spread out in 2006.

The financial support is mentioned in the competing interest

Which are the statistics on motherly mortality and childbirth at home nowadays? How can be the contribution of your works for the objectives 4 and 5 of OMD by 2015?

Contribution to MDG: this was addressed in the conclusion

**Methods:**
Specify the instruction level and the profile of the persons who realized the poll. Which data have been collected in Namounou, Comin Yanga, and Dourtenga localities? Which are the characteristics of health services located in these villages? Notify the indices and the items chose for the data analyze.

Response: The type of data collected is mentioned in the Method section. Some corrections are in track change format.

Make a brief description of social and cultural realities of the localities and point out some informations on the characteristics of family constitutions: small family (mom, dad and children), large family?
Informations on local context permit the understanding of the relationship the members of each type of family and their role in the decision relatively to mother-mortality and infant mortality.

Response: Information on local context: some precisions are given in the methods section

Results:

Page 6-7 (decision-making process for utilisation of maternal care)
It will be also more interesting and exact to evoke with juxtapose way the mode of decision into the two types of family. What about the families in which the woman has an income and in which where she has not?
Note that the woman can also be householder (single, widow)

Response: some precisions have been added in the concern section

Page 7-8 (requirement of permission and care payment responsibility)
...“Otherwise, when the relationship is not good, the women can be considered a lazy person and no attention will be paid to her” ....

Use the collected data and analyzes for interpretations instead of suppositions as made in the text.

Response: the paragraph listed is not my judgment but comes from data. It is an interpretation of a detail of the data.

Discussion:

The discussion may present elements of comparison between men’s decision approach and decision-making of the other members as far as health or and domestics’ consumption are concerned.

The discussion may deal with the problem of welcome in health services thus the organization of prenatal consultations. These séance are free of charge as a rule, but why women do not participate generally?
Response: There are several reasons to non use of health services and the lack of decision is one of them. The contribution of this study is to highlight the decision-making process and to improve the use of health centres.

Conclusion:

Your conclusion does not give the limits of this study. The authors may also expose the health program initiated further to this experience. What is the contribution of this work for the improvement of the quality of the treatment of motherly health?

The limits of the study have been added in the conclusion section.

Reviewer 2:

Design and estimation of the sample:

In the two areas of the study on which your article is based, there are several ethnic groups and ethnic groups are characterized by specific behaviors depending on where they live:

- Have you considered this type of criteria to the choice of your data collection sites and participants in the study?
- Outside the age (15-49 years) of the participants in the study, did you consider other criteria for inclusion in the study? If yes, what were these other criteria’s for the inclusion of women in the study as well for the focus group and individual in-depth interviews?

Response: More details have been added in the methods section

Data collection tool:

Could you present and even briefly describe the tools that you used to collect the data of your study that allowed writing your article.

Response: Precision is given in the method section

Data collection:

The authors specify that the data collection was made with 30 women in total for individual in-depth interviews (IDI).

- Thus 9 individual in-depth interviews (IDI) were conducted for 2 sites at Diapaga and at Ouargaye 21 IDs for 3 sites. What explains this difference? How were selected women by sites?

Eight (8) focus group discussions (FGD) in total were made with 3 FGD at Diapaga and 5 at Ouagaye.

- Obviously some sites have had more focus than others. What justifies that sites had more focus? How were selected participants in the focus group?
Response: Precisions are been added in the method section

Results

Minor Essential Revisions

Requirement of permission and care payment responsibility
Fifth Paragraph, line 3
Write this woman rather than this women

Response: Correction made

I haven't seen the Figure 1. you mentioned in your article

Response: The figure has been added

Discretionary Revisions

Design and estimation of the sample

The article is from a study that involved two health districts (Ouargaye and Diapaga). In these two districts the estimated total population in 2006 was over 600,000 people (259.395 inhabitants in Ouargaye district and 341.782 inhabitants in Diapaga district). Also the two districts at the time of the study had 39 health centers (Ouargaye 20 centers and Diapaga 19 health centers)

- It is true that it is a qualitative study, so the sample here is based on a reasoned choice, but could you give more details on the choice of the five health centers only (Diapaga 2) and 3 Ouargaye as data collection sites for your study?

Response: more details is added in the methods section

- Would explain how you did the sampling and why not taking a larger sample which included more health centers?

Response: more details is added in the methods section

- Would please explain on the basis of which criteria you chose these five health centers for the data collection?

Response: more details is added in the method section

Discussion

A recommendation is made for the government in the conclusion section

Date and signature

January, 21th 2013