Reviewer’s report

Title: Striving to promote male involvement in maternal health care in rural and urban settings in Malawi - a qualitative study

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Reviewer: Pauliina Aarnio

Reviewer’s report:

I consider the topic of this article as very interesting and relevant for current debates in reproductive health. Male involvement studies, and particularly those from the health care providers perspective, are scarce and much needed. Some of the results and points of discussion in this study are very important, both in the context of Malawi and internationally. To mention a few, the study provides novel insights into the importance of male peers and positive deviants for male involvement, as well as practical implications of clinic routines and preferential treatment that deserve publicity. Also the data is seemingly rich and well controlled. However, the study has some major limitations in terms of justification of conclusions, clarity of research question and coherence of write-up. Also the analysis may lack sufficient rigor and depth – although this is difficult to judge given the other limitations. The study would also benefit from better writing and English. I can therefore only recommend publication if all the three major compulsory revisions are made with significant improvements for the article.

Major compulsory revisions (1-3)

1 The methodology of the article needs to be described more systematically in order to allow for evaluation of whether the results and conclusions are justified by the data.

a) The abstract (PARA 2, line 6) indicates non-participatory observation as one of the research methods. Likewise, results obtained through observation are mentioned in the discussion (Discussion/ Partner notification, PARA 3, line 3 onwards). However, the description of the methodology for the non-participatory observation is missing, and it is unclear whether observatory findings are included in the results section. Observational data would support the aim to investigate the male involvement strategies that are used, and the authors thus need to consider including this properly in the article.

b) The sample on part of the health centres needs to be clearly described. It is unclear, whether interviewees from primary level are included or not. Overall, the description of the eligibility criteria could benefit from more clarity.

c) The analytical method of the individual interviews is explained thoroughly and
supported by a supplementary attachment. However, there are substantial
overlaps between the three last themes/approaches ('community participation',
'use of incentives' and 'sensitization campaigns'), and the reader is therefore not
convinced how the described analytical process has led to the division between
these approaches. The authors need to reconsider the presentation of data or
the analysis to fully adhere to the chosen method of qualitative content analysis.

2 The research question, presentation of results and discussion need to be
brought fully in line in order to give full justice to the seemingly interesting data.

a) The authors state as the aim of the study 'the description of the strategies used
in male involvement in different health facilities’ (Background, PARA 4, line 9-14).
A few aspects make the reader doubt the choice of the research question and
methods.

- One should think that in hospitals, where male involvement initiatives have
taken place (Methods/Settings/Mwanza district hospital, PARA 3) and where
male involvement has been encouraged since 1950's (Methods/Settings/Blantyre
adventist hospital), at least some guidelines related to male involvement are
available. At least the description of the context would benefit from this type of
information available for the authors prior to the study, and one should think that
the research question could go beyond a description.

- Some of the six approaches in the results, for example 'male peer initiated
approach' is not an approach used by the health facilities or health care
providers, and thus goes beyond the stated study aim of 'strategies used by
health providers'. Similarly, the authors conclude that the approaches focus on
facility based approaches (Abstract/Conclusion, line3-4), which is contradictory
with the study question. Furthermore, most of the interesting results in this paper
describe the health workers perceptions and attitudes around male involvement
rather than the methods used. The authors need to reconsider whether the
research question is well defined in light of the rich IDI and observational (?)
data.

The authors make conclusions on the effect of the level of facility and type of
clientel on the type of male involvement method. An analytical justification for this
conclusion is missing, as only individual facilities are referred to earlier in the
article.

3 The authors need to show understanding of the basic principles of qualitative
research

a) The authors discuss generalisability in terms of statistical generalisability
(Discussion/ Limitations of the study, PARA 1, lines 1-4), while generalisability is
in qualitative research discussed in terms of transferability, and only naturalistic
or analytical genralisations are of interest (Dahlgren et al., Qualitative
methodology for public health, which is also reference number 16 of the article).
The qualitative methodology is not a limitation of the study

b) The same comments apply to the discussion on participants who refused to
participate (Discussion/ Limitations of the study, PARA 2) and to note on
purposeful sampling and credibility (methods/participants and recruitment, PARA 1, lines 5-6).

Minor Essential Revisions (4-6)

4 The discussion contains repetitive and also previously unquoted results, (e.g. Discussion/Health provider initiated approach, PARA 2, lines 1-6) and the results contain information that is not results. Similarly, the abstract is not fully in line with the text. This confuses the reader and takes space from the interesting information.

5 'Male involvement in Malawi is in its infancy' is written in the conclusion of the abstract and in the background of the article. Is this background or a conclusion of this study? Either way it needs justification.

6 References 16, 31 and 34 do not give full detail.

Discretionary Revisions (7-10)

7 MCH short form is incorrect (Background, line 3)

8 The authors quote that male involvement has been shown to reduce perinatal mortality. I am unable to retrieve the quoted sources. Is this indeed the case? (Background, PARA 3, lines 6-7)

9 The authors could consider discussing the reasons for refusal and describe the interview situation in more detail.

10 What is the benefit for the reader of providing the codes with the quotes?

Level of interest: An article of importance in its field

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.