Author's response to reviews

Title: Assessment of respectful and non-abusive care during facility based childbirth in Addis Ababa, Ethiopia: a case from Saint Paul's Hospital Millennium Medical College (SPHMMC) and three Catchment Health Centers

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Author's response to reviews: see over
To: The Editorial Team

Reproductive Health

On behalf of the authors I, the corresponding author of this manuscript would like to pass our heartfelt thanks and appreciation to the reviewers and the editor of our manuscript for giving us very invaluable comments and suggestions which enriched the manuscript.

In this second version of our manuscript, we have incorporated the comments and suggestions forwarded by the reviewers and the editor. Here under is the list of major changes made.

- Considerable changes were made with the aspect of the writing. The paper was reviewed by a native English speaker for its grammatical aspect
- The discussion part is thoroughly modified as per the comments forwarded
- New literatures were included to enrich the discussion part
- The figure was changed into table in order to display p-values to show differences by type of health facility.

Appended with this letter is the revised manuscript which shows the point by point responses.

Sincerely,

Anteneh Asefa
Corresponding author
Reviewer I: Caroline Homer

Reviewer: The authors use the acronym D&A throughout the paper. I recommend writing the words out fully – they are not too long. This issue is too important to just be an abbreviation and it also means that the magnitude of the issue tends to be lost. The three words are not too cumbersome.

Author: Accepted; No more D&A throughout the manuscript

Reviewer: Some of the phrases and syntax in the writing need attention. For example, ‘mothers who have passed through assisted or non-assisted vaginal delivery’ could be ‘Women who had given birth vaginally’.

Author: Accepted; page 5, second sub-title, first line. Other corrections are also made.

Reviewer: I prefer using ‘to give birth’ rather than deliver as it is more empowering of women. That is the same for ‘birth’ rather than ‘delivery’ throughout.

Author: Accepted; all changes are made throughout the manuscript accordingly.

Reviewer: Woman centred care is singular (not women centred care) as that is the whole point – can that is focused on an individual woman. ‘On the other hand’ at the top of page 10 is out of place and not needed. On page 11 – ‘leaving women on labour’ should be ‘leaving women in labour’.

Author: Accepted; women centred changed to woman centred throughout the manuscript.
Leaving women on labour’ changed to ‘leaving women in labour’; page 9, line 248

Reviewer: The lack of support in labour from a companion of the woman’s choice is highlighted as something that is not permitted in Ethiopia. This needs urgent attention and this paper could highlight that denying women this attention is not only contributing to disrespect and abuse it is also against evidence-based practice. Support in labour from a companion has been shown in many studies to be advantageous and we need studies like this to argue for it.

Author: That’s true; well taken. Page 12, paragraph 2, lines 317-323
Reviewer: I assume the 4 female data collectors who not involved in the women’s care? If this is so, please state this in the methods.

Author: Accepted; page 6; lines 149-151.

Reviewer: In the sentence at the top of page 11 about the consent issues – the two %’s could be the same women? I think it is important to explain that the items are not mutually exclusive – that is, women are only in one category.

Author: minor changes are made to clear the confusion which readers may face. Page 7, lines 226-229. furthermore, there is table 3 for more clarity.

Reviewer: I am unclear with the statement on page 12 that 95% of women did not have their right to information or consent protected. Is this correct as it is not reflected in the table or in the results?

Author: The sentence is rewritten to make it clear and understandable. It can be found in the results section; page 9, lines 243-248. It is also discussed in the discussion section; page 10, lines 287-295. The actual figure can also be seen in table 4.

Reviewer: Why did the women who had experienced disrespect and abuse before return to the health facility to give birth. Your study cannot tell you that but it is an interesting issue to consider.

Author: this cannot be addressed by this study. However, it is an interesting research area for future researches.

Reviewer: The new Lancet Series on Midwifery has a number of papers on this issue and it would be useful to refer to it. In particular the paper by Renfrew et al is important:

Author: good tips. The suggested article is included in the discussion section. Findings were discussed in light with the recommended article. Page 13, lines 352-357
Reviewer II: Collins Chansa

**Reviewer:** However, the Study comes Up with A general quantitative assessment of the level and type of D&A but does not break down D&A by type of socio-demographic and economic characteristics of respondents (Table 1), and also by Obstetric and maternal health service use history (Table 2). These factors are extremely important when coming up with a policy Advocacy and intervention strategy. Understanding the breakdown of D&A By these factors can help to determine which strategies are most effective in creating the desired Policy change in terms of context, intervention strategy, and desired change.

**Author:** It is a nice observation and we the authors accept the idea. But, If we include all those into account to disaggregate disrespect and abuse, we are going to have overcrowded tables. However, we have included a paragraph which describes the issue of concern. Page 9, lines 255-259.

**Reviewer:** The theory of change is mixed up. The authors talk of skilled attendance at birth, And then give an example of facility-based delivery. The normal trajectory is antenatal care, delivery at health facility, and then skilled attendance at birth. Thus, D&A affects delivery at health facility, and quality of MNCH provided. **AUTHORS NEED TO RE-WRITE THE BACKGROUND Section of The Abstract.**

**Author:** Accepted; the background section of the abstract is re-written. Page 2, lines 18-22.

**Reviewer:** P-values have been cited in the abstract and results Section but all the Tables and Graphs Do not present the P-Values.

**Author:** Accepted. The figure is changed to a table which shows the values. Page 23, Table 4

**Reviewer:** There are too many key words, most of them irrelevant. I propose the authors use: Respectful Maternity Care, Disrespect, Abuse, Childbirth, Quality, Ethiopia

**Author:** Accepted modifications are made accordingly. Page 2, line 45

**Reviewer:** The results For the 5% precision And 95% confidence are cited to in the abstract and results section but not presented on the tables. Also, the response rate is not directly reported but merely the number who agreed to participate in the study. If only A small number agreed to participate in the study out of a huge expected population, this can affect the generalizability of the results at the sampled four (4) health facilities. There is no justification for assuming that 13% of laboring mothers would face at least one form of
D&A during childbirth, based on findings from another study. This is because the two authors sought to investigate whether D&A exists, level, and types of D&A, rather than to assume that it already exists at 13% based on evidence from another study.

Author: Detail justification on the sample size calculation is now given. The response rate is also put in place. Page 5, lines 118-133.

Reviewer: It is not clear whether the Chi-square tests were used to test statistical significance of each variable at 5% precision and 95% confidence or statistical differences between types of health facilities. Testing for statistical significance of each variable, and statistical significance of the differences between types of health facilities is the standard practice.

Author: chi-square test was done to assess the existence of statistically significant difference between the hospital and the health centers.

Reviewer: The whole results section should be re-written to improve the Quality of The English. There are several typos, and use of wrong tenses throughout this section.

Author: Significant changes are made in the results section. See the “Results” section. Pages 7-10

Reviewer: The discussion should also be re-written so that it is linked to the Results Section and Title of the study. The argument is very weak and there are no signposts between sentences even though there is an attempt to triangulate the findings. What could help is to conceptualize the theory of change by indicating how high levels of D&A could affect quality of health care, and eventually low facility-based deliveries. In most instances the authors link high D&A directly to low utilization of MNCH services even though D&A is directly linked to quality of MNCH outcomes. In actual fact, the paper only sought to investigate the level, and type of D&A making it difficult to argue for its effect on utilization, but only for quality.
**Author:** Good suggestion. This part is re-written to synchronize it with the results section and to conform to the objective of the study. Additional literatures were also included. Please see pages 11-14 for the changes made.

**Reviewer:** Companionship during childbirth is discussed in the discussion section but not explicitly mentioned/analyzed in the Results section. Further, the argument for companionship and its link to D&A is very weak. The authors relate it to non-availability of legislature on companionship rather than gathering evidence from the respondents.

**Author:** Additional discussions were made in page 12, lines 317-328.