Author’s response to reviews

Title: Factors associated with knowledge of obstetric danger signs and perceptions of the need for obstetric care among married men in northern Nigeria: a cross-sectional survey

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Response to reviewers’ comments

Comment Response
1. Cut down on the current introduction to make space for a discussion of the additional references identified by the reviewers

   This has been done and additional references added

2. Move much of the detail on the way in which co-variates in the model are defined and coded into an Appendix, to make space for additional details on the sampling and survey methods, and the strategy for building the multivariable models

   Detail on the way in which co-variates in the model are defined and coded has been moved to an Appendix. We included in the analysis all elements that our review of literature suggests may influence our dependent variables, and which were available in our data.

3. Present confidence intervals and exact p values for each odds ratio estimate

   Confidence Intervals and exact p value for each odds ratio estimate added
4. Clearly indicate (for example, using footnotes to the tables) why some estimates are missing from Tables 3 and 4. Different models were used and only relevant variables included for different estimates. This has been added as footnotes in the relevant tables.

5. Discussion section: Include information on the Strengths and Weaknesses of this study, and a discussion of the implications of this study for further research and/or policy and practice. Information on strength and weaknesses added.

Reviewer 1

1. That reference 22 which you did cite, used JHPIEGO Monitoring birth preparedness and complication readiness tools, yours did not. Jhpeigo reference added.

2. Employe the Schutz’s social phenomenology approach which assess participants' perceptions, experiences and practices, nor the Lamb’s theory. Thank you, the suggestion. We believe introduction of explanatory theories may not be needed as we have ensured that our findings are discussed based on existing literature and the study a descriptive cross-sectional study.

3. Background or Discussion could acknowledge recent evidence syntheses on the role of men in maternal and newborn health. New references suggested included.

4. Please add your study strength and limitations. Details added.

5. Did all the men agree to take part? Response rate added.

6. There is no mention of how the interview schedule was developed nor does there appear to have been any pilot interviews undertaken. Details of interview schedule added and conduct of pre-test added.

7. Where did the interviews take place, if so where? Who undertook the interviews? Details added.

8. Statistical Analysis: please describe how the logistic regression was designed and what potential confounding it aimed to address. Details of variables and logistic regression explained in the Appendix 1.

9. Consider discussing the differential between knowledge of post-partum danger signs (when most maternal deaths occur) as compared to pre-partum/intrapartum. These differences are discussed with implications for MNCH programming.
10. Conclusions and recommendations: They could highlight education priorities, and other means of male engagement and other examples highlighted in recent evidence syntheses. The conclusion section has been reviewed to incorporate and highlight educational priorities as identified in the study.

Review 2

1. Methods: I am wondering if this study was performed with the intention to inform the Maternal Newborn and Child Health Programme (MNCH2) on possible implementation? Perhaps it would be worth to mention this if that is the case. More information has been provided about the objectives of the study.

2. Methods: I commend the authors on being so thorough with the description of the variables. Perhaps this section could be shortened. Details about the variables included in the analysis have been moved to Appendix 1.

3. Result: In the results the two states are compared as two groups, with significant differences between the groups, however I am unsure what the purpose of comparison was. Is this because the current study is a baseline study? The current study is a descriptive study and therefore I don't see the need for providing p-values for these two groups, table 1 and 2. This has been done.

4. The following table the two states are combined and the ultimate findings reflect on the variables such as education, wealth as predictable factors, not place of residence as a variable in itself. Although Table 4 has Kaduna as a category in the table, which I also do not fully understand. Place of residence (Kaduna) included in the analysis.

5. Discussion: The findings of the study do not reveal something new necessarily and I wonder if the authors can be more clear about the added value of their study, or the importance for their particular site, setting. It would help to have a clear idea of the purpose behind the current objectives. More details about the purpose for conducting the study included in methodology.

6. Discussion: The discussion does not have any limitation section. Limitation section added.

7. Discussion: P16 line 5-12 seems unnecessary here. We believe this paragraph provides more information on our findings. Hence we'll prefer to retain it.

8. Overall: The decision to choose for the difference between the ANC question vs the Birth question is not entirely clear to me. Wont delivering at a health facility also reduce the risk of complication too? The question for ANC - what are some things that a woman can do to reduce the risk of complications in pregnancy and childbirth. - keeps it open for interpretation. I am not sure why the authors didn't focus on the question - why ANC is important during pregnancy -.
know this cannot be changed, but it puzzles me slightly that these two questions were asked so differently. One very clear and focussed, easy to understand. Less room for interpretation, while the ANC question remains rather vague. Was this really asked In the environment where the study was conducted, different factors determine ANC utilization and place of delivery. In addition, ANC attendance does not translate to facility delivery. Hence these questions were asked differently

9. Overall: Both in the introduction and in particular in the conclusion the authors mention the word Empowerment and I am not sure this is the right word to choose in any of these contexts. It is use rather loosely while it in fact is a complicated term. Can the authors rephrase? Be more clear on what they actually want to say? 

This has been clarified

10. Conclusion: The conclusion is going slightly further than the rest of the paper, in terms of providing recommendations. It would help if the purpose to do this study becomes more clear see point 4. Also it would be useful, if the authors could analyse their findings and its relevance slightly more in relation to the global discussion on male involvement, see also the WHO recommendation from 2015. Conclusion further reviewed