Author’s response to reviews

Title: What He Knows About Her And How It Affects Her? Husband's Knowledge of Pregnancy Complications and Maternal Health Care Utilization Among Tribal Population in Maharashtra, India

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Author’s response to reviews:

We authors thanks for the thorough review of our manuscript (PRCH-D-18-00811). We appreciate the comments and suggestions provided by the editor and reviewers. We have revised our manuscript accordingly. Our point-by-point responses are provided below, and the changes to the manuscript within the document have been track change mode. We hope our efforts to response to all the comments raised by reviewers have addressed. We are happy to receive more suggestions and comments in the next round of review.

Reviewer reports:

Solwayo Ngwenya, MBChB, DFSRH, FRCOG (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors.

Comment: Use Vancouver references as per the BMC style, this is very critical, references in caps [1], see other articles as examples

Author’s response: We have used Vancouver reference. Thank you

Comment: Abstract, conclusions add the word are' as 'men who are of'

Author’s response: Thank you, we have corrected.
Comment: Methods; Line 28 write "the district has"

Study design, last sentence, separate words and add an 's', as "2 years were"

Results, Line 47, remove the word 'their', line 55 on second page add the word 'to' as "likely to"

Author’s response: This has been corrected. Thank you.

Comment: Authors, "SJ conceived the research", analysed, wrote the, Both authors since only

Acknowledgement, like to thank, details of participants

Author’s response: This has been corrected.

Shea Rutstein, Ph.D. (Reviewer 2): I would advise including the following limitations to the study.

Comment: 1. Since the use of maternal services occurs before the survey of men, that use may influence the men's knowledge of complications, especially if the wives had complications.

Author’s response: Thank you for important suggestion. We have included this in limitation section.

Comment 2. With respect to occupation, is there a difference in availability of maternal services between salaried employees and other workers?

Author’s response: There is no difference in availability of maternal health services between salaried employees and other workers.

Comment 3: Please explain how the men got knowledge of complications: Is there a special program in these areas to teach them?

Author’s response: There is no special programme to educate men about pregnancy complications. However, the community health workers (ASHA/ANM) visits the homes of pregnant and lactating women for giving various information related pregnancy and childbirth.
Comment 4: Please include regressions on knowledge of complications as dependent variables and socio-demographic characteristics as independent variables.

Author’s response: We agree with reviewer and have included table no 2 which shows the respondents knowledge of complications during pregnancy, delivery and postnatal period. However, we authors think that separate running regression on knowledge of complications as dependent variable will deviate the study focus. Your further suggestions are welcome.

Heidi Preis (Reviewer 3): Thank you for the opportunity to review your manuscript entitled "What He Knows About Her And How It Affects Her? Husband’s Knowledge of Pregnancy Complications and Maternal Health Care Utilization Among Tribal Population in Maharashtra, India". This topic is clinically and theoretically important and I commend the authors for their important work. At the same time, the manuscript has many shortcomings, mainly with unclear data collection methods and missing and confusing analyses. Because of that the discussion seems to not reflect the results and their meaningfulness is lacking. Additionally, copy-editing would be useful to improve readability (including punctuation and spaces). Please see considerations below.

Author’s response: Thank you. We have copy edited the entire document again to ensure consistence. We have addressed all the concerns.

Abstract

Comment: Please spell out ANC before using the acronym.

Author’s response: Thank you. We have corrected.

Comment: It is not clear what the outcomes variables are and if there is a difference between "all maternal services" and "ANC services". I suggest clearly defining outcome measures and using them consistently.

Author’s response: Thank you. We have defined the outcome measured in the study and used it consistently. The maternal health services include any ANC, institutional delivery and any PNC.

Comment: Line 35: Consider changing "0.22 times less likely" to percentages.

Author’s response: Corrected.
Introduction

Comment: Overall, the background is clear and logical, though it is very brief. I would suggest adding information such as: why is it that men's knowledge is so important (sociological insight into Indian tribal culture)? What are the maternal mortality rates in India and specifically in rural populations? What is the availability and accessibility of maternal health services in rural Indian populations?

Author’s response: We have expanded the introduction section, included the maternal health situation of rural and tribal communities in India.

Comment: It would be useful to thicken up the rationale of the study. Why is it important to study the knowledge of these men? How will your findings improve maternal health?

Author’s response: The men are decision makers for utilization of maternal health services, particularly utilization of institutional deliveries. Men with knowledge of complications during pregnancy, childbirth and postnatal period will act and promote the maximum utilization of maternal health services. The increased use of maternal health care will ultimately contribute to reduction in maternal and neonatal mortality. This has been presented in the second paragraph of background section.

Comment: Page 4 lines 49-54: The sentence is convoluted and the subject is unclear- I would expect the women should be the ones seeking care. I suggest rewriting.

Page 5 line 1: It would be beneficial to include a citation of the studies you mention.

Author’s response: Thank you. We have corrected and provided more citations.

Methods

Comment: Page 5 lines 24-24: I think it would be more useful to include socio-demographic information regarding: land mass of the region, the population density, birth rates and poverty levels. (perhaps in the background).

Author’s response: This section is provided to give some idea about study setting and the population. It can be moved to the background section but we authors think that this will be more appropriate in the same section. Your further suggestions are welcome.
Comment: Page 5 lines 42-44: What were the inclusion and exclusion criteria to participate in the study? What were the participation rates?

Author’s response: The participation rate for current study was 95%. The inclusion criteria was men who had child in last 2 years.

Comment: Page 5 line 49: where, when and by whom was the questionnaire pretested?

Author’s response: We have included information on pre-test.

Comment: Page 6 -7: It is not clear how the complications awareness instrument was developed, what it entails, how it was used and what were its psychometric properties. Please explain how and why these complications were chosen.

Author’s response: We have adopted the safe motherhood questionnaire developed by the Maternal and Neonatal Program of JHPIEGO, an affiliate of John Hopkins University was used with some modifications with local context. This tool is widely used in the low resource setting to assess the pregnancy complications knowledge among both men and women. The psychometric properties used were Cronbach’s alpha. The alpha value for these questions has good scoring.

Comment: Please explain how awareness and how knowledge were assessed (what did the questions ask). What were the possible answers (yes or no regarding what?)? Was the questionnaire self-report? What were the possible scores? Also, prolonged labor appears both as a pregnancy and as a delivery complication, premature labor is listed as a delivery complication and excessive bleeding is listed both as a delivery and as a postpartum complication.

Author’s response: The awareness and knowledge were assessed by asking men several questions. The multiple options were provided to select. The face to face interviews were conducted by the researchers. The respondents considered pronged labour is problem of pregnancy as well as delivery therefore it is appeared in both as pregnancy and delivery complication. Same also applied in premature labour and excessive bleeding.

Comment: In addition, I suggest describing the instrument in one place (Variable Description) instead of two (Data Collection).
Author’s response: We have moved information under the data collection sub-heading to variable description.

Comment: Page 6 line 20: Spell out ANC and PNC. Also, how was utilization determined? Was it self-report? What qualifies as adequate utilization? In addition, addressing ANC and PNC utilization as dichotomous categories (that are also unexplained) is a simplification that might miss out on pertinent relevant clinical information.

Author’s response: We have any ANC visit to health care facility as ANC care, place of delivery presented in home delivery or institutional delivery. The postnatal care is any postnatal visit to health facility as PNC care. We have defined in the study variable section.

Comment: Page 6 line 24: Consider changing to Independent variables.

Author’s response: We have changed to Independent variables. Thank you

Results

Comment: It is important to first describe the study sample and their characteristics (both sociodemographic, awareness and utilization). Currently, the manuscript does not present a break down of the study sample and the main variables which impedes the ability to fully comprehend the associations between the variables.

Author’s response: Thank you. We have included two separate tables to describe the study respondents and men’s knowledge of pregnancy complications.

Comment: In addition, Table 1, has only percentages and does not include N's, making it hard to derive information on the sample. Additionally, it would be important to assess the association between the awareness variables and the sociodemographic background, as they may be highly confounded. It is also likely that the three knowledge domains are highly confounded and these should be tested and reported.

Author’s response: We have provided N for table 1. There is highly chance of three knowledge domains confounded. However, this is not possible test and report. Hence, we have included this as a limitation in the limitation section. Your further suggestions are welcome.
Comment: In the first Results section, authors describe association, but do not report test results. There is a verbal report on significance but no X square or p values.

Author’s response: We have reported p values while reporting the regression results whenever the value stands significant. Thank you.

Comment: It is unclear why there were three regression models. Specifically, assessing the awareness variables without controlling for the background (model 2) seems unnecessary, in the description of the analyses it sounds like it was a hierarchical regression.

Author’s response: The three regression models were presented to see the outcomes with controlling and without controlling. In the second model we have controlled background characteristics. However, we have not seen much difference. We authors feel that three models are important to present precise results. The reviewer further comments are welcome. Thank you.

Comment: The tables, have typos (missing decimal points), missing asterisk and OR. It is unclear how some of the values have an AOR that is significant, but the 95% CI does include a 1 (for example in Table 1 model 1 of the health index). The direction of the coding seems inconsistent. It is not clear how knowledge of complications during pregnancy increase odds of ANC utilization but knowledge of complications during delivery decreases odds. I also suggest that the reference category for the wealth analyses be poor, and not rich.

Author’s response: Thank you. Corrected all typos.

Discussion

Comment: The entire first paragraph of the discussion mentions the awareness levels of the study population and their associations with demographic characteristics, but these are not reported in the Results section.

Author’s response: We have included two tables one is demographic characteristics and the second table is about awareness about pregnancy complications.

Comment: In the discussion, you use the term knowledge of pregnancy complications while your results mostly indicated the importance awareness of delivery or postpartum complications, and not pregnancy complications.
Author’s response: We have included table 2 which shows knowledge of men of pregnancy complications during pregnancy, delivery and postpartum period. Thank you

Comment: The third paragraph of the discussion, states that there are no studies assessing the relationship between husband's awareness and maternal health care utilization but this contradicts the studies that are reported in the second paragraph which did study the matter.

It seems like it would be more relevant to your findings to increase the awareness level of perinatal complication (as oppose to the recommendation to increase education in general).

In the last discussion paragraph, please spell out ICE.

Author’s response: We have extended the discussion section to have more articulation of issue. Increasing awareness of perinatal complications is important. However the general education is also important determinant of having knowledge regarding complications knowledge. However, we have mentioned the importance of perinatal complication awareness education for men.

Ethics

Comment: What were the obtained consents informal?

Author’s response: Thank you. We have corrected.