Reviewer’s report

Title: Discordance in Self-Report and Observation Data on Mistreatment of Women by Providers during Childbirth in Uttar Pradesh, India

Version: 0 Date: 31 Aug 2017

Reviewer: Saumya RamaRao

Reviewer's report:

Summary

The paper is well written and addresses an important issue in public health—mistreatment and abuse of women in labor and delivery. It presents data and discusses methodological issues around measurement. My recommendation is to accept the paper for publication subject to comments provided below.

Comments are listed below:

1. Methodology Section
   a. Include in the text as to when the observations started and ended? For example, did it start when the woman was in labor and continued until she left the birthing room? Or did it start when she was in the birthing room and ended as soon as baby was born?
   b. Clarify the criteria for deciding which provider to observe if there were multiple providers present.
   c. In the self-reports, did the women know which provider was being referred to, especially if there were multiple providers?
   d. Did the providers’ questionnaire collect information on their reports of their behavior with the women?
   e. Page 9, line 203. Mistreatment of women is the primary dependent variable and not independent.
   f. Page 9, line 207. Clarify what the numbers (0.7) and (22) in brackets are. I think the first is the Cronbach’s alpha and the second is a citation. Please make it easy for a reader.
   g. Page 10, line 216. Explain why 6 items were picked for inclusion for the observation. I suspect this is related to the period of observation.
h. It will be useful to readers if the authors discuss the theoretical construct of the mistreatment items. For example, do the 17 items and the 6 items all capture the same underlying construct? One could argue that some are more related to interpersonal behaviors (e.g., abusive language), technical competence (pushing abdomen, pulling baby), and facility inadequacies (e.g., absent providers, discrimination).

2. Results section

a. Were all the women asked all the 17 items? It is not clear if some of the items pertained to a sub-group of women. For example, the four items—client provided information on treatment, information on problem, advice on avoiding illness, consent before treatment—clarify if they refer to some specific treatment or condition that pertain to some women. A substantial proportion of women have self-reported mistreatment on these elements.

b. The authors should comment on the reasons why Cronbach's alpha varied so much between the three modalities (0.72 on the 17 point self reports; 0.64 on the 6 item self report; and .47 on the 6 item observation). Given that the alpha on the observation was less than 0.5, how well do the authors think that the 6 items on the observations modality captures mistreatment? Relatively was the reduced alpha due to the number of items? Should more items have been included?

c. Page 13, lines 293-303. The authors should comment on if the observations of poor provider behavior were due to poor skills of the provider; and second, if the observer's knowledge of the SBA status of the provider might have resulted in those behaviors being noted more.

d. Was there any link with pregnancy complications that might have had an effect on the self-reports? Especially since health complications of mother and baby seem to be correlated with reports of mistreatment.

3. Discussion Section

a. Situate findings from the study with those reported elsewhere; for example, the 2015 Abuya et al study in Kenya which also analysed data from observations and self-reports of mistreatment.

b. It will be helpful for the authors to comment/discuss the rationale or benefits of collecting data through self reports and observations. In different parts of the paper, the authors allude to the utility of different data sources. They could draw upon the literature on quality of care of FP where relevant. What is the authors' opinion or preference? Do they recommend
self report as an explanation of service utilization? Observations to assess provider adherence for service protocols?

c. Could the authors comment on the types of health complications that mothers and babies had? This will tie in with the lines 94 and 95 in the background section.

d. The authors should comment on to what extent do women's self-reports might encapsulate the entire birth experience and not be limited to specific provider behaviors despite asking them to recall specific behaviors? This will be especially true for those women who had poor health outcomes.

e. I was glad to see that the authors acknowledge that causality cannot be determined.

f. It will be great if the authors identify potential interventions to reduce mistreatment. They suggest that trained providers behave better than others; could they speculate as to what type of training--it seems to me that training in interpersonal skills will be just as important as technical skills especially as what the women report have tended to be the emotional aspects of the care giving process. Similarly, can interventions be directed towards women, families and communities such that they know what good quality maternity care is; and that therefore they can expect it and demand good quality care.

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