Reviewer's report

Title: The influence of socio-cultural interpretations of pregnancy threats on health-seeking behavior among pregnant women in urban Accra, Ghana

Version: 1 Date: 23 August 2013

Reviewer: Pinar Ay

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MAJOR REVISIONS

The rationale of the study is well documented and the qualitative method is appropriate in addressing the research question. The manuscript covers very interesting findings, yet they are not presented deep enough. How do beliefs, perceptions and behavior of women attending care and not attending care differ from each other? Why do socio cultural norms shape the behavior of some women more strongly than the others? Which subgroups of women feel threatened by spiritual attacks? Gender norms and particularly patrilocality seems to be an important issue, are all women affected the same way from gender norms? The authors need to elaborate “why”s and “how”s rather than just simply presenting the quotations.

Introduction:

• The authors indicate that 96% of women receive care from a trained provider during pregnancy. Yet it is not clear what is meant by “receiving care”. Is applying to care at least once (maybe four times as recommended by the WHO) mean receiving care? What do antenatal care services include?

• The authors indicate that skilled assistance during delivery is low. But it is not clear if the majority of women deliver at health care facilities or at their homes. What proportions of women deliver at their homes or apply to health care facilities? Do women delivering at their homes are attended by skilled providers, traditional birth attendants or not attended at all? It would be helpful to understand the context if the authors had presented some more data regarding these issues.

• The authors need to explain “prayer camps” for unfamiliar readers.

Material and Methods:

• Are women and care providers recruited by purposive sampling? Are characteristics as age, social status, ethnicity taken into account during sampling? Are FGDs conducted in homogenous groups?

• Are 6 FGDs and 13 IDIs sufficient for achieving saturation?

• Did the authors use content analysis in examining the data?

Results:

• The results should be presented in a more systematic way, similarities and
differences regarding perception and behavior between groups of women should be highlighted (see the above section regarding “how”s and “why”s)
• It would be helpful if the authors had explained the characteristics of women under quotations (age, if they attended care or not etc.)
• The authors quote “Some get discouraged when the nurses do not give them the “proper care” that they need, so they stop coming”. What do women mean by “proper care”?

Discussion
• This part could be more focused, again similarities and differences regarding perception and behavior between groups of women should be discussed.

MINOR REVISIONS
The abbreviations of TBA, FGD, IDI should be explained at the first lines that they appear.

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.