Author’s response to reviews

Title: Socio-demographic and Facility-Based Determinants of Perceived Quality of Nutrition Services of Pregnant and Lactating Adolescent Girls in Trans-Mara East Sub-County, Narok County, Kenya

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17 April 2019

To
The Editor

BMC Nutrition

Dear Sir/Madam,

Re: Resubmission of the manuscript ID NUTN-D-19-00001R1 titled, ‘Socio-demographic and Facility-Based Determinants of Perceived Quality of Nutrition Services of Pregnant and Lactating Adolescent Girls in Trans-Mara East Sub-County, Narok County, Kenya’

We thank the editorial team and the reviewers for providing useful comments that has aided in the improvement of the manuscript. We hereby provide point-by-point responses to the reviewers’ comments. In addition, we have attached the manuscript with the changed areas highlighted in red. It is our pleasure to re-submit the manuscript for consideration in BMC Nutrition.

Reviewer 1:

Comment 1. Page 1 Lines 1-5. This study was conducted in a specific country in Africa (presumably Kenya); this should be stated in the title.

Line 26-27. What are "nutrition-sensitive services"?

Lines 41,43. Data is plural; therefore, phrasing should be "Data were…" throughout the text.

Lines 29-32. Conclusions are weak. What are the implications - for research, practice, etc.?

Page 3 Line 49. Change "is" to "are."

Page 3 Line 56. Reference needed

Page 3 Line 58. Reference needed.

Page 3 Line 58. Suggest changing "done" to "conducted"

Page 4 Lines 27-29. It is unclear what is meant by "…low coverage of access and utilization…"

Page 4 Lines 41-51.

Response 1. The title now include ‘Kenya’ as part of the region. All the other areas highlighted by the reviewer in different lines has been addressed as well.
Comment 2. The flow of logic in these paragraphs is unclear regarding the inadequacy of the health care workforce and resources and the use of low quality of nutrition services as a proxy to poor access and use of services among adolescents. It is possible (although admittedly unlikely) that the existing workforce and resources could be very limited but of high quality. In other words, availability may be low, but the quality could be high. References to support the authors' inferences are needed.

Response 2. We totally agree with the reviewer on this point. We have added the following statement to take care of the reviewer’s concern: ‘However, this implication may be acceptable with caution since at times workforce and resources may be limited but of high quality.’

Comment 3. Page 5 Line 58. Reference is made to a "previous survey" with reference to a personal communication; more detail is needed to describe this survey.

Response 3. Since the information on the survey was already available on the Central Bureau of Statistics, (2014), we have used the same reference for the same statements.

Comment 4. Page 5 Line 58. The authors refer to "objectives of this formative study" but these objectives are not included anywhere. Research questions and/or specific aims are also not included.

Response 4. This is captured on the last paragraph of the ‘Introduction’ section which states, ‘It is against this background that the aim of the current study focused on elucidating the socio-demographic and facility-based perceived quality of nutrition services in determining adolescents’ access and utilization of nutritional advice and services in Trans-Mara East Sub-County, Narok County, Kenya.’

Comment 5. Page 6 Lines 7-15. This run-on sentence gets confusing when reference is made to assumptions.

Response 5. The statement on assumptions is eliminated to provide better meaning to the statement.

Comment 6. Page 7, lines 18-19. The final sample size should be in results not methods.

Page 7 lines 52, 58. Be consistent with use of numbers (8) vs. spelling out the word (eight).

Page 8 Line 7. It is unclear what is meant by "…the pieces of papers randomized."
Page 8 Lines 23-25. It is unclear what is meant by "…in the ratio of 3:7 interchangeable along the walk." This appears to suggest that the goal was to interview 3 pregnant adolescents for every 7 lactating adolescents. If so, how and why was this ratio determined? And, why was it "interchangeable"?

Response 6. We are requesting to maintain the sample size calculation in the Methods section as it provides prior information on what to expect when we reach the Results section. The other issues pointed by the reviewer has been adequately addressed in the paragraphs to provide more clarity to the statements.

Comment 7. Page 8 Lines 56-58. It is unclear what is meant by IFAS, RUTS/RUSF

Page 9 Line 1. What are "ITNs"?

Response 7. These abbreviations are now fully defined.

Comment 8. Page 9 Lines 17-19. What is the difference between parents and mother-to-mother support group members?

Response 8. These are currently clarified as, ‘Parents (a group of biological parents of adolescents who either pregnant or lactating) and Mother-to-Mother Support Group (a group of adolescent pregnant or lactating)’.

Comment 9. Page 9 Lines 17-27. Qualitative methods are not well described. How long was each focus group? Was a moderator/facilitator guide developed? Were the questions iteratively modified? What order did the focus groups take place? The authors indicate that 6-10 participants were in each group, how many adolescents were there specifically? What were their ages? Were the conversations audio-recorded or notes taken? Was there a separate note taker present? Were the data transcribed? If so, by whom?

Response 9. The details of how the qualitative data was collected has now been described in details in the Methods section under ‘Focused Group Discussions (FGDs)’.


Response 10. Detailed description of the ‘Framework Analysis’ is now provided.
Comment 11. Page 9 Line 54. Statistical significance is not relevant in qualitative analyses. Were the data coded? Were emergent themes identified?

Response 11. The statistical significance is now removed for qualitative data. We have also further provided details on how the qualitative data were thematically summarized and emerging themes picked out.

Comment 12. Page 11 Lines 40-51. The authors refer to this study as mixed methods. Given this, it is noteworthy that only two quotes were from the qualitative data. A strength of mixed methods is to enhance the depth of understanding of quantitative findings. What is included does just that, but more depth would be expected with three focus groups and a total of 18-30 participants (based on 6-10/group x 3 groups). In addition, it is unclear which of the three FG the quotes came from.

Response 12. We fully appreciate the reviewer’s position of carrying out the in-depth analyses. However, given our study population and the issues to be investigated, we didn’t really have to go to this extent. We still believe that the information generated with our FGDs addressed the issues under investigation.

Comment 13. Page 12 Line 7. Why was 33.3% the expected frequency? This should be explained.

Response 13. This has now been clarified as ‘Low mark (at most 3 food groups) was registered by 36.8% which was significantly below the expected frequency of 33.3% (Average percent for each category for the variable i.e. 100%/3; Table 2)’.

Comment 14. Page 15 Lines 51-53. Reference to the need to empower adolescents is key. How would the authors propose to do this, specifically? Also, community empowerment is vital to the empowerment process so that this vulnerable population can feel supported outside of their family unit.

Pages 17-18. The authors highlight some of the key points regarding health communications and behavior change. It is also important to consider all categories of maternal health literacy; namely: 1) functional (reading, writing, numeracy and basic understanding of health conditions;), 2) interactive (how women communicate with health care providers and others and apply this information to their health and the health of their child/ren); and 3) critical (analyzing information and using it to exert greater control over their health and the health of their children

Response 14. We thank the reviewer for providing this additional perspective to the manuscript. We have currently included the suggestions as part of our recommendations under the ‘Conclusion’ section.

Comment 15. Pages 20-21. References are few and some citations are incomplete (18, 20).

Response 15. These references have been corrected.

Reviewer 2:

Methods

Comment 1. How were the FGD guides developed? How many questions did it include? Did someone evaluate them before usage? Explain more how you conducted the FGDs? Who facilitated them, how the facilitators managed the interviews or FGDs?

About food diversity, explain more about method of diversity calculation, i.e. how many categories or food groups did you consider for measuring Diet Diversity. Did you use consumed foods as servings or not, did you consider all foods or you selected some of them. What dietary assessment tool did you use? I mean 24-h recall or food record or FFQ?

Response 1. We thank the reviewer for raising this important point. We have exhaustively addressed this under Reviewer #1, Response 9.

Comment 2. Result: In tables 1 and 2 it is preferred to write percentage (%) rather than Proportions.

Response 2. These have been corrected on Tables 1 and 2 as suggested by the reviewer.

Comment 3. Discussion.

You mentioned the findings of the current study somehow contradicted the empirical norm on the matter of education, please explain more about the finding. What is your interpretation? why does it contradict other findings in your idea?
Response 3. We have added a statement to further provide clarity on this point. It reads, ‘This deviation from the norm in this study population could be more related to the fact that this population totally dissociate literacy levels from their health issues.’

Comment 4. You mentioned" the shorter the distance (<5km), the more the services that were utilized". However, I think that was not a general rule, because in table 3, having distance facility less than 1 km was less likely to utilize critical services and products compared to a distance of 1-5km.

Response 4. We have further provided information in the Discussion section to enhance clarity. It now reads, ‘Somehow, distance of <5km, had potential to improve services that were utilized. This points out to the fact that resources associated with nutrition services need to be placed closer to the adolescents to improve access including deployment of personnel.’

We look forward to the publication of the manuscript in BMC Nutrition journal.

Sincerely,

Prof. Collins Ouma