Author’s response to reviews

Title: Women’s knowledge towards neonatal danger signs and its associated factors in Ethiopia: a systematic review and meta-analysis

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Women’s knowledge of neonatal danger signs and its associated factors in Ethiopia: A systematic review and Meta-analysis.

Dear Editorial Team,

BMC Pediatrics

We thank ‘BMC Pediatrics’ for giving us the opportunity to resubmit this manuscript and we thank the reviewers for their constructive comments and feedbacks. We confirm that we have read the instructions for the authors and respond below to the comments on point-by-point basis. Changes are shown in track changes in the text. We hope you will find our responses satisfactory, and hope that you will find this manuscript acceptable for publication in your journal.

On behalf of all the authors

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Response for Editor Comments

1. Grammar and sentence structure: It is recommended that the authors have their manuscript professionally edited for grammar and sentence structure as the manuscript cannot be accepted in its current form. For example, in the Methods section, the authors suboptimally describe the main outcomes of the study. They could instead state: "The main outcomes of the study were to investigate the prevalence of, and characteristics associated with, good knowledge of neonatal danger signs among mothers in Ethiopia. Such examples of suboptimal word selection and sentence structure are too innumerable to mention individually.. Response: We accepted your comments. We revise the whole section of the manuscript and incorporated in revised clean version of the manuscript.

2. Discussion section: The discussion should be revised to avoid restating so many of the results. Many of the paragraphs in the discussion restate a key result followed by a sentence stating how such a finding is supported by studies in other countries. This creates an uninspiring sequence in the Discussion in its current form. Rather, the impact or implications of the results should be elaborated upon and placed in the context of the current state of knowledge both in Ethiopia and among comparable countries. Have there been other countries with similar prevalence of knowledge of neonatal danger signs that have introduced programs to improve such knowledge? I might suggest the authors speculate on how to bring about such improvement in Ethiopia, referencing previous studies as appropriate. Response: We accepted your comments. We amended the discussion section in the revised clean version of the manuscript.

Minor Issues:

3. - Please include the date of the final search
- Throughout the manuscript, percentages should be rounded to a single decimal point for the point estimates and 95% confidence intervals
- Odds ratios should be rounded to two decimal places for both the point estimate and 95% CI.
-Figure 1: Please ensure text in all boxes is legible and not truncated
-Figure 2: The scale is inappropriately limited – please ensure the scale is present. In the submitted figures, on 0 and 10 are visible on the scale
-Why do all the included studies have the same weight (7.1%). This is highly unusual and merits an explanation.
-Please include the surname of the first author or each study and the year of publication
-Figure 5 and 6 and 7: figure should read ‘Odds Ratio (95% CI)’ rather than ES (95% CI)
-Figure 9 and 10: Weights are missing
-Page 18, Line 42: 9.9% heterogeneity is minimal
-Tables, Abbreviations should be explained.
Response: We accepted all your comment. We again verified all the figures after we rounded in a single decimal point for point estimate and we also rounded in two digit for factors. In the pooled prevalence table the weight are not similar since it may range from 7.12-7.17 which may be approximate due to the prevalence of each study has close proximity with each other. Overall, we tried to update all the given comments point by point and incorporated it in the revised clean version of the manuscript.
Reviewer reports: elizabeh Gathoni kibaru, M.B.ch.B, M.MED (paeds) (Reviewer 2):

1. Please overwrite this text when adding your comments to the authors. I still think you need to be specific on which mothers you are describing are the antenatal mothers, postnatal or any woman? This should be clear from the title. I am still have issues with how you describe good knowledge? Was it one two or three danger signs positively mentioned? Please recheck the grammar.

Response: We appreciated the feedback. We include papers published in different web pages that include both antenatal and postnatal women’s knowledge towards neonatal danger signs which is described under the inclusion section of the manuscript. Regarding the operationalization’s of knowledge of neonatal danger signs, we clearly incorporated under subgroup analysis section of the manuscript. That is the reason why we did subgroup analysis by considering how they determined outcome variables. World health organization (WHO) put ten neonatal danger signs that every mother should know in order to reduce neonatal mortality and morbidity due to poor health seeking behavior and delay in reaching care due to poor awareness about neonatal danger signs. Generally we all the authors did in collaboration with Teaching English as foreign language instructors of Woldia University to modify grammatical errors related to the whole sections of the manuscript.

Response for Gizachew Abdissa Bulto, MSc (Reviewer 3): Reviews Report:

Specifically:

Q1: Introduction
The introduction section is not fully addressed also in the revised version except the first and last paragraph of your introduction all paragraphs are entirely about neonatal mortality. Even the authors didn't considered anything about the common causes of neonatal mortality both globally and in Ethiopia which initially might manifests with those general danger signs. It is important because, knowing those general danger signs might help mothers to seek care and ultimately neonatal mortality from those causes might be averted through early detection and seeking care. Also it is good if the authors indicated the status of women's knowledge on neonatal danger signs globally or in other countries. I recommend the authors to revise their introduction considering to write the flow of their idea: Starting with the 1st statement page 3 line 7-10 proceed with neonatal mortality in a summarized manner and then to causes of neonatal mortality, neonatal danger signs care seeking practices …… ending with the last paragraph. Page 3: first paragraph line 7-10: The statement better revised…. ".....therefore they need to be regarded with special nursery and special care". Page 3: line 22-33: The authors didn't revised using the latest data available to indicate neonatal mortality rate, please use the latest one (WHO 2019 report is available). I recommend the authors to write data about neonatal mortality in a focused and summarized way with a paragraph than putting as it is. Page 3: last paragraph line 48-56: The last sentence about place and why neonates die "The majority of these neonatal deaths occur at home where a few women and family members recognize signs of newborn illness and nearly all neonates are not taken to health facilities when they were sick." … this is indicated under the paragraph about neonatal mortality….the authors later on the next paragraph continued with mortality in Ethiopia. Please try to keep the flow of ideas within and between your paragraphs.
Response: We appreciated your constructive comments. We amended the whole introduction section of the manuscript by incorporating the common cause of neonatal mortality both globally and nationally including WHO, 2019 factsheet report about common cause of neonatal mortality which is clearly indicated in the revised clean version of the manuscript.

Q2: Results
Page 9: line 5-17: the authors have to correctly cite…out of 14 studies included… "Three of the studies were from Amhara region (16-18), three from SNNPR (19, 20), three from Oromia region (21, 22), and three from Tigray region (23, 24), one from Addis Ababa (25), and one from Harar regional state (26)". 
Response: We appreciated the feedback. We accepted and incorporated by citing the correct reference on the revised clean version of the manuscript.

Page 7: line 30: study setting was written twice delete one and also this time there is no result of sub group analysis based on regions so you better remove region as well. "Subgroup analysis was done based on the study setting (study setting (region) and sample size….." also add sub group analysis was done based on the number of spontaneous responses given by women.
Response: We appreciated the feedback. We accepted all of your comments and incorporated on the revised clean version of the manuscript.

Q3: Discussion
Page 20: line 11-21: I think no need to repeat the results of factors associated with good knowledge under the discussion. "In this study, having higher educational status of the mother, having higher educational status of the husband, access to mass media, having antenatal care follow up, having postnatal care follow up, and giving birth at health institutions were factors associated with good knowledge of the women towards danger sign of the neonate." In general the manuscript needs some editorial correction especially in the results and discussion section. E.g. "The odds of having postnatal follow up were 2.55 times more likely to understand the neonatal danger signs than the women who hadn't antenatal care follow-up." And the sentence is about postnatal how the authors compare with antenatal care??? Better if you replace hadn't with have no antenatal care follow-up.
Response: We appreciated the feedback. We revised the whole discussion section by incorporating your comments which described under the revised section of the manuscript.
Page 20: line 44-47: I prefer if the statement which says: "The odds of having antenatal care follow up were 2.7 times more likely to understand the neonatal danger signs than the women who hadn't antenatal care follow up." was written again because it is not about the odds of having ANC but having knowledge on NDS. E.g. the odds of having knowledge on neonatal danger sign were 2.7times more likely among antenatal care attended women than those who have no antenatal care follow-up. Consider also for others factors. It would be good if additional English review undertaken for the introduction, result and discussion section.
Response: Thank you very much for your constructive comments and suggestions. We the authors tried to incorporate all the given comments in the revised clean version of the manuscript.