Reviewer's report

Title: Transforming maternal and newborn health social norms and practices to increase utilization of health services in rural Bangladesh: A qualitative review

Version: 2 Date: 11 September 2014

Reviewer: Abbey Byrne

Reviewer's report:

This manuscript is a very well presented and underpinned by a strong study and valuable project. It is my opinion that both the project and the manuscript make a valuable contribution to the field and will be appreciated by the readership.

Major compulsory revisions

1. Line 78: Reference number 2, consider updating to the Bangladesh DHS 2011 which is a more recent source of the proportion of under-5 mortality attributed to neonatal mortality.

2. Lines 153 and 163: The authors note that this is a mid-term evaluation at the end of 2011. It would be helpful to state the duration of project implemented prior to this study.

3. Methods:
   - Concerning the study sites, please detail the rationale for selection of the villages to be sampled with specific selection criteria that are alluded to in line 169.
   - Concerning data collection, please describe the method through which suitable participants were actually recruited and selected. Please describe the characteristics that deemed participants suitable or appropriate to be purposively selected.
   - Regarding the selection of participants, the inclusion of pregnant women, even though they are beyond 5 months term, captures data on intention for birth and complication preparedness however does not necessarily reflect actually change in practice.
   - Line 176, please specify the type of health workers. Does this include CSBA?
   - Please provide a table specifying the characteristics of participants, beyond the categories presented in lines 185 – 188.

4. Data collection tools:
   - Were the instruments back translated into Bangla after English to assess consistency with original focus and themes?
   - Please describe if any process was undertaken to convey the meaning of ‘rights’ in the data collection tools. It is plausible that a the results concerning this them illustrate a miscommunication, given that such terms are not used in all languages and cultures, rather than a lack of understanding of women’s rights
among the respondents.

5. Ethics:
- Please report if respondents received any compensation or incentives for participation.

6. Results: If the data allows, several aspects of the results would be more valuable if they were explored with greater detail. Depth and understanding of changes and barriers harnesses the value-add of the qualitative method. Specifically,
- Line 214, how did women come to know of the BEPP card? For the relating paragraph, what is the main source of information for women, and for husbands (ie. peers / project staff /health personnel)?
- Paragraph from line 227, how did husbands know how much money they needed to save? Was it sufficient to overcome the second delay – accessing care?
- Paragraph from line 245, why had several women not undertaken blood group screening even though they were aware of the importance?
- In relation to the theme of the quote from line 293, what do TBAs see as the barriers for women to seek SBAs or facility-based deliveries? Why do TBAs think that women are reluctant? Have the TBAs witnessed changes to attitudes and practices since the introduction of the IFC program and BEPP card? What are the TBAs’ perspectives on the rights of women for maternity care?
- If CSBAs were sampled, do perspectives of CSBAs differ to those of facility-based health personnel, particularly in terms of changes in social norms or attitudes they have observed since the program introduction, or concerning roles of TBAs?
- In terms of women’s inclusion in decision making, do they hold more influence in certain aspects of the birth preparedness? For instance, more input to choice of delivery place and attendant, while the financial aspect remains at the discretion of the husband?

7. Discussion: The study aims to explore changes in relation to the first and second delays. The results presented orient more towards changes in the first delay than access to care. Would the authors be able to add comment – does this mid-term assessment suggest that the project, and the BEPP card, have capacity to impact on decisions to seek care, but likely to have limited impact on access to care for MNH?

8. Limitations: The risk of potential response bias has been overlooked. There is a high risk that participants have provided the perceived desirable responses, on support for the project but also most particularly TBAs reporting of the degree to which they recommend women to utilise health services. This risk would be countered somewhat through triangulation. Did the study collect data from women regarding the practices of TBAs, and if their roles have changed since IFC program initiation? Note that the quote of line 254 in which a mother that, in her experience, TBAs do not refer, is in contrast to the TBA reports.
9. Referencing: Several references are a little incomplete - those pertaining to reports.

Minor essential revisions
10. Minor edits:
- Line 59: Perhaps the word ‘care’ is missing “preference towards skilled care at birth”.
- Line 174: ‘d’ for complete in “completed at least 5 months...”.
- Line 179: Consistency with acronyms, using the full term “traditional birth attendants” rather than TBA acronym.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.