Reviewer's report

Title: Decisions about delivery care in rural Bangladesh: Husbands' provision of social support and perception of social norms during childbirth

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Reviewer: Alessandra Bazzano

Reviewer's report:

Generally this paper is a useful addition to the literature on care seeking around delivery and provides helpful input on the role of men in the decision making process and the factors that influence them. It is recommended for publication.

- Minor Essential Revisions

Potential limitations are that the authors rely too heavily on theoretical foundations and coding concepts that are not borne out in the data—for example the TRA (even modified) and the definition of ‘social support’, as well as the ‘in vivo codes’—are not clearly defined well supported by the data and quotes provided. More quotations and themes that directly support these underpinnings would strengthen this paper.

Additionally the study design uses ‘matching’ of individuals using skilled and unskilled assistance to attempt to control for potential confounding factors, but given that this is a small qualitative study, that strategy is not sufficient to account for other differences. Grouping of facility based and home-based deliveries under the ‘skilled attendance’ sample further complicates this. Men’s behavior, experiences, perceptions and provision of support would most certainly be very different in each setting.

The most important missing piece is discussion of the individual level differences among men that cannot be captured by the methodology. There are undoubtedly personal, psychological, personality, and temperament differences which impact a husband’s approach to delivery care, provision of social support and other factors around delivery. Neglecting to address these undermines the central theme of the paper.

- Discretionary Revisions

1) Sample selection:
   a. Household inclusion criteria stated households greater than 5 km from health
facility were selected and grouped together, but the range of distances should be included in this criteria. I.e. there would be a significant barrier for households 30 km away vs households 6 km away.

b. Sample was selected by identifying six women who delivered at health facilities and six who delivered at home, but how exactly did this identification take place—house to house search, referral by CSBAs, etc...?

c. Households using a skilled birth attendant were matched with those in the same village that used a dhatri—again how exactly were these households identified, it seems it would have been challenging match those households within the same village in Durgapur (or is it the entire sub-district). What was the size of the village?

2) Data collection:

a. Why was a 14 question semi structured interview the only methodology used? Was it based on a validated instrument or one used in a similar setting? Why so little pretesting?

3) Results:

a. Divergent themes: This could be expanded to include themes that better support the theoretical underpinnings of the paper.

b. Emotional support: The definition of emotional support is highly debatable and the quotes do not support the theme well in terms of its usefulness to the framework.

c. Uninvolved: This section totally ignores the issue that many women keep the onset of labor secret and therefore may not inform husbands that they are in labor for some time, thus not giving husbands a chance to become involved.

d. Medicalization of childbirth: The introduction to this paragraph is very confusing and this theme is also not supported well by the data presented. The designations of ‘old day’ and ‘modern age’ thinking are not helpful and could easily be attributed to other concepts apparent in the data such as financial barriers and personal preference. Suggest modifying this section extensively to place less emphasis on the ‘in vivo codes’ presented.

4) Discussion:

a. Second paragraph: “...believed medical intervention was necessary during childbirth”. This statement is not at all borne out by any of the data presented and either needs to be properly supported or retracted. If the data does support this assertion it would be very interesting and useful indeed.

5) Conclusion could be stronger and intervention oriented.

**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 interests.