

In Reply to: Minimal Requirements in Reporting Qualitative and Quantitative Studies: Critics on Two Papers

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Dear Editor

After publication of our study on Baloch women's decision making about childbirth settings (1), I noticed a letter about my published article in your journal (2) and I am very glad that this article has been helpful. Now, I want to mention some points in detail about my study.

Zahedan (the capital city of Sistan and Baluchestan Province and the setting of this study) has four equipped hospitals (comprehensive EOC services). In spite of geographical and drive-time accessibility of these hospitals, about 10% - 12% of local women still choose to deliver their babies at home (3, 4). Therefore, the main question is not about maternal mortality rate or the impact of childbirth place on maternal death, but about the use of available services. In this regard, and aiming at to clarify the study motivation, the introduction section was written about the utilization of the available services. As a result, the study primarily aimed to identify and define the factors influencing the choice of the place of delivery by Iranian Baluch women during their decision making process.

Gibson and Brown (5) explained that not all qualitative researches necessarily include research question in a very formal way, but they can be more concerned with a conceptual problem, or an area of interest. Therefore, research can take an exploratory path, and formulate and reformulate the research problem during the analysis of the data. Accordingly, analysis is not limited to an area but an ongoing feature of the research which its questions can change and reshape (5). In this regard, the criteria for reporting qualitative research questions are not obligatory (6). Of course, having some focused interest in the form of a question is necessary for research design (5) that can be stated as a research aim (7); and although it facilitates the development of re-

search plan, the fact is that the primary question may change. During this process the researcher may find far more interesting things than he or she at first thought (5); as we found during the study and published them within different articles (3, 4).

As Barbour noted, the goal of qualitative sampling is not to collect a representative sampling (generalization), but to provide potential for exploring (thick description of) the central issue of interest and reflect diversity through case relevance (5, 8, 9). Therefore, we chose Sistan and Baluchestan Province with the highest percentages of home birth. Among the cities of this province, Zahedan City, the capital of this province was selected to achieve maximum diversity (of ethnicity, socioeconomic, and demographic) sampling. Moreover, this city has four equipped hospitals that helped us to have a deep understanding of the issues of concern in the context of available medical services. Hence, women who were living and had given birth at home in Zahedan City were selected as rich data sources to provide the most meaningful information on the topic (8-10).

References

1. Moudi Z, Abed Saeedi Z, Ghazi Tabatabaie M. How Baloch Women Make Decisions About the Risks Associated With Different Childbirth Settings in Southeast Iran. *Nurs Midwifery Stud.* 2015;4(1):e24453.
2. Rozveh AK, Sadeghi Gandomani H, Adib-Hajbaghery M. Minimal Requirements in Reporting of Qualitative and Quantitative Studies: Critics on Two Papers. *Nurs Midwifery Stud.* 2015;4(3):e30379.
3. Ghazi Tabatabaie M, Moudi Z, Vedadhir A. Home birth and barriers to referring women with obstetric complications to hospitals: a mixed-methods study in Zahedan, southeastern Iran. *Reprod Health.* 2012;9:5.
4. Abed Saeedi Z, Ghazi Tabatabaie M, Moudi Z, Vedadhir AA, Navidian A. Childbirth at home: a qualitative study exploring percep-

- tions of risk and risk management among Baloch women in Iran. *Midwifery*. 2013;**29**(1):44–52.
5. Gibson W, Brown A. *Working with qualitative data*. Sage; 2009.
6. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;**19**(6):349–57.
7. Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol*. 2012;**12**:181.
8. Barbour R. *Introducing qualitative research*. Los Angeles: Sage; 2008.
9. Ulim P, Robinson E, Tolley E. *Qualitative Methods in public health*. San Francisco: Jossey-Bass; 2005.
10. Patton M. *Qualitative evaluation and research methods, Designing qualitative studies*. Beverly Hills: sage; 1990.