Author's response to reviews

Title: Striving to promote male involvement in maternal health care in rural and urban settings in Malawi - a qualitative study

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Author's response to reviews: see over
Dear Editor,

I would like to thank you for facilitating the reviewing process and the reviewers for constructive appraisal of our paper. The comments made by the reviewers were critical and have been addressed. Some of the revisions have been written in bold in the text for easy recognition. However, other revisions involved reorganizing the text and presentation, and are shown by track changes in the ‘Striving to promote male involvement in maternal health care in rural and urban settings in Malawi-a qualitative study revision 1.

I have submitted two paper, one with track changes (Striving to promote male involvement in maternal health care in rural and urban settings in Malawi-a qualitative study’ revision 1), and the other plain text (Striving to promote male involvement in maternal health care in rural and urban settings in Malawi-a qualitative study revision 2). I hope this is in order.

Below are responses to the issues raised by the reviewers, and are written in bold.

Kind regards,

Lucy Kululanga.

REVIEWER 1

Reviewer's report

I consider the topic of this article as very interesting and relevant for current debates in reproductive health. Male involvement studies, and particularly those from the health care providers perspective, are scarce and much needed. Some of the results and points of discussion in this study are very important, both in the context of Malawi and internationally. To mention a few, the study provides novel insights into the importance of male peers and positive deviants for male involvement, as well as practical implications of clinic routines and preferential treatment that deserve publicity. Also the data is seemingly rich and well controlled. However, the study has some major limitations in terms of justification of conclusions, clarity of research question and coherence of write-up. Also the analysis may lack sufficient rigor and depth – although this is difficult to judge given the other limitations. The study would also benefit from better writing and English. I can therefore only recommend publication if all the three major compulsory revisions are made with significant improvements for the article.

Major compulsory revisions (1-3)
1 The methodology of the article needs to be described more systematically in order to allow for evaluation of whether the results and conclusions are justified by the data.
a) The abstract (PARA 2, line 6) indicates non-participatory observation as one of the research methods. Likewise, results obtained through observation are mentioned in the discussion (Discussion/Partner notification, PARA 3, line 3 onwards). However, the description of the methodology for the non-participatory observation is missing, and it is unclear whether observatory findings are included in the results section. Observational data would support the aim to investigate the male involvement strategies that are used, and the authors thus need to consider including this properly in the article.

‘No participatory observation’ has been removed as data collection method because the data generated by this method do not show substantial results. See track changes on revision paper 1.

b) The sample on part of the health centres needs to be clearly described. It is unclear, whether interviewees from primary level are included or not. Overall, the description of the eligibility criteria could benefit from more clarity.

The sample included 2 health care providers from the health centres as indicated under participants’ demographic characteristics.

c) The analytical method of the individual interviews is explained thoroughly and supported by a supplementary attachment. However, there are substantial overlaps between the three last themes/approaches (‘community participation’, ‘use of incentives’ and ‘sensitization campaigns’), and the reader is therefore not convinced how the described analytical process has led to the division between these approaches. The authors need to reconsider the presentation of data or the analysis to fully adhere to the chosen method of qualitative content analysis.

The presentation of results has been addressed as indicated in the abstract and under results. Four main strategies were used to invite men to participate in maternal health care. The strategies were; health care provider initiative, partner notification, couple initiative and community mobilization. The health care provider initiative and partner notification were at health facility level, while the couple initiative was at family level and community mobilization was at village (community) level. The community mobilization had three sub-themes namely; male peer initiative, use of incentives and community sensitization.

2 The research question, presentation of results and discussion need to be brought fully in line in order to give full justice to the seemingly interesting data.

a) The authors state as the aim of the study 'the description of the strategies used in male involvement in different health facilities' (Background, PARA 4, line 9-14). A few aspects make the reader doubt the choice of the research question and methods.

- One should think that in hospitals, where male involvement initiatives have taken place (Methods/Settings/Mwanza district hospital, PARA 3) and where male involvement has been encouraged since 1950's (Methods/Settings/Blantyre adventist hospital), at least some guidelines related to male involvement are available. At least the description of the context would benefit from this type of information available for the authors prior to the study, and one should think that the research question could go beyond a description.
There were no written guidelines for male involvement in maternal health care in the sampled health facilities even though men have been encouraged to participate for sometime.

- Some of the six approaches in the results, for example ‘male peer initiated approach’ is not an approach used by the health facilities or health care providers, and thus goes beyond the stated study aim of ‘strategies used by health providers’. Similarly, the authors conclude that the approaches focus on facility based approaches (Abstract/Conclusion, line 3-4), which is contradictory with the study question. Furthermore, most of the interesting results in this paper describe the health workers perceptions and attitudes around male involvement rather than the methods used. The authors need to reconsider whether the research question is well defined in light of the rich IDI and observational (?) data. The authors make conclusions on the effect of the level of facility and type of clientele on the type of male involvement method. An analytical justification for this conclusion is missing, as only individual facilities are referred to earlier in the article.

The presentation of the strategies that were used to invite men to participate in maternal health care has been reorganized as indicated in the abstract and under results.

3 The authors need to show understanding of the basic principles of qualitative Research

a) The authors discuss generalisability in terms of statistical generalisability (Discussion/ Limitations of the study, PARA 1, lines 1-4), while generalisability is in qualitative research discussed in terms of transferability, and only naturalistic or analytical generalisations are of interest (Dahlgren et al., Qualitative methodology for public health, which is also reference number 16 of the article). The qualitative methodology is not a limitation of the study.

The limitations of the study have been revised and now read, “The main limitation of this study is reporting bias arising from participants wanting to provide socially desirable responses rather than true reflection of the real life situation. The participants were aware that the interviewer was a nurse-midwife and that may have influenced the information given.”

b) The same comments apply to the discussion on participants who refused to participate (Discussion/ Limitations of the study, PARA 2) and to note on purposeful sampling and credibility (methods/participants and recruitment, PARA 1, lines 5-6).

Minor Essential Revisions (4-6)

4 The discussion contains repetitive and also previously unquoted results, (e.g. Discussion/Health provider initiated approach, PARA 2, lines 1-6) and the results contain information that is not results. Similarly, the abstract is not fully in line with the text. This confuses the reader and takes space from the interesting information.

Presentation of the results has been reorganized; information that is not results has been removed. The discussion has also been revised and unquoted results removed, as shown in revision paper 1 with track changes. Similarly, the abstract has captured the revisions in the text. See track changes.
5 'Male involvement in Malawi is in its infancy' is written in the conclusion of the abstract and in the background of the article. Is this background or a conclusion of this study? Either way it needs justification

The sentence ‘male involvement is in its infancy’ has been removed from the abstract and background of the article. The removal of the sentence does not change the meaning of the text.

6 References 16, 31 and 34 do not give full detail. The references have been corrected as follows:


Discretionary Revisions (7-10)

7 MCH short form is incorrect (Background, line 3)

Corrected as shown on background, line 3 in bold.

8 The authors quote that male involvement has been shown to reduce perinatal mortality. I am unable to retrieve the quoted sources. Is this indeed the case? (Background, PARA 3, lines 6-7)

The statement ‘male involvement has been shown to reduce perinatal mortality’ has been removed.

9 The authors could consider discussing the reasons for refusal and describe the interview situation in more detail.

The reasons for refusal given by health providers included being busy with their work and did not want to use their free time for the interviews; and being tired of participating in students’ research.

10 What is the benefit for the reader of providing the codes with the quotes?

Fictitious names are used in the quotes.

Level of interest: An article of importance in its field.
REVIEWER 2

**Title:** Striving to promote male involvement in maternal health care in rural and urban settings in Malawi - a qualitative study

**Version:** 1  **Date:** 31 October 2011  
**Reviewer:** Graciana Alves Duarte

**Reviewer's report:**
1. Is the question posed by the authors new and well defined? The question is not new but it is still important enough to be discussed. Background should be reviewed in order to address the following information:

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? I suggest that authors improve the description of data collection and analysis. I get to know who the interviewer was when I read about study limitation. It is important to know how the study was conducted and how data was analyzed in order to replicate the study.

   Revisions have been done on the method section to address issues of data collection and analysis. The corrections are shown under track changes in revision paper 1.

3. Are the data sound and well controlled? Data are well, but authors should improve the method section.

   The results section has been reorganized. See track changes in revision paper 1.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? I suggest also that authors present data and discussion together. In my opinion by presenting both results and discussion together it will improve the data comprehension.

   Results and discussion have been presented separately.

5. Are the discussion and conclusions well balanced and adequately supported by the data? Authors repeat part of results in discussion. I think they should presenting results and discussion together. I would like also that authors discuss a little more about the competition to promote male involvement. As the authors pointed out at the article “Does the goal justify the means?” I also think that authors should discuss more about type of the health facility, its location and the social status of the people that utilize its services in order to state at the conclusion that the approaches are related to them.
The competition sub-section has been revised to capture how male involvement was promoted using this strategy. The background information about the social status of the people that utilized the health facilities has been given.

6. Do the title and abstract accurately convey what has been found? In my opinion the title is adequate.

7. Is the writing acceptable?
I am not an expert in English so I am not able to judge the writing grammar. Finally, It would also improve the article if authors present to readers some information about M culture, it is not necessary to be extensive, but for a foreign reader it would help to understand the approaches used by health professionals

Aspects of Malawian culture related to gender issues have been included in the text.

Level of interest: An article whose findings are important to those with closely related research interests

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' below.