Title: Why don't some women attend antenatal and postnatal care services?: A qualitative study in Garut, Sukabumi and Ciamis districts of West Java province, Indonesia

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Author’s response to reviews: see over
Dear Miss Nina Titmus,

Thank you for your interest in our manuscript (MS: 1173668347374991), titled “Why don't some women attend antenatal and postnatal care services?: a qualitative study in Garut, Sukabumi and Ciamis districts of West Java province, Indonesia.”

The manuscript has been reviewed in the light of the reviewers’ comments and this letter outlines how the points raised have been addressed. We have also highlighted all changes made in the manuscript.

Reviewer 1: Moke Magoma
Major compulsory Revisions

Background section

1. Reviewer’s comments:

   The background section does not review adequately the available evidence from the country and elsewhere why some women fail to utilize antenatal and postnatal care services. Assumingly, there might be some gaps in understanding why some women in the study districts fail to utilize these services, and a thorough review of the available evidence would have been appropriate in order to build the case for this study.

   Authors’ comments:

   We thank the reviewer for suggesting this. More information about utilization of antenatal and postnatal care services has been included in the Background section, as mentioned below,

   “Studies from developing countries [18-24] have reported the influence of demographic and socio-economic factors on the utilization of maternal and child health care services. An increased likelihood to attend health care services was found among women from high economic status [21, 22], with high educational level [18, 21, 23], and living in urban areas [21] or areas with adequate health care services [20, 21, 24]. At the national level, previous analyses using various Indonesia Demographic and Health Survey data also confirmed the association of these factors with levels of antenatal or postnatal care service utilization [25, 26].

   “ (Background section, page 5).

2. Reviewer’s comments:

   In the background section, the authors mention that antenatal and postnatal care services are amongst the major interventions aimed at reducing maternal and newborn deaths, worldwide. Available epidemiological evidence, however, suggests that most maternal deaths occur around the time of delivery and immediately after, and interventions around this time will have more impacts. Subsequently, antenatal care without skilled delivery and emergency obstetric care is unlikely to reduce maternal and early neonatal mortality significantly.

   In the first paragraph of the background section, the authors mention rightly that antenatal care services help pregnant women by identifying complications associated with the pregnancy or diseases that might adversely affect the
pregnancy; and that women also benefit through antenatal counselling about healthy lifestyles influencing pregnancy outcomes. For antenatal care to have a major effect on maternal mortality, health education/counselling about healthy lifestyles influencing pregnancy outcomes, including on skilled delivery attendance and emergency obstetric care, is important. Excluding information on delivery care in this manuscript weakens the manuscript for several reasons. Maternal health services in most developing countries are promoted as a continuum, from ANC, delivery to postnatal care. Studies reporting how ANC, delivery and postnatal care are provided are more informative than otherwise because they often show strengths or weakness in the health care women receive so that points for potential effective interventions are highlighted. Furthermore, weaknesses in the ANC provided to women, for example, may affect the women’s preference of the choices of places of delivery or even whether they seek postnatal care or not. Unless the authors have very strong reasons for omitting this information, the inclusion would have made this manuscript stronger.

Authors’ comments:

We agree with the reviewer’s comments about the importance of delivery care service on maternal health and mortality. This paper focused only on antenatal and postnatal care services since the discussion about the role of delivery care services including trained delivery attendants during childbirth has been discussed thoroughly in a paper elsewhere. We decided to focus the present analysis on only antenatal and postnatal care services to enable us to discuss thoroughly their issues. To clarify this, we have added this information in the text as mentioned below:

“As mentioned earlier, the present analysis will focus on antenatal and postnatal services, as we have reported on delivery care services elsewhere [29].” (Methods section, page 7)

Methodology section

3. Reviewer’s comment:

The perspectives of care providers on the reasons why women fail to utilize antenatal and postnatal care are not well elaborated if at all. I’m not clear why the authors did not include this?

Authors’ comments:

The perspectives of care providers, i.e. midwives and cadres, have been included in the Results section. No changes have been made in our manuscript.

4. Reviewer’s comment:

As already mentioned above, purposely excluding information on skilled delivery care weakens this manuscript as skilled delivery care is more important for maternal and early neonatal mortality reduction. Furthermore, maternal health services are advocated as a continuum from pre-pregnancy, antenatal, delivery and postnatal care. Low use of health units for delivery, for example may be due to problems in ANC that affect knowledge of the importance of appropriate care.
Unless the authors have a very strong reason for excluding delivery care from this manuscript, I advise that they do so.

**Authors’ comments:**
This has been addressed in comments #2.

5. **Reviewer’s comment:**
The quality of ANC and postnatal care information and health education provided to women in the study district are not well documented. What elements of health education or counselling are provided to women during ANC and postnatal care consultations in the study districts? Does it reflect what is stipulated in the country guidelines for antenatal and postnatal care?

**Authors’ comments:**
Unfortunately our study did not explore the quality of antenatal and postnatal care services received by the women. The information about the content of the services was directly obtained from the women. Therefore, we have included this as part of the limitation of this study, as follows:

“This study has a number of limitations. It did not explore the quality of antenatal and postnatal care services delivered to the community, such as the type of information and health education provided to women. Further investigation is, therefore, needed to examine these issues.” (Discussion section, page 20)

**Results section**

6. **Reviewer’s comment:**
The perspectives of care providers are not clearly stated. Were they also asked on reasons for the low utilization of antenatal and postnatal care services?

**Authors’ comments:**
This issue has been addressed in comments #3

7. **Reviewer’s comment:**
As already stated, excluding information on SBA weakens this manuscript. Does ANC, for example, adequately prepare women to understand the importance and need for positive behavioural changed for SBA and postnatal care?

**Authors’ comments:**
This has been addressed in comments #2.

8. **Reviewer’s comment:**
Do the perspectives of women who utilized ANC and postnatal care differ from those who did not in terms of the perceived benefits of ANC and postnatal care? In other words what attracts some women to use antenatal and postnatal care services and other not to? Such reasons would be very important in understanding and designing appropriate interventions to address the low utilization of the services in the study districts.
Authors’ comments:
As suggested by the reviewer, we have included more reasons mentioned by women why they used antenatal and postnatal care services. The manuscript has been adjusted as follows:

**Reasons for attending antenatal and postnatal care services**

The main reason for attending antenatal and postnatal care services was to ensure the safe health of mothers and infants. Some participants also mentioned other reasons such as problems during pregnancy or to follow other family members’ experiences.

We feel safe by attending antenatal services. We may know problems related to pregnancies. If we had never had our pregnancy checked, we will not be able to know any of them [problems]. (A mother, 26 years, in-depth interview, Cibadak, Sukabumi District)

“I went to see the village midwife because I had some bleeding in the 4th month [of the pregnancy]. I was afraid I might miscarry.” (A mother, 26 years, focus group discussion, Limus Nunggal, Sukabumi District)

“I went to the midwife because my mother also used her service” (A mother, 23 years, in-depth interview, Batu Nunggal, Sukabumi District)

Another reason for attending postnatal care services mentioned by the participants was immunization for the newborns.

(Results section, page 11)

9. Reviewer’s comment:
What are the elements in the Indonesian ANC and postnatal care guidelines that are supposed to be promoted during antenatal and postnatal care consultations? Is there weakness in implementing these guidelines by care providers during ANC and postnatal care consultations?

Authors’ comments:
As mentioned previously in comments #5, our study did not examine the quality of service received by women during antenatal and postnatal care services. This has been included as a limitation of our study.

Discussion section

10. Reviewer’s comment:
Factors influencing use of antenatal and postnatal care services
Last paragraph argues for care for improved health information but there is little evidence in the results to support this assertion. Information or health education provided to women during antenatal and postnatal care consultations is not mentioned in the results. What evidence is there that this is not currently provided? Likewise, the authors argue for increased male partner involvement but there is no evidence for this from the study results. Although intuitively appealing, it is not clear from the study results that this will be effective in this setting.
Authors’ comments:

As we previously mentioned, the information or health education provided during antenatal and postnatal was not examined, and this is a limitation of this study. However, as stated in the manuscript, efforts to strengthen health education programs during antenatal care will be beneficial to increase the utilization of both antenatal and postnatal care services, since it is shown that some community members did not perceive the need to these services until obstetric complications emerge. These findings suggest the need for health promotion programs in the community. We have further clarified this issue, as follows:

“Since pregnancy and childbirth were considered as a woman’s natural rite of passage, some might think that seeking medical attention is only for those experiencing obstetric complications [24]. This confirms the need to develop health promotion programs to raise community awareness about the protective role of these services. A lack of knowledge and misconceptions of some community members about the importance of antenatal and postnatal care service components, such as the use of iron/folic acid supplements or the type and benefit of immunizations, indicated the need to strengthen health education programs.”

(Discussion section, page 23)

Although the role of husband as the decision maker for health service utilization was not shown in this study, health promotion programs also targeting other family members including husbands and parents will benefit the women. The text has been adjusted to clarify this issue, as follows:

“Health promotion programs which target not only women but also other family members, such as husbands and parents, might increase the awareness of the role of maternal and child health services, as shown in other literature [51-53].”

(Discussion section, page 23)

11. Reviewer’s comments:

Strengthening the role of the community

The arguments in this section are not supported by any evidence from this study. This would have been appropriate if the community perceptions on the role the community could play to strengthen MCH services were explored. I do not find this in the results of this study!

Authors’ comments:

Community involvement might be one of the potential solutions to promote the use of antenatal and postnatal care services in these communities. Studies from other parts of Indonesia showed the efficacy of involving community members in maternal and child health programs. We have clarified this issue as follows,

Community involvement in promoting the use of antenatal and postnatal care services

Our study shows that public health strategies to promote the use of antenatal and postnatal care services are required in these communities. Efforts to strengthen community-based participatory programs might help to improve health service
uptake, as shown in other studies [57-59]. Local community members could be encouraged to be actively involved in overcoming various constraints, for example through the SIAGA (alert) program, an initiative that engages local community members to participate in maternal and child health programs [60]. This program helps women from households with low economic status to access maternal and child health services through a communal financing scheme or by organizing transportation to more fully equipped health facilities] [60]. The benefit of involving local community members through this SIAGA program in promoting the collaboration between midwives and traditional birth attendants during childbirth found in our study has been reported elsewhere [29].

(Discussion section, page 24)

Minor essential revision
Results section

Reasons for attending antenatal and postnatal care services

12. Reviewer’s comments:
ANC attendance in the study district appears to be for self reassurance that pregnancies are o.k. and that such pregnancies will end up well. Such misunderstandings would be well understood if the authors had documented information provided to women during antenatal care visits on the importance of antenatal and postnatal care. As it stands, it is not clear whether women are provided with the right messages on the importance of ANC and yet they do not seem to understand it or that they are not provided with the right information on the importance of ANC. Was this information collected? If so, including it will make this manuscript even stronger.

Authors’ comments:
We agreed with the reviewer comment on this. However, these data were not collected in our study, as previously discussed (see comments #5)

Reasons for not attending antenatal or postnatal care services

13. Reviewer’s comments:
FGDs provide the general understanding of such factors while in-depth interview provide the in-depth understanding of such factors. To understand how prevalent some factors (practices were) would require information from FGDs that will be followed up with in-depth interview to understand them better. Were the opinions from the FGDs similar to those from in-depth interviews? Most information presented in this section is from in-depth interviews which do not provide the broader picture of such factors in the study populations.

Authors’ comments:
The opinions from the FGDs were similar to the in-depth interviews. However, we have added more responses from the focus group discussion in the Results section (page 13), as follows:
“Jamkesmas... sometimes you can, but sometimes you cannot use it... They said Jamkesmas was useless... when you bring it to the doctor it [the service] is still expensive...  (A father, focus group discussion, Panyutran, Ciamis)

I did not go to the midwife anymore [within 40 days after delivery]. I felt healthy.  (A mother, 20 years, focus group discussion, Limus Nunggal, Sukabumi District)”

14. Reviewer’s comments:
Authors mention, “Our study found that free health services were assumed to be associated with a lesser quality of both health services and medications, compared to health services that required some payments”. Are free health services for ANC and postnatal care perceived equally inferiors? If so, how does it compare with TBAs services in terms of quality?

Authors’ comments:
As previously described, we did not explore the quality of services provided in antenatal care services nor services delivered by the TBAs. Conceptually, the TBAs have a different meaning in the community than the modern health care service. They are integrated and have been part of the community for a long time. This is different from the modern health services which deliver a service for a fee.

Knowledge about maternal and child health

15. Reviewer’s comments:
As already explained, self assurance that any perceived normal pregnancy or delivery will end up well appears pervasive in the study populations. As a result, antenatal and postnatal care is thought to only befit women with complications. Did the authors document any information provided to women who attended antenatal or postnatal care services? If so, I suggest that they include this information. In some settings, providers fail to consistently and adequately provide this information to women attendee during ANC or postnatal consultations. Furthermore, understanding the contents of women-providers dialogue can help to design appropriate interventions to address issues such as immunization complications and hence improve care utilization.

Authors’ comments:
This issue was not investigated in our study as mentioned in comment #5.

Access to services

16. Reviewer’s comments:
Are there other factors explored to explain the low utilization of services other than, distance, availability of midwives and opportunity cost? For example, how autonomous are women to decide when, where and how to seek appropriate care. What times is the care provided? Is ANC and postnatal care available all day, on specific days or even specific hours of the day?
Authors’ comments:

Antenatal and postnatal care services are provided free through the integrated health post (*Posyandu*), which available mornings only, as mentioned in the results section. This limits most of the women in our study areas working during daytime as agricultural workers. After working hours, services are usually provided by private health professionals of whom service fees were applied. However, home visitation for postnatal care, as also recommended in this paper, provides valuable opportunity for women to be visited by the village midwives at home.

*The practice of antenatal and postnatal care*

17. Reviewer’s comments:

Again I’m not sure what elements of counselling and health education are recommended for antenatal and postnatal care to women? Are they all implemented in most cases? If not, why? Can this explain the pervasive self-assurance that any apparent normal pregnancy and uneventful delivery will end up well or the limited knowledge of the benefits of immunizations among some participants? Can the authors include this information if it is available?

Authors’ comments:

This information was not explored in our study, as previously discussed.

*Traditional practices during pregnancy and postnatal period*

18. Reviewer’s comments:

What are the TBAs opinions of the increased use of health units for antenatal and postnatal care? Are they supportive of such moves or will feel threatened that they will lose their influence? TBAs may be reluctant to support such measures because of the fear to lose their status in the communities.

Authors’ comments:

The positive response from the TBAs about the collaboration with health professionals have been included in the manuscript (Results section, page 17) as follows,

> “From the traditional birth attendants, we found a positive response about working together with the village midwife.

> I told them [the women] if you want to stay healthy, you need to be examined by the midwife. You need to be treated and examined during the *Posyandu* service.

> (A traditional birth attendant, in-depth interview, Sukajaya, Garut District)”

(Result section, page 17-18)

19. Reviewer’s comments:

What are the opinions of the midwives on the involvement of TBAs in antenatal and postnatal care? Are they ready to work together with TBAs for the common
good of improving maternal and neonatal health? Are the country registrations supportive of this move? This information would be informative.

**Authors’ comments:**

Indonesia has endorsed the partnership program between village midwife and traditional birth attendants for delivery care services, although its implementation varies widely between villages. In the discussion section we have added a suggestion to expand the partnership program to cover not only delivery care services, but also antenatal and postnatal care services. The suggestion is as follows,

“Moreover, the partnership program between midwife and traditional birth attendants which is currently focused on delivery care services [56] might be expanded to include antenatal and postnatal care services. The collaboration between these providers in the village might benefit women in areas where traditional birth attendants have a prominent role.” (Discussion section, page 21)

**The importance of TBAs and midwives**

20. **Reviewer’s comments:**

The authors mention of TBAs ability to massage women, fix the baby’s position and stomach muscles of the pregnant women but midwives do not. The perception that midwives are only able to give medications is possibly indicative of the trust and belief in TBAs effectiveness than midwives. What are the perceptions on women who do not utilize TBAs care? Are they seen differently from those who seek TBAs services? In other words, how are such women perceived in their communities? Are there situations where midwives seen as more effective than TBA? This information is important if universal utilization of ANC and postnatal care are to be initiated and for designing targeted health education on some harmful practices by women that can be supported by their communities.

**Authors’ comments:**

As suggested by the reviewer, we have added some responses from women who preferred the service of the village midwife to the TBAs. The newly added part has been included in the Results section (page 17).

“Howver, we also found some women preferred using the service of health professionals, such as the village midwife, over the traditional birth attendants due to better equipment or more thorough examinations.

*Traditional birth attendants had an incomplete set of equipment, while for the village midwife they already have a complete one. To be safe.* (A mother, 36 years, focus group discussion, Limus Nunggal, Sukabumi District)

*I sought the midwife’s service because she checked us more carefully, not like the traditional birth attendants who only touched us.* (A mother, 28 years, focus group discussion, Limus Nunggal, Sukabumi District)”

21. **Reviewer’s comment:**
What are the elements in the Indonesian ANC and postnatal care guidelines that are supposed to be promoted during antenatal and postnatal care consultations? Is there weakness in implementing these guidelines by care providers during ANC and postnatal care consultations?

Authors’ comments:
As mentioned previously (comments #5), our study did not examine the quality of service received by women during antenatal and postnatal care services.

Discretionary Revisions

22. Reviewer’s comments:
Results section: part on, “The practice of antenatal and postnatal care”
Should this be availability and quality of care services?

Authors’ comments:
Our study did not examine the quality of antenatal and postnatal care services and therefore no changes were made in our manuscript.
Reviewer 2: Pinar Ay

Major revisions:

1. **Reviewer’s comments:**
   A qualitative approach needs to address questions of why and how: How does the decision making process to seek care take place within the family? Do women have power in the decision making process? Do they have control in allocating money for health care services? Can women go out by themselves, can they travel alone? There is a need to evaluate these questions from a gender’s perspective.

   **Authors’ comments:**
   
   In this study, women were quite independent as decision-makers about the utilization of health care services, since in some villages most husbands worked outside the village and returned home occasionally. To clarify this, we have adjusted the manuscript to provide this information in the Background section (page 7).

   “Due to the proximity to the capital city, Jakarta, in some villages most of the women’s husbands did not reside at home since they worked in the city and only returned home occasionally.”

2. **Reviewer’s comments:**
   Why do some women know the actual function of Jamkesmas cards, while others do not? Why do some study participants know the benefit and type of immunization received by their infants, while others do not? What are the main differences between the women who are better informed from the others?

   **Authors’ comments:**
   
   To clarify this issue, we have adjusted the text as mentioned below,

   “Limited access to information, especially among those who had less frequent contact with health providers or other village authorities, might be linked to a lack of understanding about the use of the Jamkesmas. This finding is supported by an earlier study conducted in Banten Province, Indonesia, [40] showing the community’s lack of knowledge of the insurance scheme for the poor. This was found not only among the families, but also midwives [40]. These research findings indicate the importance of conducting appropriate promotional programs to improve community knowledge and understanding about the benefits of Jamkesmas.” (Discussion section, page 20-21)

3. **Reviewer’s comments:**
   There are quotations as “they say…” or “someone told me….” What are the sources of information? Are social networks important in getting information? How does information transfer between the professionals and community members take place?

   **Authors’ comments:**
   
   The quotation “they say” and “someone told me” were the way participant was speaking and did not refer to anyone specific. The information transfer between
health professionals and community members mostly occur through contacts during health care services, for example in Posyandu or Puskesmas services.

4. **Reviewer’s comments:**

Are there variations in perceptions between different groups? How do younger mothers differ from the elder mothers, primipars from multipars, women from men, or different ethnic groups? This would be clearer if the authors could provide the basic socio demographic characteristics of the participants under the quotations.

**Authors’ comments:**

Information about participants has been provided after each quotation. However, as suggested by the reviewer, women’s age has been included. Almost all participants were from the Sundanese ethnic group, as mentioned in the Method section.

5. **Reviewer’s comments:**

“All people said traditional birth attendants are more patient and careful…” Do traditional birth attendants communicate better? Why are they evaluated as more “patient” and “careful”? How does the relationship of professional midwives with mothers differ from the relationship of traditional birth attendants with mothers? The findings and the discussion would provide a better understanding by addressing these questions.

**Authors’ comments:**

We have clarified the importance of traditional birth attendants to the community members, as follows,

“The services of traditional birth attendants for maternal and child care have been recognized for a long time prior to the introduction of the village midwife program in Indonesia. Until now, in some communities traditional birth attendants’ services are still highly utilized due to trust, everyday cultural practices in the community, and better access, particularly in remote areas where traditional birth attendants outnumber the village midwife. There is a strong attachment to these attendants and their services; they were also preferred in the event of an emergency during the postnatal period [46].” (Discussion section, page 23)

Minor revisions

6. **Reviewer’s comments:**

Also the discussion should be shaped on the findings. For instance the authors indicate in the discussion that “health education programs should not only target mothers but also other family members such as husbands who are usually the decision makers in the family”. But they do not provide a related finding in the results section.

**Authors’ comments:**
Although the role of the husband as the decision-maker for health service utilization was not shown in this study, health promotion programs also targeting other family members including husbands and parents might benefit the women since our study also showed that women sought midwives’ services based on other family members’ experiences. The text has been adjusted to clarify this issue.

“Health promotion programs which target not only women but also other family members, such as husbands and parents, might increase the awareness of the role of maternal and child health services, as shown in other literature [51-53].”

(Discussion section, page 23)
Reviewer 3: Soewarta Kosen

Minor Essential Revisions:

1. **Reviewer’s comments:**

   The National Institute of Health Research & Development has two commissions:
   * Scientific Research Commission
   * Ethical Research Commission

   The ethical clearance issued by the Ethical Research Commission of NIHRD

   **Authors’ comments:**

   We thank the reviewer for correcting this. The manuscript has been adjusted as mentioned below,

   “Ethical clearance for this study was obtained from the Human Research Ethics Committee (HREC) at the University of Sydney, Australia and from the Ethical Research Commission National Institute of Health Research & Development, Ministry of Health Republic of Indonesia.” (Methods section, page 10)

2. **Reviewer’s comments:**

   The Program Keluarga Harapan (PKH) should be encouraged and recommended as a strategy to improve utilization of maternal and child health services by the poorest segment of the community; instead of the current unconditional cash transfer program (Bantuan Langsung Tunai)

   **Authors’ comments:**

   The reviewer’s suggestion has been included in the manuscript,

   “The conditional cash transfer scheme or PKH, which is still being piloted in Indonesia, might be an alternative strategy to increase the uptake of maternal and child health services, as shown in Mexico and Honduras [41, 42]. This could be more effective than the unconditional cash transfer program, or Bantuan Langsung Tunai [14].” (Discussion section, page 21)

3. **Reviewer’s comments:**

   In the long run, universal coverage of the national social health insurance together with the improved access to services and better community knowledge on maternal and child health should overcome the obstacles for not attending antenatal or postnatal care services

   **Authors’ comments:**

   We agreed with the reviewer’s comments, as addressed in the Conclusion section.
Reviewer 5: Stella Babalola

1. **Reviewer’s comments:**

Does the manuscript adhere to the relevant standards for reporting and data deposition? **Yes, but the findings are lacking in depth of analysis. I wish the paper had provided a more detailed analysis of the reasons for using health services from the clients’ perspectives. Some sections in the paper (topics 3 to 5) do not appear to have direct bearing on the objective of the paper.**

**Authors’ comments:**

The current practices of antenatal and postnatal care services and the cultural practices before and after delivery provided the readers with the information about community perceptions about these services. We have adjusted the objective of this paper, as follows,

“This paper presents an analysis of community members’ perspectives of antenatal and postnatal care services, including reasons for using or not using these services, and the health services received during antenatal and postnatal care in West Java province. Cultural practices (based on shared concepts, values, and ideals of a group) during antenatal and postnatal period were also explored.” (Background section, page 6)

2. **Reviewer’s comments:**

Are limitations of the work clearly stated? **No**

**Authors’ comments:**

We have adjusted the manuscript by including the limitations of this study, as mentioned below,

“This study has a number of limitations. It did not explore the quality of antenatal and postnatal care services delivered to the community, such as the type of information and health education provided to women. Further investigation is, therefore, needed to examine these issues. Language barriers might also be a disadvantage during data collection, although all research assistants played a role as an interpreter for the interviewer or respondents. Nevertheless, the validity of the study’s results is unlikely to be affected by those issues.” (Discussion section, page 20)

3. **Reviewer’s comments:**

Do the title and abstract accurately convey what has been found? **No**

**Authors’ comments:**

The title has been revised to “Why don’t some women attend antenatal and postnatal care services?: A qualitative study of community members’ perspectives in Garut, Sukabumi and Ciamis districts of West Java province, Indonesia” and the objective has been adjusted as follows,
“This paper aims to explore community members’ perspectives of antenatal and postnatal care services, including reasons for using or not using these services, the services received during antenatal and postnatal care, and cultural practices during antenatal and postnatal periods in Garut, Sukabumi and Ciamis districts of West Java province.” (Abstract section)

The title highlights the main objective of this paper to explore reasons why some women in the study sites did not use antenatal or postnatal care. No adjustment has been made for the title.

4. **Reviewer’s comments:**
   Is the writing acceptable? Partially. **Thorough editing is required**

   **Authors’ comments:**
   The paper has been edited, as suggested

**Discretionary Revisions**

5. **Reviewer’s comments:**
   The paper needs thorough editing

   **Authors’ comments:**
   The paper has been edited, as suggested

**Minor Essential Revisions**

6. **Reviewer’s comments:**
   On page 7, could you provide the proportion of mothers who had at least four antenatal visits since this indicator seems to be the primary indicator of antenatal use in the paper

   **Authors’ comments:**
   Since a purposive sampling method was used to select participants in our study, the proportion of mothers who had at least four antenatal visits in among study participants did not represent the actual condition in the village. No adjustment has been made in the manuscript.

**Major Compulsory Revisions**

7. **Reviewer’s comments:**
   The title of the manuscript suggests a focus on the reasons for not using services. It is not clear how some sections (Contents of antenatal and postnatal care services provided; Traditional practices during pregnancy and postnatal period; Community perceptions about village midwives and traditional birth attendants) relate to the main focus. The authors should either remove these sections or clearly articulate how the content of services, traditional practices and community perceptions about services help to explain use of services.
Authors’ comments:
The title and objectives (see comments #1 and #3) as well as the discussion have been adjusted, as shown in the revised manuscript.

8. Reviewer’s comments:
It is sometimes difficult to follow the authors’ arguments in the three sections mentioned above. For example, on page 14, the authors went from talking about folic acid to immunization services without any transition

Authors’ comments:
To clarify this, the manuscript has been adjusted as follows,

“Since pregnancy and childbirth were considered as a woman’s natural rite of passage, some might think that seeking medical attention is only for those experiencing obstetric complications [24]. This confirms the need to develop health promotion programs to raise community awareness about the protective role of these services. A lack of knowledge and misconceptions of some community members about the importance of antenatal and postnatal care service components, such as the use of iron/folic acid supplements or the type and benefit of immunizations, indicated the need to strengthen health education programs.” (Discussion section, page 23)

We hope these responses meet your requirements and allow our article to be published in the BMC Pregnancy and Childbirth.

Yours sincerely,

Christiana R Titaley