Reviewer's report

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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Reviewer: Moke Magoma

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Major compulsory Revisions

Background section
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.

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.

Methodology section
Although the authors tried to describe the methods, I have specific comments to make.

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?

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.

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?

Results section
General comments
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?

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?

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.

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?

Discussion section
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.

The role of TBAs

Worldwide the consensus is that TBAs will not reduce maternal mortality as 75% of the causes of maternal deaths are not amenable to reduction through TBAs intervention. Such causes as haemorrhage, sepsis, obstructed labour and eclampsia are unlikely to be managed effectively by TBAs. However, in areas where TBAs are still widely used to conduct deliveries, information on clean delivery is important. I agree with the authors that integrating TBAs activity into formal MCH services may be a good step towards addressing low utilization of health units for delivery, especially allaying fears and misconceptions on various issues related to care provided at health units.

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!

Minor essential revision

Results section

Reasons for attending antenatal and postnatal care services

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.

Reasons for not attending antenatal or postnatal care services

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 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?

Knowledge about maternal and child health

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.

Access to services

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?

The practice of antenatal and postnatal care

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?

Traditional practices during pregnancy and postnatal period

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 they influence? TBAs may be reluctant to support such measures because of the fear to lose their status in the communities.

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.

The importance of TBAs and midwives

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.

Discretionary Revisions
Results section: part on, “The practice of antenatal and postnatal care”
Should this be availability and quality of care services?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interest