Author's response to reviews

Title: "Love me, parents!": impact evaluation of a national social and behavioral change communication campaign on maternal health outcomes in Tanzania

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Reviewer 1: Overall, the reviewer does not consider this article is appropriate for publication as an original article, because there is no description of originality and new findings from the study, even though there is some interesting information regarding process evaluation of the program.

Response: We are sorry the reviewer feels this way, however, this type of intervention in the Tanzanian context is highly innovative. Furthermore, evaluations of this type of program are rarely published in the peer-reviewed literature. We feel that alone makes this a potentially important article. We mention this in lines 72-76.

Reviewer 2: Thanks for making revisions to the draft. The tabulations are better now, but I do still have the following suggestions for revisions:

1. You have included some results in the abstract now, which is good, but I think the beta coefficients are mixed up as they seem to be from different tables to what the text describes. Beta coefficients are difficult to interpret alone, and you need to include their p-values as well - e.g. 0.07 (p=0.02). For the effect on health service delivery you have an OR of 1.21 in the corresponding table, which would be a 21% increase rather than 9%. This should be presented in the abstract as OR 1.21 (95% CI 1.01-1.47). I don't know where the 3% effect on HIV testing comes from, and there is not strong statistical evidence for intervention effect on this based on p-values in the tables.

Response: Thank you for pointing this out. We added the p values in the abstract as suggested for significant results. We also rewrote the results section in the abstract so as to more clearly
present the predictors for the adjusted models following the revisions recommended under point #3 below.

2. The addition of Table 2 is a good idea, but it's a bit difficult to read. Can you put "mean (SD)" rather than M (SD)? Also, why is HIV testing with partner given as a number rather than %? You need to include numbers of participants in each category somehow as well.

Response: We made these changes as suggested. We agree this adds to the clarity of the table.

3. Tables 3 and 5 and 4, 6, 7 and 8 could be combined if all of the models contain the same covariates. It is usual to present the unadjusted model results first, and then the adjusted results - i.e. the effect of intervention on the outcome when no other variables are included in the model, and then the effect of the intervention on the outcome after adjusting for other factors. That way we can see what affect adjustment for the chosen covariates has. Confounders should be associated with both the exposure (intervention) and outcome (e.g. birth planning, first ANC visit etc.) and not on the causal pathway. If you want to show the relationship between he covariates and the intervention or outcomes you could do that in a separate table. I'm not sure that you need to include all of them in the model. Age and number of births may be collinear, and employment only has an effect in the first model so might not be necessary to include it.

Response: We adjusted the tables as suggested and selected covariates based on variables that have been shown in previous research to be important predictors of the outcomes of interest. We adjusted the results section accordingly.