

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"I also take part in caring for the sick child" - A qualitative study on fathers' roles and responsibilities in seeking care for children in Southwest Ethiopia
AUTHORS	Funk, Tjede; Källander, Karin; Abebe, Ayalkibet; Alfvén, Tobias; Alvesson, Helle

VERSION 1 – REVIEW

REVIEWER	Dr Lynne Marsh Queen's University Belfast, Northern Ireland
REVIEW RETURNED	15-Apr-2020

GENERAL COMMENTS	<p>This is a very interesting and informative study and adds to the qualitative research from fathers' perspectives. Overall, the researchers provided a detailed background, drew from relevant literature and provided appropriate accounts of ethics, data collection and data analysis using clear narratives that supported the views of fathers. The findings and subsequent discussion were robust and achieved the aims and objectives of the study appropriately.</p> <p>The following recommendations would need to be considered to strengthen the paper further.</p> <p>Firstly, more context and detail on the child's health status would be helpful. If this information is indeed available, then this would provide appropriate context in relation to fathers roles and responsibilities in seeking care and the subsequent decision making processes in terms of care needs of the child given that this is the intention of the paper. As would be expected, the higher the care needs of the child, the more decisions required by fathers. Yet, there were no details provided on the health status of the child and raises the question as to why was this information was not included. The age range of the children could also be helpful as this detail could help in contextualising the study further, for example, decisions fathers make on behalf of toddlers would look differently to decisions made by fathers of young children or teenagers. In order to contextualise the care needs of the child in terms of fathers experiences then these would be important considerations. Perhaps this information was not available and if this is the case, it needs to be stated and then referred to as a limitation to the study. Perhaps this is reported elsewhere but again this information would contextualise and strengthen the paper further as the focus is exploring fathers' roles and responsibilities in seeking health care for their child.</p> <p>Secondly, while you detail the data collection and analysis clearly, there is a lack of detail on the recruitment process. While it is clear that this is part of a larger study, a sentence or two is necessary to demonstrate the recruitment process more explicitly in terms of</p>
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	<p>recruitment of fathers. For example, were only 24 fathers recruited in total to this study? Did they all agree to participate in the interviews? There was a mention of two interviews not being completed yet all 24 were included in the table which is a little confusing. So was the analysis of 22 interviews or 24? How were fathers invited for interview in the first instance? These are the small details that are necessary to provide context and clarity for a qualitative study and will add to the paper.</p> <p>Overall, this is a very informative and interesting paper and I look forward to seeing it published.</p>
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REVIEWER	Matthew Boyd BSL Australia
REVIEW RETURNED	21-Apr-2020

GENERAL COMMENTS	<p>Thank you for the opportunity to review this study, the authors should be commended for their focus on an important and interesting area. Overall it is an interesting and worthy topic and the authors should be commended for their effort in developing the knowledge of this area. This work falls well within the scope for BMJ open however I would indicate that there are a number of points that need revision prior to acceptance.</p> <p>As well as the key points highlighted, there is also a general need for minor revision of writing style to ensure clarity.</p> <p>Page 1. Reference to Fathers play different roles- it is not clear if you are saying that different fathers play different roles as opposed to saying that fathers play different roles to mothers in the health care process.</p> <p>Page 2 Strengths and limitations- I would suggest revising this to make it clearer which points you are indicating are a strength and which points are limitations – greater clarity of your thoughts here would be beneficial.</p> <p>Page 3. It is not clear who you are comparing women to with regard to decision power- men or women from higher resource settings? 59- grammar here needs to be revised</p> <p>Page 4 65- sentence starting some countries have started to address this issue- it is not clear which issue you are referring to. 69- sentence starting “A study categorised”- this is an anthropomorphism the study didn’t categorise people the authors of the study did. 78- are there changes occurring in the father role or are these categorisations static- if the authors of the study are indicating a shift in the roles within society it is important to elaborate on this.</p> <p>Page 5 Setting- this section needs revision – consider the order of presentation of information currently the paragraphs (whilst all relevant) do not appear to mesh together. As an example you could start with some general context regarding Ethiopia and its health system, then information on the woredas – then more specific information.</p> <p>Study design</p>
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	<p>More information on the interview needed eg an interview guide etc would be helpful to understand what occurred and to support replicability.</p> <p>How were the shortened interviews treated in analysis? The recruitment of the third interpreter needs further explanation., Further clarity on the training process of the interviews is needed- ie was their follow up after the feedback to ensure they had implemented this?</p> <p>Ethics approval This would be better placed earlier in the paper</p> <p>Results/Discussion Themes appear appropriate – however it is not clear throughout if you are comparing fathers to mothers or fathers to fathers of a different socio economic status – it would be good to revise after considering this. It would also be good to consider the what the fathers are telling us about how they perceive their role as a father - - eg are they doing these things out of circumstance or because they see them as an intrinsic part of who they are as a father. An understanding of this will help to sharpen your recommendations for how the health system engages with them</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Firstly, more context and detail on the child's health status would be helpful. If this information is indeed available, then this would provide appropriate context in relation to fathers roles and responsibilities in seeking care and the subsequent decision making processes in terms of care needs of the child given that this is the intention of the paper. As would be expected, the higher the care needs of the child, the more decisions required by fathers. Yet, there were no details provided on the health status of the child and raises the question as to why was this information was not included. The age range of the children could also be helpful as this detail could help in contextualising the study further, for example, decisions fathers make on behalf of toddlers would look differently to decisions made by fathers of young children or teenagers. In order to contextualise the care needs of the child in terms of fathers experiences then these would be important considerations. Perhaps this information was not available and if this is the case, it needs to be stated and then referred to as a limitation to the study. Perhaps this is reported elsewhere but again this information would contextualise and strengthen the paper further as the focus is exploring fathers' roles and responsibilities in seeking health care for their child.

*Authors: Thank you for these valuable comments. We agree with these points and have now made the following changes:

Regarding the context of care needs we have added a section on child health in the background: *“Annually approximately 5.3 million children die worldwide before reaching their fifth birthday. Most of these deaths occur following the neonatal period and are caused by diseases such as malaria, pneumonia and diarrhoea [1]. It is further estimated that malnutrition contributes to almost half of child deaths under the age of five and that many of the childhood deaths could have been prevented with simple, effective and available interventions [1]. Nevertheless, caregivers of sick children in poor communities often face obstacles in seeking healthcare, such as lack of money or distance to the care facility [2, 3]. Evidence from Ethiopia shows that only 35% of children with fever and 44% of children with diarrhoea in the previous two weeks were brought for treatment [4].”* [Lines 57-65]

*Authors: Regarding the context of these fathers on their own children we have clarified in the abstract and methods that each father had at least one child between 2 and 59 months that was presented to the health extension worker with fever:

*It now reads in the Participant section of the abstract [Line25-26]: “Twenty-four fathers who had at least one child between 2 and 59 months who visited a health extension worker with fever”

*In the study design section we have changed the sentence to: For this study, twenty-four semi-structured interviews were conducted with fathers who had at least one child aged 2 to 59 months presenting to the HEW with fever [Line 130-131].

Secondly, while you detail the data collection and analysis clearly, there is a lack of detail on the recruitment process. While it is clear that this is part of a larger study, a sentence or two is necessary to demonstrate the recruitment process more explicitly in terms of recruitment of fathers. For example, were only 24 fathers recruited in total to this study? Did they all agree to participate in the interviews? There was a mention of two interviews not being completed yet all 24 were included in the table which is a little confusing. So was the analysis of 22 interviews or 24? How were fathers invited for interview in the first instance? These are the small details that are necessary to provide context and clarity for a qualitative study and will add to the paper.

Overall, this is a very informative and interesting paper and I look forward to seeing it published.

*Authors: We have now clarified this in the data analysis section. It now reads as follows:
All 24 father interviews were included in the analysis, although two fathers did not complete the interview. As these two fathers did answer a number of questions, it was seen as appropriate to include the material provided by them in the analysis, even though being incomplete. [Line 210-212]

*We have also indicated in table 1 which of the interviews were not completed.

Reviewer: 2

Thank you for the opportunity to review this study, the authors should be commended for their focus on an important and interesting area. Overall it is an interesting and worthy topic and the authors should be commended for their effort in developing the knowledge of this area. This work falls well within the scope for BMJ open however I would indicate that there are a number of points that need revision prior to acceptance.

As well as the key points highlighted, there is also a general need for minor revision of writing style to ensure clarity.

Page 1.

Reference to Fathers play different roles- it is not clear if you are saying that different fathers play different roles as opposed to saying that fathers play different roles to mothers in the health care process.

*Authors: The sentence has now changed to “Fathers play various roles in the care-seeking process during children’s illness episodes. This included for instance arranging resources to seek care, (co-)deciding where to seek care as well as accompanying the child to the health facility.” [Line 39-41]. We also provide some examples here.

Page 2

Strengths and limitations- I would suggest revising this to make it clearer which points you are indicating are a strength and which points are limitations – greater clarity of your thoughts here would be beneficial.

*Authors: changes to the strengths and limitations were made accordingly. They now are as follows:

- This study distinguishes itself from others by only focusing on fathers and their perceived roles and responsibilities in the care seeking for sick children, which is an underrepresented area in child health research.

- This study used a nested stratified sample and included 24 fathers from highest and lowest socio-economic quintiles and with few (1-2) or many children (3+) in order to provide rich information.
- We sought to mitigate a social desirability bias by having the interviews conducted by male interviewers in two local languages.
- We did not conduct interviews with mothers to confirm the fathers' responses.

Page 3.

It is not clear who you are comparing women to with regard to decision power- men or women from higher resource settings?

59- grammar here needs to be revised

*Authors: This has now been clarified. "as compared to men" has been added to the sentence in Line 69]. The sentence in line 71 (previously 59) was adjusted and now reads: A study from The Gambia [1] states that mothers decided when to take the child to the hospital for cerebral malaria in only around 7% of the cases.

Page 4

65- sentence starting some countries have started to address this issue- it is not clear which issue you are referring to.

*Authors: This sentence has now slightly been changed and now reads as follows: Some countries have therefore started to address the involvement of fathers in their road maps to reduce maternal and child morbidity and mortality [2, 3]. [Lines 77-79]

69- sentence starting "A study categorised"- this is an anthropomorphism the study didn't categorise people the authors of the study did.

*Authors: This sentence was changed into: "In a study conducted in Ethiopia, fathers were categorised into three different groups" [Line 81]

78- are there changes occurring in the father role or are these categorisations static- if the authors of the study are indicating a shift in the roles within society it is important to elaborate on this.

*Authors: Very good comment. We have now changed the sentence as follows: This indicates that not all fathers are alike and that differences in their roles can exist between them. [Lines 89-90]

Page 5

Setting- this section needs revision – consider the order of presentation of information currently the paragraphs (whilst all relevant) do not appear to mesh together. As an example you could start with some general context regarding Ethiopia and its health system, then information on the woredas – then more specific information.

*Authors: We agree with the comment on this section and have changed it [Lines 103-125]. We hope that this section is now clearer and easier to follow.

Study design

More information on the interview needed eg an interview guide etc would be helpful to understand what occurred and to support replicability.

Authors: We have now expanded the section on the interview guide. It now reads as follows: "An interview guide was developed informed by literature on health care seeking and gender roles. It started with introductory questions about the father and the household to explore fathers' educational background, profession and family composition. While this part was rather structured, the interview guide then followed with open ended questions regarding fathers' practices on the following issues: seeking advice or discussing health matters with other family or community members; fever in children and fathers' understanding of fever; fathers' knowledge on health providers in the community; their decision-making around health services and drivers that influenced their seeking health care. The interview ended with asking fathers to compare care-seeking between different households and

changes in practices and roles of fathers over time. The interview guide was prepared in English and subsequently translated into Amharic.” [Lines 154-164]

How were the shortened interviews treated in analysis?

Authors: This was now clarified in the data analysis section: “All 24 father interviews were included in the analysis, although two fathers did not complete the interview. As these two fathers did answer a number of questions, it was seen as appropriate to include the material provided by them in the analysis, even though it was not fully completed.” [Lines 211-213]

The recruitment of the third interpreter needs further explanation., Further clarity on the training process of the interviews is needed- ie was their follow up after the feedback to ensure they had implemented this?

*Authors: The sentence now reads as follows “In Halaba, a male interpreter was recruited for translations from Amharic to Halabigna (local language of Halaba) as the interviewer was not familiar with the local language.” [line 167-169].

*Ethics approval

This would be better placed earlier in the paper

Authors: We have now moved this section above the Patient involvement section.

Results/Discussion

Themes appear appropriate – however it is not clear throughout if you are comparing fathers to mothers or fathers to fathers of a different socio economic status – it would be good to revise after considering this.

*Authors: With all the changes made to the manuscript, we hope that this has now become clearer.

It would also be good to consider the what the fathers are telling us about how they percieve their role as a father - - eg are they doing these things out of circumstance or because they see them as an intrinsic part of who they are as a father. An understanding of this will help to sharpen your recommendations for how the health system engages with them

*Authors: We have addressed this by adding a sentence in the discussion. It now reads: “Multiple fathers interviewed in this study would fit into the “transitional fathers” category. According to them, child health issues are not seen as only a task of the mother anymore. It seems as if these fathers do acknowledge these responsibilities as being part of their role as father. [Lines 354-357]

1. Okoko, B.J. and L.K. Yamuah, *Household decision-making process and childhood cerebral malaria in The Gambia*. Archives of medical research, 2006. **37**(3): p. 399-402.
2. Malawi Ministry of Health, *Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi*. 2012.
3. Tanzania Ministry of Health, et al., *The National Road Map Strategic Plan to improve reproductive, maternal, newborn, child & adolescent health in Tanzania (2016-2020)*. 2016: Dar es Salaam.

VERSION 2 – REVIEW

REVIEWER	Dr Lynne Marsh Queen's University Belfast
REVIEW RETURNED	04-Jun-2020
GENERAL COMMENTS	Well done for taking on board the feedback and this is a very interesting and informative paper, well done.