Author’s response to reviews

Title: 'Just because she's young, it doesn't mean she has to die': exploring the contributing factors to high maternal mortality in adolescents in Eastern Freetown; a qualitative study.

Authors:

Lucy November (lucy.november@kcl.ac.uk; lucynov46@yahoo.co.uk)

Jane Sandall (jane.sandall@kcl.ac.uk)

Version: 1 Date: 20 Oct 2017

Author’s response to reviews:

Please note, I am sending this whilst in Sierra Leone and am therefore limited to using my phone so have limited editing ability, hence the text looks rather clumsy. Apologies.

Editor: As the reviewers note, the results section is quite lengthy, and there is an extensive discussion of the factors contributing to adolescent pregnancy in Freetown. However, it seems like these factors may be important for potential readers to understand, particularly if they want to develop programs to prevent maternal deaths among young women. As such, I do not at this time see a need to split this manuscript into two papers, but rather might suggest some careful revision to help cut down the length while trying to preserve some of these important findings (perhaps reducing the number of direct quotes and instead using more descriptive narrative summaries?).

I have revised the section on ‘vulnerability to teenage pregnancy’ by reducing the number of quotes – keeping the point made but having less quotes to illustrate the point. The following lines have been completely or partially removed:


Reviewer #1:

This is a very important paper that states about an important issue of Public Health - maternal deaths.

My suggestion is to reduce the article focusing in the main objective of the paper. The aim is to understand the factors which put younger women to greater risk to maternal death and there is a
long part that discuss about the causes of getting pregnant. My suggestion is to put this subject into another article and focus on the aim in the "vulnerability to maternal death once pregnant" part on this article.

I have not split the article into two articles but have shortened the section on vulnerability to pregnancy. See above.

Also, once the interviews and focus groups have been done with different people, it is important to know which line is referring to which individual (in the transcriptions).

I have included codes for the focus group or interview. It was not possible to identify individuals within the focus, groups, and this is explained in line 177-180.

I would also suggest to explicit the lines reached in the interview of those reached in the focus groups once this could lead to bias of answers.

I have identified the source of the quotations as focus group (FG) or interview (I). I have explained this in 177-180

It is not mentioned where the interview where took place and if the interview was performed by one or more people in the room. My suggestion is to mention that to add clarity in the process of methodology.

I believe this is included in the original manuscript in lines 125-131:

All interviews and focus groups were conducted by the author and her Sierra Leonean research assistant, a female LNP staff member with a master’s qualification in gender studies, in either English or Krio, the commonly spoken local language with which the author is very familiar but not fluent. Focus groups were conducted in various community settings at times when discussions could not be overheard and no other non-participant observers were present.

Interviews were conducted at settings chosen by the participant, and some interviews included the participant’s junior colleagues

Reviewer #2:

The introduction does not reflect the rationale and implications of the study. It needs to be explicitly brought up
I believe this is brought up in lines 15-17:

This qualitative study, funded by Wellbeing of Women’s international midwifery fellowship, was conducted to explore the causes of this high incidence of maternal death for younger teenagers, and to identify possible interventions to improve outcomes.

And in lines 65-69:

Sierra Leone has an estimated maternal mortality ratio (MMR) of 1165 maternal deaths per 100,000 live births, the highest in the world [1]. It is also one of only six countries in Sub-Saharan Africa (SSA) where more than 10% of girls become mothers before the age of sixteen, with increased MMRs for adolescents generally, and even higher risks for this younger age group when data is disaggregated by age [2]. This is therefore a key area of research to improve overall maternal mortality.

And line 96-99:

The author was funded by Wellbeing of Women’s International Midwifery Fellowship to carry out this qualitative study with the aim of better understanding the factors which put younger women at greater risk of maternal death, with a view to work with local people to develop and evaluate interventions to reduce these risks.

The rationale for selecting lesser number of focus group discussions, especially considering the diverse groups interviewed is not clear.

In lines 103-113 I have given this rationale, and added the number of participants in the focus groups for the sake of transparency.

It is not clear on why sample size was limited and if the sample size was saturated.

I believe I addressed this issue in lines 159-168.

I believe the range of focus groups covers all key informants, and that the choice of focus group or interview was suitable for the particular participants in question.

Though this study was underpinned by grounded theory, with further themes being identified from the data and explored in an iterative manner, the time and opportunity constraints of limited field trips meant that not all the themes were entirely saturated. For example, when the subtheme
‘sex for grades’ was identified from a focus group with teachers, a true grounded theory approach would have led to elite participants in policy roles being re-interviewed to seek their views on issues such as prosecutions of teachers; unfortunately, this was not possible. In contrast, for other subthemes such as issues around blood donation, because it was identified on the first day of data collection, it was possible to hear from all subsequent participants and therefore reach the point where no new information or opinions were being expressed.

Analysis needs to specify if they had used a specific deductive or inductive approach.

I have specified that I used an inductive approach in line 163.

Research questions can be summarised in the background section only.

I have taken out the repeat of the research questions in lines 172-175.

The results and discussion section are very lengthy can reduce and restrict it lesser number of key quotations and its synthesis.

I have sought to cut down on the number of key quotations removed a few short discussion elements. (In addition to the lines specified as removed in response to editor’s comments, I have also removed all or part of the following lines: 509-510, 524-525, 555-559, 583-585, 589-595, 715-716, 741, 777-781, 803.

I also decided to remove a large part of the discussion around blood donation, 1007-1026.

As mentioned these are not causes of maternal mortality but factors contributing to teenage pregnancy and hence the death- this needs to be uniformly mentioned in the manuscript.

I have added a sentence about this in lines 180-182:

By definition, teenagers who do not become pregnant cannot die from maternal causes. For this reason, it is valid to include within the results, analysis and discussion, factors which lead to teenage pregnancy alongside factors which lead to maternal death in pregnant teenagers.