Author’s response to reviews

Title: Listening to their voices: understanding rural women's perceptions of good delivery care at the Mibilizi District Hospital in Rwanda

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We thank the reviewers for the helpful comments. The changes made and our responses to the mentioned points are as follows:

Editorial points:

Please include copies of the interview guides in Kinyarwanda and in English translation as additional files. Please include them in your List of additional files. Guidelines for additional files are here:  https://bmcwomenshealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript#preparing+additional+files

Answer: Copies of the interview guides in Kinyarwanda and English have been included as additional files.
Please ensure that your manuscript follows COREQ guidelines for reporting qualitative research (https://academic.oup.com/intqhc/article/19/6/349/1791966) and include a completed COREQ checklist as an additional file.

Answer: The COREQ guidelines have been checked and changes in the manuscript made accordingly. The completed COREQ checklist is uploaded as an additional file.

Reviewer comments:

Vibeke Rasch (Reviewer 1): The submitted paper is interesting, well written and suitable for publication.

Answer: We appreciate the positive perception of our paper by the reviewer.

ISAAC A BABARINSA (Reviewer 2):

The manuscript has been extensively edited to improve the quality of written English as requested by the reviewer in the Custom Review Question(s).

1. This is a valuable study, although somewhat flawed in design and execution, and consequently the conclusions drawn.

Answer: We thank the reviewer in seeing merit in our study and hope, that we could clarify points and improve our manuscript through addressing the reviewer’s comments.
2. The main issues with this study extends beyond the 'several limitations' described by the authors. The Principle (principal) Investigator, who undertook the field research is male. All the respondents were female. In African and other paternalistic settings, this in itself will distort the narrative and content and subtle under-disclosure.

Answer: We are of the opinion that not only the gender of the interviewer influences the interview and narrative, but also the personality and the ability to build rapport with the study participants, to gain their trust and to make them open up and talk. The investigator tried to prepare the setting such as to minimize this effect (see page 5 and 6 for a description of the study setting). Despite being a male, the interviews revealed interesting results, as also stated by the first reviewer. We added the probable negative influence of the researcher being male in the limitations section.

Secondly, although there are doctors in this setting, none of them was interviewed. This says a lot, as they may be part of the problem! Indeed, this makes the 'triangulation' inadequate.

Answer: The main focus of the study was on the mothers and their perception of good delivery care (the side of the service recipients). Midwives were chosen for triangulation because they also spend a lot of time with the mothers and could afford time for interviews as opposed to doctors. Due to a high population/doctor ratio (one doctor per 16,046 persons [http://www.moh.gov.rw 2014]) the situation around delivery is much more influenced by midwives.

It is almost impossible that the Head Midwife with whom the questions were crosschecked, did not know the Midwife-respondents. So I can imagine her admonishing a junior respondent: "Who said that the women share beds?".

Answer: The questionnaire was discussed with the head midwife in the study to match context on the ground. The head midwife knew the respondents but was not present during the interview. Although the assumption and concern of the reviewer cannot be entirely ruled out, the setting provided confidentiality and the answers received demonstrated trust of the interviewees.
We are not told why Mibilizi Hospital was chosen out of 39, and if the findings from this study could in some way reflect the picture in other parts of Rwanda.

Answer: The hospital was chosen for convenience reasons as it was the first hospital where approval to conduct the study was received in time. However, Mibilizi Hospital can be regarded as a rather typical district hospital. We do not claim generalizability of the findings but we are confident that on the other hand the observations are not just accidental for Mibilizi hospital. As this study was conducted in the frame of a Master thesis, time was limited with regards to the Master program schedule. We added a sentence in the study limitations: The study was carried out in one district hospital which does not reflect the picture in other parts of Rwanda.

3. I see no reason for Table 1. If the authors want it, it could be inserted as a statement.

Answer: Table 1 has been removed. The main information was already included in the text (page 5).

4. Transcriptions from in-depth interviews should (ideally) be verbatim. I am not sure therefore that this was the case, with words thrown in such as: 'isnt'...'ANC'....'couldn't reach'; and one phrase such as..'labour ward to theater'. Did the respondents really use those words? Then, they must have had at least high school education.

Answer: Most of the women were semi-literate with few years of primary school education. Four women had been to secondary school (stated under Results – detailed description of study participants. We clarified the use of the term “ANC” in a footnote (page 9).

5. I also find it puzzling that the Midwife respondents had such an impressive vocabulary, such as: 'tempestuous'---which is rather far-fetched and inappropriate in this circumstance, 'abject poverty strata'…'national wealth household categorization'.
Answer: The midwives had work experience that ranged from two to nine years (stated under Results – detailed description of study participants) – so they were quite experienced. With Rwanda being considered as a role model in Africa with regards to the health system, we do not consider the use of the technically adequate vocabulary by the midwife as surprising.

6. Although it is stated in the abstract that content analysis was performed by using Nvivo software, no further reference of use, adaptation or challenges in the study was made again. (See: Zamawe FC. The implication of using Nvivo software in qualitative data analysis: evidence-based reflection. Malawi Medical Journal 2015, 27(1) 13-15.)

Answer: The mentioning of Nvivo in the abstract was a mistake. Use of Nvivo had been considered, but eventually not done. Data had been analyzed “manually” as described correctly in the manuscript under the subheading “Data collection, management, and analysis” of the methods section.

7. Finally, the discussion repeatedly veers-off the specific findings of this study, and there are hints of confirmation bias.

Answer: Confirmation bias remains a known risk in qualitative research. As the reviewer does not specify which hints for confirmation bias he has observed, we would like to emphasize that we took the following pre-cautions to minimize the risk of confirmation bias: We reported the data according to the COREQ guidelines, discussion of findings among all authors and the considerate search for diverse and contradicting themes and answers (as for example the importance of husbands being present during deliver - where some multiparous mothers were contradicting; results page 11 and 12)

N.B: The response letter has been also included as additional file 6.