Author’s response to reviews

Title: Prevalence of common mental disorder and associated factors among pregnant women in South-East Ethiopia, 2017: A community based cross-sectional study

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Response to reviewers comments

Reviewer 1 comments:

This study aimed to assess the prevalence of CMD and its determinants among pregnant women in Southeast Ethiopia. The authors tried to add new knowledge in the related field. However, I found major issues in the study design and reporting in the manuscript. I have indicated issues and provided suggestions intending to help to improve the manuscript in the following sections.

Response: Firstly we are highly grateful to the reviewer for such thorough and detailed review of our manuscript. We firmly believe that your comments and suggestions would take our manuscript to a much different level. So we tried to incorporate your comments in our manuscript as much as possible.

I found that the manuscript missed the rational (knowledge gap) for the current study. Why this study was needed? The manuscript cited five studies conducted in Ethiopia for the similar purpose already (line 105-106). Then what can we expect from this study to contribute to the knowledge? The authors should provide a strong rationale for a need for the current study in the Introduction section before the aim of the study.

Response: We agree that the rationale was missing in the background part, so tried to add and justify the need of our study.
It seems to me that the authors are confused with 'CMD', 'mental disorder', 'anxiety, depression' etc. For instance, the authors reported the adverse impact of 'mental disorder' in one sentence (line 82-85) and the other sentence reports an impact of 'anxiety and depression' (line 85-88). This is a major issue. I would suggest authors go through the recent manual of Diagnostic and Statistical Manual of Mental disorders (DSM) and WHO classification of Mental Disorders. They may also be interested in referring the book 'Common mental disorder, a bio-social model' of Goldberg and Huxley (Goldberg and Huxley 1992). Then they may use the suitable term of 'CMD' or 'mental disorder' or 'anxiety, depression' as they wish to measure in their study and make it consistent throughout the manuscript.

Response: We have used the different terms like depression, anxiety, mental disorder from the reported studies because these are the factors by which we finally define the CMD. These are seen to be the symptoms and signs for CMD. That is why we included them while stating the problem in our manuscript.

The manuscript has significant problems on the flow of information, connecting ideas each-other, redundancy of information etc. I would like to suggest consulting English language expert to fix English and improve the flow of information efficiently.

Specific comments and suggestions are as follows:

Abstract

1. Date of data collection should include in the abstract.

Reply: Agreed and included

2. In line 35, 'validated' questionnaire where? The authors reported in Method that they adapted tools and pretested for the study but not validated in the local context. Therefore, 'standardised' would be a better term than 'validated'.

Reply: Validated term was replaced with standardized as asked.

3. In line 36, WHO should place before 'Self-Reported Questionnaire' and should keep SRQ in the bracket to make it clear that this is referring to the research tool. Otherwise, it may lead to misinterpretation as a general term of 'selfreported questionnaire' but not the tool.

Reply: Agreed.

4. SRQ is designed to 'screen' CMDs but not 'diagnose' it. Therefore, 'diagnose' must replace with 'screen' in line 36 and other respective sections.

Reply: Done as asked.
5. In line 43-45 in the abstract, I do not think the recommendation to train health worker comes from the research. This study did not explore if they need training on screening antenatal CMDs and its determinants. We, as researchers are not allowed to recommend something beyond our research findings. Therefore, I would suggest removing this sentence.

Reply: Agreed and removed.

Plain English summary

1. Authors provided long background information, but they did not provide aim (purpose) and methods of the study. Therefore, I would suggest limiting background information in one sentence and include the aim and methods of the study in the plain language.

Reply: Aim and methods were included as recommended.

Background

Background of the manuscript is poorly structured. Information is repeated in different places. I would suggest the authors restructure it. I have some suggestions that the authors may consider improving it. If authors understand the concept of 'mental disorder', 'CMD'..., this would also help restructure the manuscript.

1. In line 68-69, the sentence "On the other hand, mental health problems like anxiety and depression are very common during pregnancy and postnatal period worldwide." is repeating the concept of previous sentences. Why do authors think to use 'on the other hand' in the sentence? I would suggest removing this sentence.

Reply: Removed as asked

2. Sentence two (line 64-66) and sentence seven (line 72-75) in the background are providing similar information. Authors may merge these together.

Reply: Accepted as asked.

3. The authors introduced a new concept of the adverse impact of antenatal CMDs (line 69-72) in the paragraph they discussed prevalence. The sentence may fit in the second paragraph where they repeated about the adverse impact of antenatal CMDs.

Reply: As asked This sentence was moved to the 2nd para.

4. The authors repeated adverse impact of antenatal CMDs again in line 78-81 in the first paragraph and third paragraph (line 89-90). They repeated prevalence in the third paragraph (line 92-94). They must avoid repetition of information.
Reply: As suggested, we tried to remove the sentences which lead to repetition of the information.

5. They discussed factors (determinants) of antenatal CMDs in various locations (line 66, 75-76, 78-81). They may wish to discuss determinants in a separate paragraph.

Reply: As asked, a separate paragraph was used for discussing the determinants.

6. The authors suddenly introduced the prevalence of CMDs in high-income countries (line 76-78) in between the paragraph where they were discussing something else. If they wish to discuss this, the best place maybe after the first sentence of the background.

Reply: Done as suggested.

7. In line 80, what ANC CMD is referring to? It should specify clearly.

Reply: It means antenatal CMD. We replaced ANC with the term antenatal as it was confusing.

8. The authors refer to depression, anxiety disorders, eating disorders, and psychosis as "the antenatal disorders" in a sentence in line 85-88. These are mental disorders but not antenatal disorders! They may wish to write 'antenatal mental disorders'?

Reply: We replaced antenatal disorders with antenatal mental disorders.

Materials and method

1. Authors reported that the study is a community-based study. How is it since they used antenatal check-up registration book to identify sample? The study did not report what is the antenatal check-ups coverage in these areas? From where they recruited and interviewed pregnant women? In antenatal clinics of hospitals or health centers or at their home? If they recruited from antenatal clinics, then how can they claim that the study was community-based? I would suggest explaining and clarify this in the Method.

Reply: We used antenatal registration book maintained by the health extension workers or community health workers having the list of pregnant women and their detailed address in each kebele. After that we went to the respective addresses of the participants and interviewed them in their homes. That is why we say it is community based study. We added this information in the methodology part of manuscript.

2. Why did the authors choose Robe, Goba and Ginnir of Bale zone as study area? What is the difference or similarity of this area? What is the significance to include three areas? For instance, to make representativeness? Authors must describe this.

Reply: In Bale zone there are 12 districts. Out of these 12 districts, 5 are pastoralist, 4 agrarian and semi-agrarian but the rest 3 namely Robe, Goba and Ginnir are urban with almost the same
socio-economic characteristics. These are the places providing the best health care for this zone. Two referral hospitals in addition to one main hospital are present in these three areas. In Bale zone the pregnant women wishing to get the best antenatal care is present there. So these three areas become the representative for this zone.

3. In line 101, the data 67, 124, 48, 435 is confusing for one or two administrative areas. They can use a semicolon or use the name of an administrative area for each data to avoid confusion.

Reply: Edited as suggested.

4. They reported that they used 'single population proportion formula' to calculate sample size. They did not provide information on how they reached a sample size of 748. This should explain.

Reply: We agree and so explained using 'single population proportion formula' for calculating the sample size as asked.

5. The authors did not report about the inclusion and exclusion criteria of the study. In which trimester of pregnancy, they planned to recruit and interview pregnant women? This information should report in the Method.

Reply: Accepted and the information was reported in the method as asked.

6. In data collection tools and procedure, authors need to describe each study tool including items of the tools, psychometric properties, whether the tools are locally validated or not etc.

Reply: The structured questionnaire used for collecting the socio-demographic and obstetric characteristics was developed after reviewing the literature. But the other tools and their procedures that were used in the current study are validated and known. So we didn’t find its need for explanation. It seemed to make it lengthy and confusing. If it is necessary we can add it in a separate supplementary file.

7. Authors did not report what and how socio-demographic and reproductive factors measured.

Reply: We have reported the factors used to measure the socio-demography and obstetric care. For your kind reference please see table 1 and 2 in results. Further we added in the methods the source of developing the questionnaire for them.

8. Authors need to describe what is the basis they selected variables to include in their study?

Reply: We have critically reviewed the literature on common mental disorder during pregnancy. During our critical review, we checked the variables used by the researchers for the similar type
of studies. Finally, we included those variables which had effect on mental health disorder. Otherwise, we had no other criteria to include or exclude variables.

9. Here is no information at all about the data collection procedure. A description of the data collection procedure should be provided including how the researchers approached the study participants, where and how they interviewed etc. Authors mentioned that they used antenatal check-up registration book to obtain a list of pregnant women. Where did they find pregnant women and where they interviewed at the clinics, at home?

Reply: We already explained it in reply to comment 1 in methods part. Also we revised it in the manuscript also.

10. Reference citation for Epi Info and SPSS should be included (line 138-139).

Reply: Reference citation for both was included as suggested.

11. In line 141-142, authors described that "All variables significantly related to CMD caseness at a p < 0.2 level were then examined in bivariate logistic regression analysis." How did the authors determine the p-value of < 0.2 for variables? This should be reported.

Reply: We have analyzed the variables in chi-square and those variables with significance level less than 0.2 were considered to be fit for bivariate analysis. Since, this part is repetition so we omitted and revised it in the manuscript.

Results

1. Why authors grouped 'unemployed', 'private employee', 'farmers' together in 'others' category of 'job of respondents'? These may have a different impact on antenatal CMDs and may bring different results of data analysis.

Reply: Since the number of these participants was less, so we categorized them under the same heading. Now we have separated the unemployed from others as suggested.

2. I would suggest the authors report the confidence interval of the prevalence of antenatal CMDs.

Reply: Reported as suggested.

3. 'On how many people do you rely' for what, in Table 3?

Reply: It means the people she directly depends on (financial, social, emotional etc) in home.

4. In the statement - 'How easy to get practical help from our neighbours', the authors may refer to participants' neighbour. This must be clarified.
Discussion

1. Authors largely stated their findings with referencing previous studies in the Discussion. However, I would suggest that authors discuss their findings rather than repeating results. For instances, what and why particular results have public health significance? Why study brought particular results?

Reply: We tried to incorporate your suggestion as much as was possible.

2. In line 209, authors may intend to put a comma between 35.8% and which….but not full stop.

Reply: Agreed

3. In the first paragraph of the Discussion, the authors must explain what methodological differences may lead to the different findings of the prevalence of CMDs. This would help readers to understand the reason for differences clearly. Just stating 'methodological difference…' is not enough for readers to understand the difference.

Reply: We removed the term methodological and kept the measurement tool differences. The reason for its removal was the difficulty in explaining it. We tried to add other apt terms for explaining the differences in our results from other studies.

4. In paragraph two, line 220-226, explanation for different findings of education as a determinant of antenatal CMDs is incomplete and inaccurate. Cultural context alone may not determine, but this could be a result of complex interaction of local context, the personal circumstance of women, for instance, relationship quality with an intimate partner, empowerment at home and society. This should explain.

Reply: Agreed and explained to remove the inaccuracy.

5. The limitation of the study is incomplete in the Discussion. The study used a standardised screening tool to measure CMDs but not locally validated. This should describe as a major limitation of the study.

Reply: It was included as the major limitation of our study as asked.

6. The strength of the study is missing in the Discussion. This should report. For instance, if authors provide strong knowledge gap and they think they addressed it, they can include this as a strength of the study. If they think this is a community-based study and they describe how this study is community-based as I raised the question above, they can include this as another strength of the study.
Conclusions

1. As I mentioned above, the statement "The Bale Zone health office in collaboration with key stakeholders should integrate CMD screening tools with current antenatal care guidelines, provide mental health training for obstetric care providers, including how to use CMD screening tools and refer patients to available mental health services. Moreover, the women should be educated about the prevention and treatment of CMD." are not coming from results of the study. Therefore, I would suggest removing this. Alternatively, the authors may be interested in modifying the recommendation.

Reply: The recommendation part was removed as suggested and replaced with the modified one.

References

1. I would suggest rechecking referencing. I have found errors. For instance, there is no author for reference 2.

Reply: Author names were added in reference 2. Other references were also checked for their accuracy.


Reviewer 2 comments:

Thank you for sending me the revision of this article. The topic is important. However, the manuscript should be improved to enhance the findings.

Response to Reviewer 2 comments:

We are highly thankful to you for the positive and constructive comments. We believe that it will improvise the quality of our manuscript.

Comments

1. English should be reviewed carefully. Words in" " are the ones that need to replace.

Line 92, should be written "low" and middle....
Line 134, supervisor "monitored"

Line 223, choose conversely or however... not both...

Reply: The language was reviewed and words were replaced as suggested.

2. In line 100, should explain what Kebele means.

Reply: Meaning of kebele was added as asked.

3. About ethics aspects, Were the participants assign any form? Is there any ethics committee who approve the study?

Reply: As is mentioned in the declarations section of the manuscript consent of participants was taken in written form where the purpose of the study was clearly mentioned. Yes the ethical review committee of the university approved this study.

4. Table 1, The title should be: Socio demographic characteristics of the participants.... do not need to write respondents.

Reply: Changed as asked

5. Job of respondents should be replace for "Occupation"

Reply: Replaced as suggested

6. The presentation of the results should be improve, there are too many tables.

Reply: Changes were made in the results but the number of tables could not be reduced as it would lead to loss of information from the manuscript. We further tried to merge the tables but that made explanation of results difficult.

7. Table 2, title: Obstetric characteristics of participants....

Table 3, Verify the % What proportion is important to show? When the sample is less than the total sample, should use the relative % or the % of the total sample? This comment is for all the table that have different N sample... is not the same to show 93.5% (43) of women abused by partner... than the total sample N= 743, for example.

Improve the title of the tables.

Reply: Agreed and incorporated.

8. Explain why the N sample for the logistic regression is so different from the total sample.
Reply: The bivariate and multiple regression was carried out on the recommendation of the editor in previous revision. The N sample is not different from the total sample. The factors are shown separately to give a clear understanding.

9. Explain, correct or justify this differences in N sample in the discussion.

Reply: In discussion only those factors are mentioned who were statistically significant and showed association with CMD. We didn’t mention anything like % of the total sample or like that. That is why we didn’t explain anything about it in discussion.