Author’s response to reviews

Title: "The sun keeps rising but darkness surrounds us": a qualitative exploration of the lived experiences of women with obstetric fistula in Ethiopia

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Author’s response to reviews:

Response for Reviewers

First we want to express our heart full acknowledgement for reviewers. All the comments and suggestions are highly important for improving the manuscript.

Here are the reviewers’ comments and authors’ responses.

I. (Reviewer 1)

1. First I need more information on the methodology and methods used?

Response: - Thank you, this is a valid comment. We failed to describe the design in detail on the manuscript. Now we included the detail explanation of the design on the revised manuscript which is highlighted by yellow color. (See on page 4)

Actually our research employed phenomenological qualitative research approach to get depth understanding of lived experience of women with obstetrics Fistula. Clearly we want to study the experience of the phenomena “Fistula”. Consequently, to assess the experience of Fistula among mothers, we deduce that phenomenological qualitative approach is best fitted. We also know that there are many types of phenomenological approach like Descriptive phenomenology approach by Edmund Husserl which focuses on the correlation of the noema of experience the (‘what’) and the noesis the (‘how it is experienced’). His Fellow student Martin Heidegger later developed interpretive phenomenological approach. He recommended that a researcher cannot
investigate ‘things in their appearing’ to identify their essences while remaining neutral or detached from the things. However, researchers have a preference on the classic approach for phenomenology (descriptive type). They perceived that it possible to bracket out our self from the phenomena and report their lived experience as they lived. So, we used descriptive type of phenomenological approach by bracketing out ourselves from the phenomena. More precisely, we reported the experience of fistula “what” and how they become fistula victim “How it experienced”.

2. I need information on the inclusion and exclusion criteria used to select participants?

Response: - Thank you, now we included these criteria boldly.

Here are the inclusion and exclusion Criteria. It highlighted by yellow color on the manuscript under study population sub heading. (See on page 4-5)

Inclusion Criteria; to get depth of understand on the phenomena, we included and exclude the study participants based on the following criteria:-

→ Women who came for the purpose of recurrence of the problem after one time or more surgical treatment.

Exclusion criteria

→ Those women who were not admitted and unable to undergo in-depth interview due to serious illness or due to the pain after surgery.

3. I need more information on the language in which the study was conducted. I assume it was not English? If true, please add information on the translation method you used to ensure the quality of the translation.

Response: - Thank you, we accepted the comment.

Yes, it’s true; we conduct the in-depth interview by local language (Amharic). We included the information on the manuscript following your comment which is highlighted by yellow color. We also included information on how we kept the quality of translation and the quality of the interview guide. (See on page 5)

4. I need more information on the data analysis; what type of analysis did you used. I do not agree with the study design. A phenomenological study is usually very philosophical and have a
very specific way of analyzing the data depending on who's philosophers work you are using? This reads much more like a generic qualitative descriptive study.

Response: - Regarding the design/Approach I tried to address it on response 1. Regarding the data analysis, it facts that the selection of specific design need specific approach of data analysis. However, as Kleiman suggested on his articles cited “Kleiman S (2004) Phenomenology: to wonder and search for meanings. Nurse Researcher 11(4):7-19”. We can analyze the phenomenological transcripts as other types of qualitative research. The usual process includes: Read the interview transcript in its entirety in order to get a global sense of the whole, Read the interview transcript a second time - this time more slowly - in order to divide the data into meaningful sections or units, Integrate those sections/units that you have identified as having a similar focus or content and make sense of them. Subject your integrated meaningful sections/themes and Elaborate on your findings. As Kleiman final suggestion we can also revisit the raw data descriptions again in order to justify our interpretations of both the essential meanings and the general structure. We defiantly followed this guideline with the help of Atlas ti.7 Software during the data analysis phase.

5. You background literature reads like a summary of previous studies rather than a well developed synthesis that highly the knowledge available and the gaps that exists in current literature on obstetrical fistulas.

Response: - It is again a valuable comment. We consider this comment and included further clarification on the gap which derived us to conduct this research in the study area. We showed the inserted information by yellow highlighter. (See on page 3)

6. Make sure that you include a research question or clearly developed purpose statement?

Response: - comment accepted.

We select the second option i.e. we write a clear purpose of statement at the end of background section. It highlighted by yellow color. (See on page 3)

7. You will have to rethink how you are portraying the themes and sub-themes. Some of the subthemes are not a good fit with the main theme? Also I suggest that you collapse of your subthemes.

Response: - Again we appreciate the suggestion. We feel that the presentations of the themes and categories emerge from respondents’ view and perception. If we reemerge the categories; it minimizes the depth and contextual richness of the data. We also believed that the classifications
of the themes and categories are mutually exclusive except on some points which already corrected following your comment.

7.1 We removed the category “Limitation of fluid intake” which is previously presented under the theme of “Physical Health Problem of Obstetrics Fistula”. Since it already mentioned under category “Coping mechanisms for obstetrics fistula”. So the authors agreed to remove this reputation. (See on page 10-11)

7.2 The subthemes under “coping mechanism for Obstetrics Fistula” are not mutually exclusive. So the authors decide to collapse them in to one category. (see page 17)

8. The discussion will benefit if you add a section on what this study contribute to new knowledge development. I additionally suggest that you add information on the implications for education, practice, policy and further research.

Response: - Comments and suggestions are accepted. We included the suggestion point at the end discussion section. We showed the inserted information by yellow highlighter. We also add the implication of our result for different actors. (See on page 20 &21)

9. I suggest that you have your work language edited.

Response: - Comment accepted

Previously we did the copy editing by fluent speaker of English. After reviewers strongly advise us to do the copy editing. We did another copy editing by Nicole Burgen who is the fluent speaker of English from Ottawa University.

(Reviewer 2)

II. General comment

The manuscript lacks focus. In particular, it is not clear what the overall aim is and what can be achieved through this more nuanced understanding of the conditions of women living with fistula in Ethiopia. I recommend that the authors work to streamline this manuscript, focusing
less broadly, and pulling out important recommendations for prevention and intervention. Furthermore, the language will need heavy editing for publication in an English language journal and the document needs to be reviewed for spacing, capitalization, and other errors.

Response: - We totally agree with the suggestion forwarded by the reviewer. Based the suggestion we did rearmament on the focus and also on the structure of the manuscript. We highlighted the modification by yellow color. Concerning language editing, we did copy editing by fluent English Speaker from university of Ottawa, Canada.

Some specific revision requests follow

Background

1. Page 2, Line 43: More descriptive than 'problem' would improve this sentence. Furthermore, the first and second sentences here are stating much of the same thing and can be combined.

Response: Accepted and we rewrite it. We highlighted by yellow color. (See on page 2)

2. Page 3, Lines 17+: Please make it clear that this data are from Ethiopia. Additionally, the cited DHS data are from 2005 whereas there has been a 2016 DHS in Ethiopia with the fistula module, which would be a better source for contextualizing this.

Response: Yes, Valid comment. However, We have two reasons for using EDHS 2005 on this paragraph.

- Full version of EDHS 2016 was not available during the manuscript submission.
- At this point EDHS 2016 hasn’t a detail data on experience and awareness of mother about Obstetrics fistula. Despite the problem is severe and has huge public health impact, This version of EDHS report didn’t give detail information on Obstetrics Fistula except mentioning the awareness of the community towards Fistula. Victims’ experience is totally unreported.

3. Page 3, Lines 38: Please include more detail on the purpose of understanding the lived experiences of women with obstetric fistula. What does this bring to the evidence base that is unique?

Response: - Yes. We found this comment ‘very important’. We included strong justification of doing/knowing this phenomenon. We highlighted the modification sentence by yellow color. It
Methodology

1. Page 4, line 57: You indicate purposive sampling was conducted, but the strategy used is not clear. What characteristics were you selecting women based on and why?

Response: - Yes, it is important comment. We include the modification based on your comment.

The purpose of the selection of participants for interviews were having long living experience with Obstetrics Fistula to get depth understanding of the Phenomena. In particular, the following inclusion and exclusion criteria were set to select the study participants.

Inclusion Criteria; to get depth of understand on the phenomena ‘Fistula’, we included the study participants who satisfied the following criteria:-

- Women who came for the purpose of recurrence of the problem after one time or more surgical treatment.

Exclusion criteria

- Those women who were not admitted and unable to undergo in-depth interview due to serious illness or due to the pain after surgery.

You can access the modification on page 4 & 5 highlighted by yellow color.

2. Page 5, line 47: Please describe how the preliminary code list was developed?

Response: - Thank you. What we have done was like this.

First we did simultaneous data collection and analysis for two purposes;

- To check data saturation

- To identify emerging idea from the participants if available.

On this stage, we develop initial code guide using the existed tool for the purpose of above mentioned points. On the second stage, Misganaw Animut [MA], Abebe Mamo [AM], and
Shifera Asfaw [SA] read all transcripts and applied the code guide independently. Following this, a final version of the code guide was developed through consensus by the three researchers MA, AM and SA. Discrepancies were reviewed and resolved. The final code guide allowed us to capture all major ideas raised by the participants.

Results

1. The summaries of the themes and subthemes are inadequate. More detail would be useful here to describe the main findings before including the quotations.

Response: - Thank you. We believed that this comment will enrich the manuscript. So, we tried to add details information where appropriate. We showed the additional description by yellow highlighter.

2. The data provided in the manuscript is quite broad and I think that reducing the focus of the results section to a more detailed exploration of certain themes and subthemes would be more effective.

Response: - Thank you for the suggestion. Some of the points asked on this particular question addressed by previous response. We enrich some of the themes by providing detail explanation came from the respondents. We hope this increase the depth of our findings consequently shapes the focus of this research. (See the result section highlighted by yellow color)

Discussion

1. Please revise the conclusions section to exclude presentation of data. This should be in the results and discussion of it within the discussion section.

Response: - Thank you.

We edited accordingly. We deleted the result part which was presented on the conclusion section.

2. Please discuss how these results can inform public health practice.

Response:-Thank you.

We add a paragraph which indicates the implication of the result for different stakeholders.
(See the modification on page 20-21).

3. Short on references and discussion to other contexts.

Response: Following your comment, we tried our best to discuss the finding to other context.