Author's response to reviews

Title: How can formative research inform the design of an iron folic acid supplementation intervention starting in first trimester of pregnancy in Bangladesh?

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Author's response to reviews: see over
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Subject: Response to reviewers’ comments and revision of manuscript # MS: 1434614079141540

On behalf of all authors, I thank you for arranging the review of our manuscript. We also thank to the reviewers for their valuable feedback and comments that help us improve the paper. Please find below our responses to the comments made by the authors. I have also attached the modified version of the manuscript that addressed the comments. In the revised manuscript, we have also incorporated the editorial requests.

Response to reviewers’ comments

Reviewer 1

The first line of the conclusion does not seem to match the paper. Line 271 indicates that the data did not indicate strong resistance from the community to taking IFA supplements – so, why are CHWs needed? Do the CHWs create this positive perception of IFAs? – this is not addressed in the paper. If there is no strong resistance, then introduction of IFAs early in pregnancy should be feasible regardless of CHW support? – How are CHWs influential? How are they the tipping point to supplementation? How do they create the demand? How do they lower the resistance? – these seem to be the points of more relevance to a statement indicating that their support is needed to initiate supplementation use in early pregnancy. These are not reflected in the paper. Under “Influence on decision making” the authors begin to address the role of the CHW; however, the quote in that section refers less to CHWs and more to timing of visits. It also seems like mothers in law are very influential as noted by the author – are they perhaps more influential than CHWs? Are they where the real intervention would lie? Under the Barriers category, it appears that providers are a barrier, specifically timing of prescription. How are CHWs influential here? Can they change that system? – if the authors are going to conclude that CHW support is critical, then an exploration of how they can overcome the opinions of providers and the late timing of prescription need addressing.

Response: We understand that the role of CHWs were not made clear. We have made changes on text in lines 80-83, 244-253, and 262-263 to emphasize the role of CHWs. Although there are some concerns from the healthcare provider perspective, CHWs cannot be tasked to address them because of the power differentials between the providers and the CHWs. The program managers have to tackle this issue through dialogue.
The author indicates that the paper explores the cultural and programmatic feasibility of providing IFA tablets early in pregnancy in rural Bangladesh; however, the findings presented do not address feasibility. They qualitative data provided are examining perceptions of women and providers toward IFA, and potential sources of information for IFA supplementation. Looking at feasibility would include methods of dissemination, infrastructure, regulations, etc. The methods of the paper, therefore, do not fully meet the stated objectives.

Response: Right now in Bangladesh the IFA tablets are distributed free of charge through Government facilities and regulations do not specify the timing of starting IFA tablets. So there is no barrier to early supplementation of IFA. We have explored the barriers for NGO workers and other healthcare providers to provide IFA in early pregnancy as they provide door to door services and people access them directly. Detail is provided in lines 68-84. Therefore, we believe that our study does meet the stated objectives.

Line 307: I don’t think authors can make the leap from not having a term in a language to a lack of concern. Were other terms explored? Perhaps ‘low birth weight’ is captured in another way or with another term? Indicating that a lack of a term presents a lack of concern seems to be a big, and perhaps untrue, assumption.

Response: This is a very important comment and we agree to it. The detail of how the people thought about infant size has been described in lines 133-148. We have changed the text in lines 134-134 to reflect the comment.

Line 69: ‘on-quarter’ should be ‘one-quarter’

Response: The change is made in line 72.

Line 223: missing words between ‘supplementation’ and ‘nausea’ – consider ‘such as’

Response: Changes made in line 226.

Line 241: ‘where’ should be ‘from whom’

Response: We changed the text.

Line 271: delete ‘in’ at the end of the line; duplicate word - ‘in early in pregnancy’

Response: We changed the text in line 282.

Line 278: missing ‘were’ between ‘they’ and ‘mostly’ – “...they were mostly about IFA...”

Response: This sentence has been now deleted in the revised version.

Line 287: I would begin this quote with the qualifier: “As indicated by a participant of FGDs with RAC SKs,” and then continue with the quote. Having this qualifier at the end of the quote seems oddly placed.

Response: Change made in line 299.

Line 298: ‘women’ should be ‘woman’

Response: This sentence has now been deleted in the revised version.
Line 307: I would suggest moving this line down to link with that on Line 312; it seems out of place and disconnected. Authors begin the paragraph by noting a lack of terms but then don’t mention it again until line 312. The lines should be linked.

Response: We agree. The lines of the paragraph has been shifted accordingly, please see lines 319-321.

The authors fluctuate between using the term ‘pregnant women’ and ‘mothers’. Because mother-in-laws are also mentioned, it can become confusing. I would suggest ensuring that all of the terms are standardized. An example is line 240 and line 243 – it seems like both are referring to pregnant women, but ‘mothers’ is used in 243. I am assuming the ‘mothers’ are still pregnant?

Response: We changed all mention of mothers to pregnant woman in the text.

Line 251: Authors refer to the management strategy as based on ‘common sense’ however, if asking the women to reduce or stop supplementation really common sense? I am not sure this is the best use of the term. Perhaps “This management strategy was based on what the SS felt would be best rather than on the information received during training.”

Response: We agree. The change has been made in line 262.

Line 331, 346: The more frequently used term is ‘low and middle resource settings’ rather than ‘low and middle income countries’

Response: The change has been made in the text.

Line 342: This sentence is poorly written; would consider revising into two separate sentences: “Positive perceptions and cultural beliefs about IFA intake such as increased volume and quality of blood and physical well-being can promote adherence to the supplementation regimen. Interestingly, these same perceptions have been found in India, Senegal, and several other low-and middle resource settings.” – Further, would consider removing ‘if used effectively’ as perceptions and beliefs are not really used – they can be used as a foundation to craft messages. If this is what the author means, would clarify.

Response: The changes have been made in the text in lines 351-354.

Line 370: ‘of the value’ should be ‘on the value’

Response: Changes in line 377.

Reviewer 2:

1. This is an excellent paper, very sound methodologically, well written and gives useful information in the field of interest as well as on how to present formative research of this type.

I do not have any suggestions for major compulsory revisions.

2. Minor Essential revisions:

   a) line 71, include ... in terms of programming for pregnant women, nationally ...

Response: Change has been made in the text.
b) line 312, include reference

Response: The reference have been inserter in line 325.

c) minor edits required and typos to be corrected.

Response: We have edited the paper and corrected the typos.

d) Training of SS and SK is mentioned frequently in the text. However I do not feel this is addressed enough or emphasised sufficiently in Appendix 1, in opportunities for intervention/ implications for the trial.

Response: The issue of training of SS and SK is now discussed in the Appendix 1.

3. Discretionary revisions:

a) I should like to know how/what the free-listing and rating-ranking exercises explored and how these contributed to the results.

Response: We used the free listing and ranking exercise to find out the preference for IFA formulations but this is not reported in the paper. So we have removed the reference to them.

b) I understand that currently the IFA is sold to the pregnant mothers by health workers (paid by mothers in law or husbands). This is a different scenario to that proposed in Appendix 1, or, presumably in the trial, and the acceptance of the IFA needs to be considered in this context. I did not see in the text that "mothers wanted to have access to free IFA supplements".

Response: The issue is discussed in lines 224-226. But mostly during ranking and rating the mothers talked about money being an issue in terms of buying the preferred IFA tablets.

Thank you for considering publishing our manuscript in you esteemed journal.

Sincerely,

Ashraful Alam