Author’s response to reviews

Title: Why Muslim women in northern Ghana do not use skilled maternal healthcare services at health facilities: A qualitative study

Authors:

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Author’s response to reviews: see over
Dear Editor,

**Point-by-point response to reviewers’ comments**

Please, find below a point-by-point response to reviewers’ comments on a manuscript I submitted for consideration for publication in BMC International Health and Human Rights. The manuscript is titled ‘Why Muslim women in northern Ghana do not use skilled maternal healthcare services at health facilities: A qualitative study’.

In revising the manuscript, I have seriously and carefully considered all the concerns and suggestions the reviewers have made. I hope this point-by-point response will make it easier for you to identify the specific revisions I have made.

Yours Sincerely,

Dr. John Kuumuori Ganle
Author.
**Point-by-point responses to reviewers’ comments**

**REVIEWER NO. 1: Yulia Izati**

**My General Response to the Reviewer’s Comments:** I am encouraged by the largely positive comments from this reviewer and I have taken the suggestions the reviewer has made seriously.

**Minor Essential Revisions:** Please provide a table with information on participants’ obstetric characteristic such as gravidity, parity and abortion (if any), previous history of delivery along with other social demographic characteristics (average age, level of education, marital status, etc). Information on village or area where the study being conducted is also needed, please put information on village characteristic such as number of health facility; number of health provider (male and female); number of health volunteer; etc.


**My Response:** I have provided this information in tables 1 and 2 on pages 10 and 12 of the revised manuscript.

**On method:** During the FGDs how would you address the effect from a participant that has strong determination among other participants, since usually there is always one or two person who is dominant in the discussion?

**My response:** I have addressed this issue on page 15 (lines 410-418) of the revised manuscript.

**On Findings:**

**Comment 1:** Line 340-347, was it explored to the participants their experience with unsafe delivery, meaning the baby died or else? It’s interesting that they said that it is necessary to have the birth delivery to be safe in order to increase their bargaining position or power; and how do they ensure that? What did they do to ensure the safety? Was the husband or family’s role in ensuring the safety explored as well? If there is more information about this, it would be good to express their experience on that.

**My Response:** I have included some information about the role of families and what women did to ensure the safety of their pregnancies on page 19 of the revised manuscript.

**Comment 2:** To triangulate the information, was interview with health provider
conducted? Interesting since according to one participant, the health provider asked her to open her clothes while a nurse man was there in the room. In some of the written, it is said that the health provider’s knowledge on Muslim is lacking. Do you have any chance in exploring this issue with the health provider?

**My response:** I did interview some healthcare providers but the information from those interviews is more general. I did not therefore include that information in this paper. Besides, the central aim of this paper was to focus on the perspectives of Muslim women and to explore their maternity care needs and the barriers they face in accessing skilled maternal healthcare services in the light of previous evidence from Ghana and elsewhere that they are a sub-population among whom the rates of access to, and use of skilled maternal healthcare services are very low.

**Comment 3:**
What about the role of religious leader in the study area? Could it be the religious leader plays role to increase the use of health facility by Muslim women in Gonja as usually leader have power to influence the people?

**My Response:** I have highlighted the role of religious leaders on page 34 (lines 975-978) of the revised manuscript.

**On recommendation:**
The result of the study could be inputs for the Islamic society or organization in Ghana and international to participate and provide ‘technical expertise’ in delivering acceptable healthcare for Muslim women according to Islam.

**My Response:** I have included this recommendation in the revised manuscript on page 37 (lines 1070-1074) on the revised manuscript.
REVIEWER NO. 2: Lucia D'Ambruoso

OVERALL COMMENTS:
This is a very well presented and clearly written paper, with a novel application of the AI method and with a well-defined conceptual basis. The literature could be updated, in some places few of the references provided have been published after 2010 and the grammar could use an overall check (removal of & and replacement with ‘and’ for example). Some more attention to the ethical dimensions of the methods would improve the paper, as would some more information on how the thematic analysis relates to the conceptual framework, sampling/recruitment strategy and on what the analysis sought to achieve. The following are all minor essential revisions.

My response: I am encouraged by the largely positive comments from this reviewer and I have taken the suggestions the reviewer has made seriously. Specifically, I have updated the literature and as well as highlighted some of the ethical dimensions of the methods. I have also highlighted how the sampling/recruitment and thematic analysis relate to the conceptual framework.

SPECIFIC COMMENTS
INTRODUCTION
Comment 1: Page 5, lines 61-63. It might strengthen this statement to indicate the Africa is a region. The reference [3] is also quite old and could probably be supplemented with a more recent estimate.

My response: I have replaced reference [3] with more updated information. I have also indicated that sub-Saharan Africa is a region.

Comment 2: Page 7, line 110: that “reality itself is socially constructed” sounds quite absolutist and would be more accurately introduced as a position or epistemological stance. A reference would also be useful to support the viewpoint.

My response: I have looked at this and I have noticed that this phrase ought to have been edited out as it does not add anything to the paper. I have therefore edited it out in the revised manuscript.

METHODS

My response: I have done this.

Comment 4: Page 10, paragraph 2: please provide a reference for these data

My response: I have provided a reference for these data.

Comment 5: Page 10, line 186: please change’ women in reproductive age’ to ‘women of reproductive age’.

My response: I have done this.
Comment 6: Page 10, paragraph 2: it would strengthen this passage to provide a table with the comparison described in the text

My response: I have provided this information in table 1 on page 10.

Comment 7: Page 10, ethics: it would improve this sub-section to include a description of measures the researchers took to minimise harm to the research participants e.g. through the anonymisation of identities in reports that reproduced people’s narratives and/or measures taken to deal with the sensitive subject matter during the data collection.

My response: I have done this on page 11 (lines 316-318).

Comment 8: Page 12, line 242: please change ‘advice’ to ‘advise’

My response: I have done this.

Comment 9: This section would be improved with some reference back to the conceptual framework. How did the analysis relate to this? What did the analysis aim to do? Was it descriptive? Explanatory? Both?

My response: I have related the data analysis to the conceptual framework on page 18 (lines 528-532) of the revised manuscript.

DISCUSSION
Comment 10: Page 26, line 600: please change ‘access and use of’ to ‘access to, and use of,’.

My response: I have done this.

Comment 11: Page 32, lines 727-9: the limitations on access to, and utilisation of, delivery care services should be noted with reference to the study setting, otherwise the passage reads as quite generalist while the study design lends itself to contextualised analysis (even acknowledging references to supporting findings from New Zealand, Canada + UK).

My response: I have done this by contextualizing the limitations in the study setting.

Comment 12: It might be useful to lift up the religio-cultural framework throughout the arrangement of the results and discussion sections

My response: I have integrated the framework into the discussion

Comment 13: The results are also not discussed with regard to the purposive sampling strategy – was any attempt made to identify trends in the geographic stratifications, i.e. urban versus rural and with health facility versus without?

My response: I have highlighted these trends in the results and discussion.
REVIEWER NO. 2: Bregje de Kok

General comments:
The paper addresses a relevant topic—religion is under-examined as a factor influencing care seeking behaviour.

My response: I am encouraged by the largely positive comments from this reviewer and I have taken the suggestions the reviewer has made seriously.

Major Compulsory Revisions

Introduction

Comment 1: Line 60-62. Provide most recent estimates and references. Facility births have gone up dramatically in some settings the last 5 years or so—at least as suggested by statistics. Rates are not yet optimal but saying that ‘not many women access services’ is putting it too strong.

My response: I agree with the review that facility births have gone up in some contexts. I have updated the literature with recent updates.

Comment 2: Ditto ‘Like most countries in Africa, Ghana is one country in which for the majority 65 of women, the experience of pregnancy and childbirth can be regarded as equivalent 66 to a death sentence.’. Risks of maternal death are indeed too high—but not as high as when given a death sentence!

My response: I agree with the reviewer and I have accordingly edited this statement and provided references for it.

Comment 3: Please define ‘skilled care’

My response: I have done this on pages 5-6 (lines 79-101) of the revised manuscript.

Comment 4: 123-124 ‘and that access and use of maternal health services will be influenced largely by Islamic religious beliefs and practices irrespective of other factors’. Why largely? Please make a case.

My response: I have edited this statement to state that ‘and that independent of other factors, access to and use of maternal health services will be influenced by Islamic religious beliefs and practices’.

Comment 5: 109 the focus was on searching and discovering the relationship between religion and maternal health access among Muslim women, bearing in mind that this reality itself is socially constructed. What reality exactly is seen as socially constructed and what does this mean exactly? Important to explain also because most readers will be public health academics or practitioners who may not be familiar with a social constructionist paradigm.

My response: I have looked at this and I have noticed that this phrase ought to have been edited out as it does not add anything to the paper. I have therefore edited it out in the revised manuscript.
Comment 6: 138 Appreciative inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them [13]. The focus on appreciative inquiry is very interesting. Please return to the concept in the discussion eg by reflecting on what the study tells us about the usefulness of this approach. It does need to be described a bit more clearly. For instance ‘co-evolutionary’ is unclear and this description seems to over-emphasize the focus on positives as opposed to learning as Bushe argues.

My response: I have integrated the conceptual framework in my discussion.

Methodology
Data collection

Comment 7: 266-267 ‘the interactions that occurred within the groups accentuated and fostered self-disclosure and self-validation’. I do not think that you know that groups fostered self-disclosure since it will be unknown what participants held back. Validation seems to be based on agreement/consensus or the lack thereof and is thus not self-validation.

My response: I agree with the reviewer and I have accordingly edited out this statement.

Comment 8: 275 ‘ensured that each participant was comfortable expressing their opinions on all the issues as well as share their experiences within the group context without any hindrance’. Sounds too positive- there will always be ‘hindrances’.

My response: I agree with the reviewer and I have edited this statement accordingly.

Comment 9: How exactly was a random sample generated for the SIs? How were women recruited for the Sis, and presumably separate informed consent was obtained?

My response: I have described the randomization process on page 16 (lines 455-470) of the revised manuscript.

Comment 10: The use of CBSV makes sense but please offer reflection on how this may have impacted the data.

My response: I have acknowledged the limitations of the use of CBSV in the revised manuscript.

Comment 11: I am not familiar with the specific form of thematic analysis used- please explain the difference with more standard thematic analysis (as e.g. explained by Braun & Clark) and the role of networks.

My response: I have included a brief discussion of the difference and similarities between the thematic analysis and the more standard thematic analysis in the revised manuscript.

Comment 12: What was the function of the summaries of individual interviews?
My response: I have looked at the manuscript and realized that no summaries were done with individual interviews.

Findings
Comment 13: Some of the desires for privacy will be the same for non Muslim women-ditto the issue of dependency on husband and relatives. Worth reflecting on both differences and commonalities. Interesting finding re ability to defy relatives.

My response: I agree with the reviewer, and I have accordingly highlighted this on page 31 (lines 884-897) of the revised manuscript.

Comment 14: 615- point about the impact of user fees would need further evidence and not in line with focus of the paper so I would remove it, unless you link it to e.g. muslims women’s bargaining power (presumably easier to get permission if services free).

My response: I agree with the reviewer and I have edited out this aspect of the discussion.

Discussion
Comment 15: 701-703 Did mothers-in-law see facility based care as unnecessary or did they put greater value on other requirements (eg modesty) which meant that they preferred home births despite potentially seeing benefits of SBA. Presumably there was a difference between mothers-in-law?

My response: Mothers-in-law put greater value on other requirements which meant that they preferred home births despite potentially seeing benefits of SBA. I have edited the paper to reflect this.

Comment 16: The number of women is actually large for a qualitative study- this in itself is not the main limitation to uncertainty re generalizability.

My response: I agree with the reviewer and have accordingly edited the paper to reflect this.

Comment 18: Whilst it is argued that Muslim women experience specific additional barriers to non-Muslim women, there are not statistics re use of services which back up his claim. Because of this and likelihood that non-muslim women encounter similar barriers (see above) the central thesis of the study is not as convincing as it could be. Further reflection and discussion is desirable.

My response: I agree that non-Muslim women may also be experiencing access barriers similar to Muslim women. Although the qualitative data presented in this paper do not cover non-Muslim women, I have shown in the introduction to the paper that Muslim women are indeed a sub-population among whom rates of access to skilled maternal healthcare services are very low. It was on this basis that this paper set out to examine why Muslim women have such low access to skilled maternity care services.
- **Minor Essential Revisions**

**Introduction**

Comment 19. 128 peculiar ways- do you mean ‘specific’?

**My response:** I meant ‘specific ways’. I have done this in the revised manuscript.

Comment 20. Reitmanova & Gustafson should be ‘Reitmanova and Gustafson’. Specify the geographical context of their work.

**My response:** I have indicated this in the revised manuscript.

Comment 21. 145 ‘positive elements of maternal health access’ sounds awkward, rephrase.

**My response:** I have rephrased this

**Methodology**

Comment 22. Participants: Table displaying (summaries of) with demographic features, in particular number of children and spread of age would be helpful since experiences and health seeking by primigravidas and very young women may well differ from other women. Can you specify how many women were in polygamous relationships? Were any women single?

**My response:** I have provided this information in table 2 (page 12) of the revised manuscript.

Comment 23. ‘This was a judgmental selection’ sounds awkward-rephrase. ‘the researcher’s perceptual evaluation of the relevance of a participant’s knowledge or experience to the research topic’. Unusual and awkward-can you please explain what this entailed exactly and reflect on any ‘biases’ this may have introduced.

**My response:** I have reworded the statement and provided a reflection of how the sampling could have affected the data.

**Comment:** I am not convinced that you have enough evidence that that FGDs generated better data- more likely SIs and FGDs generated different data, with both having their advantages and disadvantages?

**My response:** I agree and I have revised the manuscript to reflect this.

Comment 24. Where were FGDs and Sis conducted?

**My response:** In communal places and in respondents’ homes. I have clearly indicated this in the revised manuscript.

Comment 25. 272 error: young women were less likely to express their opinion. It seems to me that the age gap 15-32 is still rather large.

**My response:** Yes, but I think it was easier for 18 or 20-year olds to relate with 30-
Comment 26. 280 The issue is not literacy but participants’ fluency in English.

My response: I agree, and I have pointed this out in the revised manuscript.

Comment 27. 388 ‘This is achieved through such putative material practices as proper dressing’. Sounds bit awkward-rephrase

My Response: I have revised and reworded this.

Comment 31: 592 What is a ‘appreciable level of formal education’?

My response: I meant middle and secondary education. I have pointed this out in the revised manuscript.

Comment 32: 626 ‘Specific’, not ‘peculiar’ factors.

My response: I have done this correction.

- Discretionary Revisions

Comment 1: 170 Small point: ‘fail to utilize’- I prefer do not utilize, sounds less judgemental and reflects greater appreciation for rationales other than the public health rationales.

My response: I agree and I have changed all ‘fail to utilize’ to ‘do not utilize’.

Comment 2: 181 Provision of statistics re. religion is a bit simplistic. Usually distinctions between those believing in African traditional religion and Islam/Christianity are not clear cut; many muslims and Christians have some traditional beliefs or perform certain traditional practices.

My response: I agree and I have highlighted this in the revised manuscript.

Comment 4: It seems that you did try to get at a representative set of social situations through the sampling procedures – this relates to generalizability. Qualitative research can contribute to theoretical generalizability of insights (see e.g. Carla Willig’s book on introducing qualitative methodology in psychology, or Yin on generalizability of case studies). This is a different kind of generalizability than statistical generalizability which would indeed require randomization. I suggest you reconsider your claims about generalizability.

My response: I agree and I have revised my claims accordingly.

Comment 5: The FGD duration of 2.5 (not 2.3) to 3 hrs is extremely long- thus new issues may not have arisen due to exhaustion as well as due to saturation. By contrast the interviews were very short. Please offer reflection on the reason for this and what it may say eg about quality of data, whether participants were reticent and reasons for this.
My response: I agree with the reviewer and I have addressed this issue on page 17 (lines 472-475).

Comment 6: Very interesting finding that women refer to ‘a pregnant woman needs care, love and empathy to be able to give birth safely’ This is rather different from the public health definition of skilled attendance at birth; but more in line with respectful care currently promoted. Worth highlighting.

My response: I have highlighted this.