Author's response to reviews

Title: Transforming maternal and newborn health social norms and practices to increase utilization of health services in rural Bangladesh: A qualitative review

Authors:

Fahmida Taleb (fahmida_82taleb@yahoo.com)
Janet Perkins (janet.perkins@edm.ch)
Nabeel A Ali (nabeel@icddrb.org)
Cecilia Capello (cecilia.capello@edm.ch)
Muzahid Ali (muzahid.ali@edm.ch)
Carlo Santarelli (carlo.santarelli@edm.ch)
Dewan Md E Hoque (emdad@icddrb.org)

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Author's response to reviews: see over
To the Editor of BMC Pregnancy and Childbirth:

Thank you for the opportunity to revise and resubmit our manuscript “Transforming maternal and newborn health social norms and practices to increase utilization of health services in rural Bangladesh: A qualitative review” for publication in BMC Pregnancy and Childbirth.

We greatly appreciate the reviewers’ suggested revisions, which have helped strengthen the overall paper. Below we have included our detailed responses to each of their comments.

Sincerely,

The Authors
Reviewer #1

1. Line 78: Reference number 2, consider updating to the Bangladesh DHS 2011 which is a more recent source of the proportion of under-5 mortality attributed to neonatal mortality.

Authors’ Response: Thanks for your suggestion. The reference has been updated accordingly.

2. Lines 153 and 163: The authors note that this is a mid-term evaluation at the end of 2011. It would be helpful to state the duration of project implemented prior to this study.

Authors’ Response: Thank you for noting this oversight. This was addressed on p. 8.

3. Methods:

- Concerning the study sites, please detail the rationale for selection of the villages to be sampled with specific selection criteria that are alluded to in line 169.

Authors’ Response: We added the rationale for selection of sampled villages on p. 10.

- Concerning data collection, please describe the method through which suitable participants were actually recruited and selected. Please describe the characteristics that deemed participants suitable or appropriate to be purposively selected.

Authors’ Response: We added details of selection of suitable participants in the text and characteristics in Table 2.

- Regarding the selection of participants, the inclusion of pregnant women, even though they are beyond 5 months term, captures data on intention for birth and complication preparedness however does not necessarily reflect actually change in practice.

Authors’ Response: Thanks for your comment. We added this category in our study to see if these group of population are developing any plan for birth and potential complications. We assumed their intention to do this as a change.

- Line 176, please specify the type of health workers. Does this include CSBA?

Authors’ Response: We added specific information in the text. We sampled two types of health care providers, namely, the community health workers recruited by the NGO and the facility based health care providers who are working with the public health facilities. We did not interview CSBAs as a group due to their limited number at the time of the study.

- Please provide a table specifying the characteristics of participants, beyond the categories presented in lines 185 – 188.
Authors’ Response: We added details of selection of suitable participants in table 3.

4. Data collection tools:

- Were the instruments back translated into Bangla after English to assess consistency with original focus and themes?

Authors’ Response: As the PI of this study is a native Bangla language speaker it was not deemed necessary to back translate the guidelines. The original English version was developed in order to facilitate a good understanding between all investigators of this study and to meet the Institutional Review Board (IRB) requirement at icddr,b.

- Please describe if any process was undertaken to convey the meaning of ‘rights’ in the data collection tools. It is plausible that the results concerning this them illustrate a miscommunication, given that such terms are not used in all languages and cultures, rather than a lack of understanding of women’s rights among the respondents.

Authors’ Response: It is true that having a shared understanding ‘right’ was a challenge. In order to facilitate communication on this issue, interviewers used examples of rights which are well known, such as the right to vote. We feel that the discussions allowed for reliable data collection.

5. Ethics:

- Please report if respondents received any compensation or incentives for participation.

Authors’ Response: Thanks for asking this. We included this to the section regarding ethics. The participants did not receive any compensation or incentive for participation. This was stated in the consent form which was presented to and signed participants prior to participation. Data was collected only after obtaining informed consent.

6. Results:

If the data allows, several aspects of the results would be more valuable if they were explored with greater detail. Depth and understanding of changes and barriers harnesses the value-add of the qualitative method. Specifically,

- Line 214, how did women come to know of the BEPP card? For the relating paragraph, what is the main source of information for women, and for husbands (ie. peers / project staff /health personnel)?

Authors’ Response: Thanks for your observation. We included the source of information for BEPP card on p. 14.
Paragraph from line 227, how did husbands know how much money they needed to save? Was it sufficient to overcome the second delay – accessing care?

Authors’ Response: Thanks for your observation. Unfortunately we did not collect data regarding the awareness of the amount of money to be saved by the husband for birth and complications and whether the amount saved was sufficient for overcoming the second delay.

Paragraph from line 245, why had several women not undertaken blood group screening even though they were aware of the importance?

Authors’ Response: Thanks for your observation. We added information to the results on p. 16 and also included it in the discussion on p. 23.

In relation to the theme of the quote from line 293, what do TBAs see as the barriers for women to seek SBAs or facility-based deliveries? Why do TBAs think that women are reluctant? Have the TBAs witnessed changes to attitudes and practices since the introduction of the IFC program and BEPP card? What are the TBAs’ perspectives on the rights of women for maternity care?

Authors’ Response: Thanks for bringing these considerations to our attention. We included what TBAs see as barriers or women's being reluctant to seek care from facility and their impression relating to BEPP card and IFC framework. During this study we did not collected information on TBAs’ perspectives on the rights of women for maternity care.

If CSBAs were sampled, do perspectives of CSBAs differ to those of facility-based health personnel, particularly in terms of changes in social norms or attitudes they have observed since the program introduction, or concerning roles of TBAs?

Authors’ Response: As mentioned above, we sampled facility-based health care providers and community health workers, but not from CSBAs due to their limited number at the time of the study.

In terms of women’s inclusion in decision making, do they hold more influence in certain aspects of the birth preparedness? For instance, more input to choice of delivery place and attendant, while the financial aspect remains at the discretion of the husband?

Authors’ Response: Thanks for your query. This information did not surface during data collection and analysis.

7. Discussion: The study aims to explore changes in relation to the first and second delays. The results presented orient more towards changes in the first delay than access to care. Would the authors be able to add comment – does this mid-term assessment suggest that the project, and the BEPP card, have capacity to impact on decisions to seek care, but likely to have limited impact on access to care for MNH?
Authors’ Response: Thank you for this pertinent observation. This is included in the discussion on p. 27.

8. Limitations: The risk of potential response bias has been overlooked. There is a high risk that participants have provided the perceived desirable responses, on support for the project but also most particularly TBAs reporting of the degree to which they recommend women to utilise health services. This risk would be countered somewhat through triangulation. Did the study collect data from women regarding the practices of TBAs, and if their roles have changed since IFC program initiation? Note that the quote of line 254 in which a mother that, in her experience, TBAs do not refer, is in contrast to the TBA reports.

Authors’ Response: Thank you for this observation. We have included it in the section on limitations on p. 28.

9. Referencing: Several references are a little incomplete - those pertaining to reports.

Authors’ Response: Thanks for your observation. This section has been updated.

Minor essential revisions

10. Minor edits: -

Line 59: Perhaps the word ‘care’ is missing “preference towards skilled care at birth”.

Authors’ Response: This has been changed.

- Line 174: ‘d’ for complete in “completed at least 5 months…”.

Authors’ Response: This has been changed

- Line 179: Consistency with acronyms, using the full term “traditional birth attendants” rather than TBA acronym.

Authors’ Response: Consistency in the acronyms has been verified, however we have continued use the acronym for TBA, particularly as this is a commonly understood acronym in maternal and newborn health.
**Reviewer #2**

Minor revisions

1. Abstract: Page 2, Line 39 : spell out PARI

   **Authors’ Response:** Thank you for this observation. We have corrected this.

2. Method: Page 11, line 204: Spell our icddr,b??

   **Authors’ Response:** Thank you for this observation. We have corrected this

3. Discussion: Page 19, line : 377: Spell out CSBA

   **Authors’ Response:** Thank you for this observation. We have verified the correct use of acronyms throughout the manuscript

4. Discussion: Page 19, line 388-389 : rephrase limitation: as to quantify the data need to conduct quantitative study. This study explored the issues and status regarding the process and perceptions of stakeholders on maternal health care.

   **Authors’ Response:** Thank you for this observation. We have changed this accordingly in the section on limitations on p. 28.

5. Limitations: Page 22: line 453-458: Rewrite : describe what are the limitation on qualitative data . No need to compare with quantitative data and method.

   **Authors’ Response:** Thank you for this observation. We have changed this accordingly in the section on limitations on p. 28.
Reviewer #3

Major compulsory revisions:

1. The intervention needs to be described in more detail. The authors mention on page 6 ‘the intervention aimed to influence social norms and practices’. It is not clear what strategies and activities were employed for this, details like how were these implemented, by whom and how frequently would be useful.

Authors’ Response: Thank you for this suggestion. We have described the intervention in greater detail throughout the background section.

2. In describing the intervention, on page 6 the authors mention of involvement of community actors. Involvement of community members in developing interventions has a significant influence on the acceptance and sustainability of the intervention, hence it would be useful to explain in what way this was achieved.

Authors’ Response: Thanks for your observation. We included this in detail.

3. The study was conducted in 8 of the 80 villages where the program is implemented. The authors should make explicit the criteria for choosing the villages.

Authors’ Response: Thanks for your observation. We included the selection criteria in detail.

4. The authors should include essential methodological details such as how the participants for FGDs and interviews were approached, who conducted the interviews—whether the anthropologists were females, their backgrounds, did they work individually or in a team, where were the interviews/FGDs conducted—at homes or elsewhere. The word ‘semi-structured guidelines’ is not a common expression, the authors should explain what they mean by this.

Authors’ Response: Thanks for your observation. We included detailed methodology in the section of "data collection" and in Table 2.

5. The authors refer to social norms and practices influencing behaviour and care seeking regarding child birth. Information on what the current norms are and what specific norms did the intervention aim to address is lacking. The background section of the paper would be appropriate to include this.

Authors’ Response: Thank you for this suggestion. We have described the norms the interventions aimed to address in the background section on p. 6.
6. It would be useful to describe how the BEPP card was developed and how it was practically used in the program. The authors could also discuss the experiences with using such tools in the context of illiterate and less developed areas.

7. Abstract needs to be written more precisely.

Authors’ Response: Thank you for the suggestion. We have rewritten the abstract to be more precise.

8. The definition of skilled attendant could vary in different regions, the authors should specify what is included in this.

Authors’ Response: Thank you for your observation. We have included a description of categories of health workers included as skilled attendants in Bangladesh in the background section on p. 6.

9. In the subsection describing data analysis on page 9/10, the authors mention ‘content analysis based on resulting codes’ was conducted. It would be important to make explicit the steps in arriving at the results from the data collected.

Authors’ Response: Thanks for your observation. Steps of content analysis has been stated.

Also it is not clear if the data from interviews and FGDs were analysed separately; or how these were used together in arriving to the results.

Authors’ Response: Thanks for your observation. Details are shared in the manuscript.

The authors mention they compared the results with an earlier situation analysis conducted in 2005, however relevant information from earlier study is not easy to find. The authors could mention this and describe how the results were compared.

Authors’ Response: Thanks for your observation. We made an effort to make the comparison more visible throughout the results and discussion sections.

10. The authors find that respondents mentioned different danger signs than expected from the intervention. It would be interesting to see why the authors think this is so.

Authors’ Response: Thank you for this suggestion. We have added a discussion for possible reasons for this on p. 23.

11. Similar to comment about danger signs, the authors could discuss their finding that women were aware of importance of blood group screening but few had actually used the information for action. These issues about know –do gap need to be discussed with reference to the intervention the paper describes.
Authors’ Response: Thank you for this suggestion. We have added a discussion for possible reasons for this on p. 23.

12. The results generally lack a reference to the intervention, hence it is not clear if the views expressed were generally attributed to the program that the author studied. It is hard to find a link between the results and the conclusion favouring the program. It would be useful to see participants experiences with the program activities.

Authors’ Response: Thank you for this suggestion. We have made an effort throughout the manuscript to strengthen the link between the programme interventions and results

13. The situation that authors describe about the role of TBAs- the shift in their role versus a non favouring attitudes among providers (?doctors or nurses) needs further discussion, especially of its implications from a health system perspective.

Authors’ Response: Thank you for this suggestion. We have strengthened this on p. 24.

14. With regard to the shifting role of TBAs, the authors do not mention of the consequences of this as viewed by TBAs, if the new role could affect their credibility and monetary/non-monetary gains. This information, if available, would be useful.

Authors’ Response: Thank you for this observation. Data related to these issues was not collected during this study, however we mentioned these consideration in the discussion on p. 24.

15. A mention of the qualifications, training and role of the CSBAs would be useful for readers not familiar with this.

Authors’ Response: Thank you for this suggestion. We have included this in the background section.

16. Generally, the paper describes an interesting study but lacks methodological details and generalizable discussion of the findings. Without this, the paper remains a mere description of selected aspects of the program and with limitations to transferability of findings to other contexts.

Authors’ Response: We have added methodological details and made the discussion more generalizable. We believe that our work would benefit others who are implementing similar actions.

Minor essential revisions: The tables need to be referred in the text.

Authors’ Response: This has been done.

The paper would benefit from language editing.
Authors’ Response: The manuscript has undergone language editing.