Reviewer's report

Title: Maternal care practices among the ultra poor households in rural Bangladesh: a qualitative exploratory study

Version: 2 Date: 6 September 2010

Reviewer: Hilary Homans

Reviewer's report:

Major Compulsory Revisions

The paper is based on a small qualitative study of 20 “ultra poor women” living in two districts in northern Bangladesh. The sample size is too small to make any generalisations, so it is recommended that greater attention is paid to other more anthropological literature on cultural beliefs during pregnancy in Bangladesh (see below for some examples).

http://dspace.icddrb.org/dspace/bitstream/123456789/2562/1/Beliefs+and+fertility+in+bangladesh,monograph+2.pdf

http://www.who.int/bulletin/volumes/85/10/06-038588/en/
http://www.jstor.org/stable/2138048?seq=1
www.lcgbangladesh.org/.../2004,%20Accelerating%20malnutrition%20reduction%20in%20Bangladesh


The paper concludes that poverty and culture (should read “cultural beliefs”) are the two most important factors that shape maternal care practices. It also states that these maternal health care practices are not dissimilar to those followed by wealthier women. So it is not entirely clear what new knowledge is presented in the paper and what specific recommendations are being made to improve maternal health care amongst the “ultra poor”. This needs to be clearly spelt out
in the revised paper. For example, if women in Bangladesh observe cultural practices irrespective of income level, what are the most important economic factors that shape pregnancy behaviour? Would a larger study be needed in order to be able to make programmatic recommendations?

Minor Essential Revisions

The emphasis should be on women living in households that are “ultra poor” not on the household per se.

Ultra poor should be defined...living on less than how much per day?

Reference 2 refers to Portugal – how relevant is this to Bangladesh?

Page 2 under results and later on in the paper should read “pregnancy as a normal event unless...” the use of the word “until” assumes that complications will arise.

Page 7 – paragraph on informed consent should come earlier and be the second paragraph on the previous page. Without consent the women could not have been interviewed.

Results should not refer to percentages as the sample was only 20 women. Also it is not clear how 74% and 16% were arrived at. For example, 15 women would be 75%.

Page 8 How is poor hygiene indicated by “use of sanitary latrine” – surely it is the absence of a latrine that is problematic?

Page 9 re nutrition during pregnancy – to what extent is this also related to beliefs about a small baby leading to easier delivery?

Page 11 the quotations does not necessarily support the text as the woman went against her husband’s wishes.

Page 12 – was the children’s removal from school only for the duration of the pregnancy?

Page 12 and elsewhere refers to “some women” – how many?

Page 13 what does “mental strength” mean?

Pages 12 and 13 needs to be re-written and terms clearly defined as there is a potential confusion between “dais”, “traditional birth attendants” and “skilled birth attendants”.

Page 14 Para 3 what does “kept the thread on fire mean”?

Page 14 Para 4 explain “There used to be a panic...” does this mean that there is no more? Who would panic? Why has the situation changed?

Page 15 Please give the US4 equivalent for Tk 20.
Decide on whether the paper will be written in US or UK English as there are inconsistencies throughout “program” “programme”

**Quality of written English:** Needs some language corrections before being published

**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 interests.