Author’s response to reviews

Title: Wheelchairs users' perspectives on improving their access to services in Kenya and Philippines: a qualitative study

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Dear Editor,

Thank you for forwarding the reviewers’ comments on our article, “Wheelchair users' perspective on improving their access to services in Kenya and Philippines: a qualitative study”. We have revised the manuscript accordingly and think that these edits have led to more precise and succinct language.

Sincerely,

Emma Williams and co-authors
Reviewer reports:

Lisbet Grut (Reviewer 2):

Manus: Wheelchair users' perspective on improving their access to services in Kenya and Philippines: a qualitative study. Reviewer's comment, second review This manuscript is considerably improved. I have only two minor suggestions that I encourage the authors to consider:

In order for the reader better to grasp that this is a qualitative study, the authors should consider to rearrange the order of the three first sentences:

1: The United Nations has affirmed the rights for persons with disabilities …

2: Disability is strongly associated with poverty …

3: Approximately 15 percent of the world's population …

Response: Thank you, we have made this edit.

Discussion:

Introduce the study's strength and limitations before you delve into the Discussion. In this way, it is easier for the reader to link the Recommendations, Implications and Conclusions to the Discussion.

Response: We have changed the order of paragraphs accordingly.

Wesley Pryor (Reviewer 4): Thank you for the opportunity to review this submission to International Health & Human Rights. The work is interesting and very timely. In my view, the work is an important iterative gain in the emergence of an evidence base for limitations in wheelchair service provision.

In my view, the work is relevant to the readership of IHHR. I have some concerns with some of the manuscript. These detract from the value of the findings. In general, these are cosmetic. However, some structural improvement will strengthen the case for, and conclusions drawn from, the research described in the manuscript.

As a third reviewer, I have the benefit of seeing earlier recommendations from another 2 reviewers.
In particular, reviewer #2 has offered detailed and thoughtful critique of the methods. I am broadly in agreement with those recommendations. I am mostly satisfied that the authors have addressed the major concerns, but I have some additional suggestions.

Methods:

General points on methods: While the approach taken was thoughtful, appropriate for the stated aims, and demonstrates thoughtful adaptations to the requirements of a complex, multi-country research project, I think it is long. I suggest a re-write of this section with a view to shortening it. I have offered a few suggestions above that might help. I think a flow-chart could be one way to represent a complex series of processes to the readers. I am broadly satisfied that the methods are adequately described, notwithstanding some suggestions I have made above, and the remarks of other reviewers.

Response: We have responded to the specific suggestions below and have made this section more succinct.

In the discussion, there are several references to the limited understanding that wheelchair users have about some aspects of the service they received (or didn't). For instance, we would not normally expect a wheelchair user to be the best key informant about the underlying service delivery model they have encountered. I think should be acknowledged as a limitation of the method later in the manuscript. I also think it implies the methods and results sections could be tweaked to account for this. We can conclude less about the product preparation (because users were not always privy to that information) than we can about their experience with other 'steps'. I think this should be acknowledged. It is not a criticism of the method - it is extremely value to have this lived experience in our literature. However, I think we need to be cautious in drawing conclusions about the underlying system questions from the user voice alone.

Response: This is an excellent point. We have edited the methods and discussions sections accordingly.

Use of controls: There are no controls in this study. That is appropriate for a study design of this type. However, I note that the aims described on page 8, line 13 suggest an aim was to compare the experiences of persons who have received services with those who have not received services. I had until the end of the results assumed that this meant people who had received a wheelchair at all, vs those who had not. I think this should be clarified in the aims.

Response: Thank you, we have edited the aims to improve clarity.
Conclusions: I think the conclusions should succinctly present the main findings related to the main aim (which might be re-phrased). To me, the findings described in page 12, lines 12-14 are the most compelling findings, along with the main findings for each of the steps. They would make a powerful conclusion, and we can be confident that they arise from the main findings of this work, and can lead to useful and practical implications for our understanding of wheelchair provision.

Response: Thank you, it is really helpful to learn what you regard as most compelling. Conclusions section has been edited in response to your comments and the other reviewer’s comments.

Statistics: Not relevant to this submission. I am generally satisfied that the methods are sound and appropriate for the main aims (notwithstanding suggestions I make later to describe the aims differently).

Written language: Minor issues will need to be addressed before publication.

Detailed suggestions follow.

Abstract

- page 5 line 2. I would like to suggest the summation of the CRPD act is changed. The act does not 'recognize' a right, per se, but describes them. I don't think the description of a 'right to obtain' is the best description of the relevant article. I suggest phrasing like 'calls on signatories to facilitate access to...' rather than describing a right to obtain.

- line 22. I think the conclusion here in the abstract is quite different to that presented in the body. That should be resolved.

- Further, I think the wording needs thought. People are not impaired by their disabilities, but disabled by their impairments and the environment. This is a critical distinction and cannot go unchallenged, especially in IHHR.

- Further, I do not think we can say 'disproportionately', since there was no comparison with high income settings. This is a useful hypothesis and theorisation of the problem, but it belongs in the background. As I remark elsewhere, the summary of findings (which is for now presented in the background) would make a compelling conclusion.

Response: We have edited the abstract based on this feedback.
page 6 - keywords. I suggest aligning keywords with MeSH headings. These would be 'wheelchairs', 'health services'. I think Kenya and Philippines, rather than Africa and Asia. I don't think qualitative, nor adult basic as a keyword helps target the audience to your paper.

Response: We have edited added add keywords as suggested but would like to keep “qualitative” research for those researchers specifically interested in this aspect.

Page 7, line 19 on. I suggest this background is very compelling, but would be better as a synthesis of findings rather than a list of papers and findings.

Response: During the first round of edits, we were asked to expand this section and provide more detail, so we are reluctant to shorten it again, since that may prompt another reviewer to request more edits.

Line 27 'the question, but not the findings, are described. What did the review say, and how does it relate to the present study?

line 29 - specify what is meant by high rates.

Response: Good points, we have edited this.

Page 8, line 1. In general, it isn't clear whether this background is leading to a justification of methods, or a statement of problem. Is it worth considering splitting this section into two parts - this might be about 2 paragraphs, or thereabouts. In the first, summarise the literature. In the second, justify your choice of methods. All the content are there, and compelling, but I think something like my suggestion will help.

Response: We have edited the topic sentence of the paragraphs with this comment in mind.

Line 13 - I think there is one main, not 2. It is to report the user experience of wheelchair services in two countries. It is self-evident that this will lead to implications for service reform. That is stated as a second aim, but then not handled with the same rigour as the first. I suggest it is best to delete or otherwise de-emphasise the aim to 'generate ideas'.

Response: This is a fair point, and we have edited accordingly.
The stated aim of demonstrating impact of service provision/non provision is not adequately addressed in the body. I suggest that it can be de-emphasised or recognised as a limitation. This might be a definitional problem. What is meant by impact? I think there are a number of reports from users that describe some forms of impact (both positive and negative), but this is not mentioned explicitly.

Response: Yes, we agree that the word “impact” is problematic, and we have revised as “perceived value”. We have also noted this in the limitations.

p8, 26 - Suggest replacing comment 'no factors that made the countries atypical' with a more active statement, such as ‘We argue that Kenya and the Philippines are broadly representative of other countries in East Africa and the Asia Pacific in terms of need for, and delivery of, wheelchairs.

Response: We have edited accordingly.

p9 11 'mainly' - if participants were mainly from 3 urban and per-urban areas, where did those who were not from those areas come from? This should be clear in table 2.

Response: In Kenya, one interviewee was from Nakuru and two were from Mombasa. We have noted this in the revised manuscript.

line 3 - editors, please note font difference (or is it a hyperlink)

Response: This has been fixed.

line 13. I suggest 10.1186/s12963-016-0096-y is the most up-to-date and methodologically sound estimate of disability prevalence in the Philippines as of now. References provided are circular.

Response: Thank you for alerting us to this error; somehow the wrong citation had been inserted, and this has been corrected so that it now refers to census data. Thank you for informing us about the recent Marella article, which is highly interesting, although they do not refer to our specific study population of adult basic wheelchair users.
line 27 - 'mixed methods' needs to be consistent with the general 'qualitative' approach described in the abstract. This description should be re-phrases as if the author is not aware of the overall mixed-methods approach. For example, 'this paper reports the results of the qualitative component of a larger mixed methods study. Quantitative findings are reported elsewhere.' This is only a suggestion, but I did need to read this section a few times to work out the reference to a mixed methods' design, whereas there are mostly qualitative findings.

Response: We agree and have edited accordingly.

line 27 - 'comprised of *a* subset'

Response: we have made this edit.

page 10 line 4. I think Non-Governmental is the better spelling. Defer to the authors on this.

Response: We ask journal copyeditors to make final decision.

• Line 6 - The screening and pre-screening remains unclear to me. What did it involve, and what was it done for? I suggest a specific sentence on screening and pre-screening, being clear about the intent and method.

• line 12 appears to repeat the part about screening. How it was done should be combined with the earlier description.

• Line 14 - inclusion and exclusion criteria could probably be combined with the participants and screening. I think a re-write of these two sections will increase clarity and probably shorten the overall section.

• lines 25 and 26 - I think one of the references to Kenya should be Philippines. One participant refused in one of the countries, and none in the other. Please clarify.

Response: We have tried to edit this for clarity and have corrected the typo in lines 25-26.

line 31. Both here and in the abstract, I am confused by (but understand) the point that participants were both under and over 45. That is another way of saying participants were purposefully sampled to ensure representation across age groups. Because there was no comparison of users under and over 45 (at least not in this analysis), I think this should be expressed differently. In any case, the more sound methodological approach would have been to
sample according to a weighted stratification, but that implies that weights were known, and that this sampling approach was possible. I think it is sufficient to explain that pre-screening sought to ensure adults were sampled from wide age groups. The under/over 45 part detracts from the thoughtful sampling approach taken.

Response: We tried to edit this for clarity.

Page 11 line 7. No one else *was* present *during interviews*, except...

Response: Corrected.

Lines 13-15. I don't think it matters that the audio file was cleaned in the Philippines research. It might if we could reasonably expect that doing so affected the findings. However, provided the audio was audible to translators by the time it got to them, I think the data acquisition is adequately described without reference to the treatment of the audio file.

Response: We have shortened this paragraph in response.

p12 line 1. Delete reference to Microsoft word. If it is absolutely necessary, refer to 'word processing software'.

Response: We deleted this and shortened this section.

table 1 - please give a number to each of the steps in the table. This helps cross reference to the text

Response: Done.

Lines 13-14. I believe this part is the most powerful finding and would make a much more compelling conclusion, and can be inferred from the findings.

Response: Please see revised conclusions section.
please consider using a different term to physical health. I think a term like 'functional difficulty' or 'mobility impairment' are probably better. I do not see any evidence that the subjects were unhealthy.

Response: Good suggestion, thanks.

Line 13 - I suggest a linking phrase that introduces the idea that the results will be presented according to the WHO guideline steps. As it is, I am required to deduce that steps 1-2 refer to the guidelines. These are in the table, but the steps are not numbered in the table.

Response: Done.

Results:

Overall, I think the results are interesting, important and presented in a compelling way. While they are long, I think there are few areas where I could suggest major reductions. I also note the remarks of other reviewers.

Page 22

Limitations

I think that the work did not use service providers (or donors of devices) as KIs needs to be noted as a limitation.

Response: We have noted this.

The authors note that no comparison between genders was attempted. I think this is true of all the demographics. There was no theorisation or hypothesis testing to explore differences between the groups of respondents. That is not necessarily a limitation of the study, but I think singling out gender raises the question about why no other comparisons were made. This is noted by reviewer #2, and I agree. Will it help the case for publication if the background, methods and results align, and are clear in the intent to present a descriptive, or even phenomenological report, on experiences of a well-selected group of users?

Response: We singled out gender because of the one paper specifically describing gender as a factor, but perhaps this was not appropriate for the reasons you state. We have deleted these sentences in the revised version.
implication for 'dissemination'

First, I suggest 'provision' rather than dissemination. Secondly, I think this section could be summarised in about one sentence. It is currently longer than necessary. I am not convinced the conclusions directly lead to these implications. However, it may help to introduce these potential implications in the discussion and in implications for further research.

Response: We have changed the wording as suggested and shortened this paragraph.

As I described earlier, the conclusions described here don't match the abstract. However, the contextual factors that emerged from this study are very compelling. Is it possible to write a clear statement directly linked to the aim of 'describing services using the WHO guidelines as a framework', and then returning again to the case put in the background. The study reports user experiences which suggest persistent limitations in dominant service delivery models for wheelchairs.

Response: We hope the revised manuscript addresses this comment.