Author’s response to reviews

Title: A qualitative study of community elders’ perceptions about the underutilization of formal maternal care and maternal death in rural Nigeria

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RE: Revised manuscript submission and response to reviewers’ comments

Dear Editor,

This letter is in reference to your email dated August 11, 2019 with reviewers’ comments. We are very pleased that the manuscript is potentially acceptable for publication in Reproductive Health once we have carried out some revisions.

We would like to thank the reviewers for these insightful and helpful comments and for giving us the chance to revise our manuscript. We believe the revised manuscript has been significantly improved and the reviewers’ comments have been addressed adequately. We think in its current form it will make a valuable contribution to the literature on this increasingly important topic.

Please find for your kind consideration the following documents:

- A section-by-section response to the comments and suggestions of the reviewers (below).
- The revised manuscript, provided as a revised copy with track changes and a clean copy.
Reviewer #1: The study qualitatively explores the perspectives of community elders in two rural locales in Nigeria concerning causes of maternal deaths, reasons for not using formal maternity care, and potential solutions for addressing the low utilization of formal maternity care services. The authors posit that community elders hold a tremendous amount of influence within their communities, and thus their perspectives should be taken into account when developing acceptable interventions to improve care-seeking from skilled providers. This perspective may be less explored in the existing literature, especially since the study primarily involved male study participants. The manuscript may make a contribution to the literature in this respect, however I would recommend several points of revision to strengthen the article (itemized below). I would note that the authors did a thorough job in describing their qualitative methodology, which will allow readers to make informed judgments on the study's rigor. Although the manuscript mentioned that a COREQ checklist was included as an attachment, I did not see it to review.

1. Line 21 of Plain English Summary: "This study conducted…" Consider revising this phrase, since a "study" cannot conduct a methodology.

Response: As suggested, we have revised the phrase and just mentioned the data collection method.

2. Line 9 of Participants and Recruitment: "9" should be written out as "nine," since it begins the sentence.

Response: As suggested, we have made the recommended revision.

3. Line 51 of Data Collection (Page 7): Should the word "construct" be "construction" in this sentence?

Response: Yes, you are correct; it should have been “construction.” We have made this revision.
4. Lines 7-15 of Data Collection (Page 8): If these sentences refer to the findings of the aforementioned review of CCs (reference 38), then it should be re-cited in these sentences so this is clearer.

Response: As suggested, we have added references where required.

5. Data Collection: I would recommend describing who the facilitators were for the CCs. Were they community members and/or part of the research team? What training did they have? Had they previously been known to the elders in the communities where the CCs were conducted?

Response: As suggested, we have described the facilitators in the manuscript (they were local field research supervisors who are familiar with study communities. Each were experienced researchers, but received additional training in conducting community conversations before the field work. They were directed by the IDRC affiliated lead project investigators - our 2nd and 3rd authors).

6. Second quote on page 12: "form" should be "from"

Response: As suggested, this has been revised.

7. Line 12 on Page 13: "appropriative" should be "appropriate"

Response: As suggested, this has been revised.

8. The first few sentences of the "Quality of Care" section in the findings seem to resonate more with the section on "Accessibility"

Response: Response: Agreed. As suggested, we have omitted the first few sentences and paraphrased it into the “Accessibility” section.

9. Line 43 of page 14: Consider using a different word than "invigorated." Invigorate means "give strength or energy to," which does not make sense in the sentence.

Response: As suggested, this word has been replaced with “pushed.”

10. Lack of knowledge: I would recommend the authors consider revising the section on "lack of knowledge." Indeed it appears that the women had a lot of knowledge, it just did not necessarily align with the biomedical model of the health facilities.
Response: This was a preliminary point of discussion when categorizing themes, but authors agreed that since we employed an inductive analysis method, we could not/did not align reporting of findings with any existing model(s). Therefore, we concluded that “lack of knowledge” best described the subset of data provided by community elders, who were clear in pointing out that poor understanding and inadequate knowledge were reasons why some women didn’t seek facility-based care.

11. Line 54 on page 14: "Some intended to give birth until they were weak or felt too tired from giving birth." This sentence was confusing at first read. Consider revising to make clearer that "intended to give birth" refers to having additional children.

Response: As suggested, we have rephrased the sentence for clarification.

12. Line 40 on page 15: Consider removing "fickle"

Response: As suggested, this word has been removed.

13. Consider including a label indicating whether each quote was from a male or female study participant

Response: As suggested, we have indicated the sex of the participants who made the quotes.

14. Are the authors (those who conducted the analysis) familiar with the local languages in which the CCs were conducted? Were glossaries maintained in transcripts for words without direct translations into English? Who performed the translations and were the quality/fidelity of the translations checked?

Response: The translations of the transcripts were done by the trained facilitators and project investigators (including FO and LN), who between one another were fluent in Standard English, Pidgin English, Ishan (Esan), and Etsako. As there were multiple translators, discussions were made over certain terms that were difficult to translate in order to ensure quality and fidelity/dependability. The translated transcripts were Standard English with a few remnants of Pidgin English, which the authors who conducted the analysis were familiar with.

15. It would be interesting to see a discussion of how the perspectives of the community elders may be different or the same (and why) from other stakeholders. There are many existing studies on barriers to accessing maternity care; what does this study really add to our understanding?

Response: As suggested, we have provided a brief discussion of how the perspectives of elders from the study may corroborate or differ from perspectives of other stakeholders in the literature. We have indicated in the conclusion study what this study reinforces and what it adds.
16. In its current form, the broad policy recommendations appear a bit too weak and are not adding anything particularly new to the literature base. I would be interested to see the following statement unpacked more instead: "With the influence of opinion leaders on reproductive health decisions in the household and the community to certain extents, they should be informed and involved in the design and implementation of local interventions."

Response: As suggested, we have elaborated on some of the policy recommendations and recommended digital or mhealth interventional efforts (digital health has been a revolutionary path in the last decade in Nigeria and sub-Saharan Africa). Also, as suggested, we have unpacked on the statement you quoted above.

Reviewer #2: I will like to appreciate the authors for their work in putting together this research manuscript.

Overview

Maternal mortality remains an important challenge in many resource-limited settings. Intersectoral collaboration is needed to reduce the global burden. This study is appropriate in Nigeria, a country with high maternal death burden, as it documents valuable views of "community elders" in reversing above-mentioned trend. Importantly, this has the potential to guide health policy reforms and future research.

Specific Comments

1. Study title - While the first part of the title i.e. "If something happens, it is not easy to rush the woman to maternity" potentially attract readers to the article, it does portray a very narrow outlook to the robust findings documented in this study. The authors may consider going with the more apt "A qualitative study of community elders' perceptions and beliefs about maternal death and underutilization of formal care in rural Nigeria"

Response: As suggested, we have removed the quoted component of the title.

2. Page 4, Line 18 - highest absolute number of maternal deaths in the "world"

Response: Here is the reference that the line is based on: http://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf;jsessionid=290616ED3134931C478D30A44F1A614A?sequence=1. On page xi and page 19, the WHO document states the number of maternal deaths of the 2 highest countries – Nigeria (58 000 – 19%) and India (45 000- 15%) – in the world.

Response: As suggested, we have inserted the appropriate references.

4. Page 4, line 20 - "formal healthcare services" - explain term at first use and differentiate from informal

Response: As suggested, we have provided a brief explanation.

5. Page 4, Line 27-29 Insert reference ……… 33% of Nigerian women have utilized formal postnatal care since 2003.

Response: As suggested, we have added the reference.

6. Page 4, Line 39 - "physical inaccessibility and financial inaccessibility" explain terms at first use. Is it used in the same context as "facility-based care" Page 5, line 50?

Response: As suggested, we have explained the meaning of the two terms based on references 6-8 in the following sentence. Yes, physical and financial inaccessibility are in reference to physical and financial barriers to facility-based care.

7. Page 5, line 22 - absolute or potential influence?

Response: Based on references 12-22, it can vary between communities and households, but it tends to be potential or partial moreso than absolute. This is why we used words/phrases ranging from “can have” or “most” to “largely” and “critical” in the paragraph, to indicate that levels of elderly influence on health decisions can vary between contexts and households.

8. Page 5, line 33 - this has reduced the impact- please rephrase.

Response: As suggested, we have rephrased the phrase (and the sentence).

9. Page 6, line 42 - insert reference ……… Nigeria has a total fertility rate of 5.42 (live births per woman)

Response: Same reference [27] as the preceding sentence and the following sentence, it carries the topic from population to fertility.

Response: This was based on the preliminary baseline assessments conducted by the larger International Development Research Center (IDRC) project, spanning communities in each of the 6 zones of the country. There are no publications that have measured the mortality rates in the 2 specific LGAs used for this study. To clarify this, we have indicated that this is based on the preliminary baseline assessments.

11. Page 7, line 8-12. please explain why these communities were chosen.

Response: As suggested, we have explained why these 9 communities were chosen in the manuscript (The baseline study was conducted in 20 randomly selected communities in the Etsako East and Esan South East LGAs (10 for each). The 9 communities where the CCs were held were selected from these 20 communities based on the residence of influential elders and the traditional rulers controlling these communities. Gatekeepers that were recruited guided the research team in identifying these communities).

12. Page 7, line 26- Explain term "locally accepted methods of communication"

Response: As suggested, we have provided a more explicit description of this term in the manuscript.

13. Page 8, line 28 specify the local languages

Response: As suggested, we have specified the 2 local languages.

14. Page 8, line 38 - Who were the facilitators? Did they speak local languages? Were they international researchers or local residents? Are they engaged in certain roles, locally, in government institutions, or funding agencies that might influence trust and affect power relationships? Are they the same as the investigators in line 31? Are there existing power dynamics that could affect the CC?

Response: The facilitators were field supervisors who were familiar with study communities. They were directed by project investigators (authors FO and LN) who were part of the larger International Development Research Centre research project. Between the facilitators and the principal investigators, they spoke Standard English, Pidgin English, and the local languages (Ishan and Etsako). They were not international researchers. They are experienced researchers. Community leaders had to approve of the study and were present during each community conversation. Community leaders were involved in the sampling of community elders who were perceived to be influential. Therefore, the leaders may have affected the content of the CCs (we have added this as a limitation - your suggestion is valuable).
15. Page 9, line 36- knowledge of the content of the CC topic guide may improve this research. How was the CC topic guide developed? Was it piloted anywhere? This helps to give validity to the study findings.

Response: The guide was developed by a technical committee in charge of preparing research instruments for the CCs. The members of the committee are knowledgeable in the cultures of the project communities and the pertinent questions for the conversations. The CC topic guide was piloted, yes. We have added the answers to these questioned to the manuscript.

16. Page 9, line 17 - Who were the translators? Please provide more information as it may have influence on the findings.

Response: As suggested, we have provided more information about who the translators were ((they were field supervisors and the investigators who (between them) were fluent in Standard English, Pidgin English, Ishan (Esan), and Etsako)).

17. Page 9, Line 50- How were the final themes validated?

Response: We used multiple coders with 2 researchers (who were not involved in data collection) independently coding data and then working in collaboration to refine their proposed categories and themes. The 2 researchers who were in involved in data collection, familiar with the raw data, and familiar with local realities in study communities double-checked the themes and confirmed whether they were representative and not misinterpreted. In this whole process, a few themes were broken up into multiple themes that capture data that is too diverse to be put into 1 theme. The names of the themes were also refined to best capture the ideas contained in their underlying text segments. We inferred to this in the trustworthiness section to make it clearer.

18. Page 10 Line 24 -26? Were there power relationships between male and female elders that could affect CC?

Response: Although the culture of male superiority/dominant influence is prevalent in study communities, women who were 60 years of age and older did hold respectable positions in their communities. While men were the predominant opinion leaders who partook in the studies, women in this age category were respected and allowed to speak in many social gatherings with men with limited restraints.

19. Page 10 -Ethics- How did this research consider compensation for study participants?

Response: There were no compensations for study participants, they were made aware of this during recruitment.
20. Page 11, Line 31- TBA… explain term and context at first use.

Response: As suggested, we have explained the term TBA in its first use in the study context.

21. Page 11, 61 "collective laughter". How can this be interpreted in the context of this research?

Response: Elders were voicing their displeasure with the recurrent absenteeism of professionals in health facilities. They laughed at this comment because a chemist would be considered the next available “professional” who can provide “treatment” during the frequent absence of health professionals. By being absent, the health professionals cannot fully undertake their paid job duties. While the intention to seek evidence based care is apparent amongst some members, unavailability of staff is a barrier to receiving such care once the facility is reached.

22. Results - Many of the quotes have Pidgin-English undertones and they should be rewritten for clarity e.g. page 16, line 56. "I no go go farm"

Response: As suggested, we have rewritten some quotes into full Standard English for clarity.

23. Conclusions the authors should highlight what is novel or confirmatory in the findings reported. Overall, the authors have contributed a very important piece to knowledge.

Response: As suggested, we have highlighted what is confirmatory and novel in the reported findings.