Author’s response to reviews

Title: Male involvement in maternal health: Perspectives of opinion leaders

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Author’s response to reviews:

Dear Editor,

We thank the reviewers for the useful comments that have helped to better shape the manuscript.

We provide below, a point-by-point response to the issues raised by the reviewers.

Reviewer 1 highlighted certain sections of the manuscript and made specific comments. We have attempted to type out the highlighted sections and to provide the specific comments before providing our response. We hope you will find the approach useful in reviewing our responses.

Halle-Ekane Edie Gregory, MD (Reviewer 1):

PLEASE USE RATS GUIDES FOR PERFORMING QUALITATIVE STUDIES AS A CHECK FOR YOUR MANUSCRIPT. RELATE THIS TO THE TEXT ACCORDINGLY. SOME OF THE ISSUES THAT HAVE BEEN OMITTED ARE HIGHLIGHTED IN THE TRACKED COPY

Highlight -

Although health workers generally facilitated the formation of father support groups, there was little evidence of any impact on antenatal support –

1. Reviewer’s comment – Study designed does not permit this assertion. An interventional study design, with a larger sample size followed by re-evaluation could permit this assertion.

Response -
Although this was not an intervention study, the inclusion of the health workers was to help throw light on some of the initiatives by the health system to engage men. Under the primary health care model being run by Ghana, a community initiative such as the formation of father support groups would require community participation and the community leaders ought to know about them. The fact that they did not report the existence of such groups was suggestive of their poor impact within the communities.

The statement has thus been revised to read as follows: ‘Although health workers reported the formation of father support groups, none of the participants reported their activities in the communities’.

Highlight -

Study setting

2. Reviewer’s comment - Is there any justification for the choice of this district as compared to other districts in Ghana? Though the results of the study cannot be generalised, it might permit a better contextual understanding of what is likely to occur in other districts in Ghana.

Response

The research was part of a bigger study which used data from a demographic surveillance system run by the Navrongo Health Research Centre to identify severe maternal morbidities within the community. The surveillance system which covers the study district, collects routine data on marriages, pregnancies, births, deaths and migrations every 120 days. The surveillance platform also has an address system that facilitates the tracing of research participants in the community. The study was therefore sited within the surveillance system in order to facilitate the tracing of the severe maternal morbidity cases.

Highlight

Opinion leaders who were mostly male and health professionals who have direct contact with community members…

3. Reviewer’s comment - Not clear why women were included. If this is justifiable, what were the proportions? Remember we are talking of men’s role or involvement in maternal health.

Response

Within the study context, women are allowed to compete for leadership positions and where women were leaders, they participated in the interviews. Out of the 10 FGDs that were conducted only two of them had a woman participating in the discussions.
We were interested in feedback from opinion leaders and not necessarily male opinion leaders. We do not think that the inclusion of women opinion leaders in the discussions in any way diminishes the value of the feedback that was received with regards to the participation of men in maternal health.

Highlight

In all, 10 communities beyond a 15km radius of the district hospital were selected.

4. Reviewer’s comment - Too simplistic!! Road networks, cost of transportation, accessibility of vehicles etc are variables that are important not just the radius of 15km.

It might be interesting to know whether apart from belonging to any of the aforementioned groups there, the chiefs had any guidelines for selection. For example, previous participation in coordinating health activities, educational level etc.

Response

We recognise all the variables stated by the reviewer as important but we believe the reviewer will also agree that distance as represented by the 15km influences cost of transportation and accessibility of vehicles.

The purposive sampling approach only considered participant’s status as community leaders and nothing more. In terms of the participation of chiefs in coordinating health activities, the Ghana Health Service is implementing a primary health care policy which makes community participation led by the Chiefs, an integral part of the implementation strategy. Beyond that, the Navrongo Health Research Centre (NHRC) has been carrying out research in the study district for over 25 years and as part of the requirements for initiating any research project, researchers have to carry out community entry activities which involves meetings with chiefs and their elders to discuss the project and to seek permission to implement the studies in their communities. Also, each of the chiefs has been involved in research at some point during the period of NHRC’S existence but this is rare. Apart from the current study, the only other study that directly involved opinion leaders as respondents was one that involved the lead author. That study used a similar approach to determine the appropriateness of community engagement strategies as used by the research Centre. (Tindana et al., 2011).

This explanation has been incorporated into the manuscript.

Highlight

Community health officer-midwives are nurses who have been trained to proficiency in midwifery skills and placed in health compounds within the community to offer basic obstetric care to women.

5. Reviewer’s comment - Basic obstetric care in some countries is now provided by men and women. What is the situation in Ghana?
Response

Even though the training of midwives in Ghana does not discriminate against men, very few of them offer themselves for such training.

Highlight

An experienced graduate level researcher assisted….

6. Reviewer’s comment - Experienced in qualitative research? The role of the principal investigator (s) during this critical phase is not highlighted.

Response

The statement has been amended to read as follows : “This research was part of a bigger study which was carried out as a PhD project. The student researcher who has over 14 years experience in qualitative research assisted……

Highlight

The study guides were pre-tested to ensure that they elicited the right information to meet the research objectives.

7. Reviewer’s comments - Why and when was data collection stopped, justify end of data collection.

Response

Based on the sampling approach, only 10 communities qualified to participate in the study. Considering that we had an average of 10 people participate in each focus group discussion, it meant about 120 individuals participated in the focus groups. This was in addition to the 16 IDIs with the health workers.

There is currently no consensus on how saturation is reached for one to stop interviewing. Creswel suggests 20 to 30 interviews (Creswell, 2007) while Morse suggests 30 to 50 (Morse, 1995) but they both failed to explain why these number of interviews and not any other. In studies with a high level of homogeneity like the current one, a sample of six interviews is deemed sufficient to enable the development of meaningful themes and useful interpretations (Guest et al., 2006).

Based on these different positions, we believe that the current study conducted enough interviews to have reached saturation and therefore there was no need for further interviews to have been conducted.

These arguments have been incorporated into the manuscript.
The discussions focused on gender specific concerns that ..... 

8. Reviewer’s comments - This increases my worries about what proportions of men and women constituted these focus groups as information obtained might be bias. Hope this will be taken into consideration in the thematic analysis.

Response

Please refer to our response to comment 3 above.

9. Reviewer’s comment - Please provide more details on the following; indicators of quality, description of how themes were derived from the data (inductive or deductive). Evidence of alternative explanations being sought. Analysis and presentation of negative or deviant cases.

Response

We assume that the reviewer is concerned about the quality of the data that was collected and for this we did indicate that the tool was pre-tested to ensure that it elicited the right information. We have also indicated that the FGDs were moderated by one of the investigators who has extensive experience in qualitative data collection. All the transcriptions were also reviewed by the investigator to ensure an accurate rendering of the interviews. All this information has been incorporated into the manuscript.

The following sentence has been added to the data analysis section of the paper

“Themes were derived inductively by reading every sentence in all transcripts, identifying answers to repeated questions and naming them, and segmenting the data into similar groupings to form preliminary categories of information about male involvement in maternal health.”

We did indicate in the analysis section that “Patterns, similarities and differences in these codes and themes were examined”. This process was to ensure that negative and deviant views were all examined within the data.

The section on data processing and analysis has been revised appropriately.

10. Reviewer’s comment - What link exists between these centres (The Monash University Human Research Ethics Committee and the Navrongo Health Research Centre Institutional Review Board)? Collaboration in the form of assistance, supervision etc? Malaysia and Ghana different socio-cultural text with common research interest?

Response
The lead author is a staff of the Navrongo Health Research Centre and was a PhD student at Monash University when the study was conducted. The authors are his supervisors and faculty members of the Global Public Health Depart of the School of Medicine, Monash University, Malaysia.

11. Reviewer’s comment - Is this quote (FGD-OL-MANYORO) and those that follow anonymised?

Response
Not really. We thank the reviewer for drawing our attention to this problem. All the quotes have now been anonymised.

Highlight

However, both health worker reports and findings from the severe maternal morbidity audit showed that men offer little support to their pregnant partners.

12. Reviewer’s comment

- EXPLAIN HOW BIAS IN OBTAINING FROM MALES AND FEMALES WAS DECREASED

- EVEN THOUGH HAVING FOCUS GROUP DISCUSSIONS WITH DIFFERENT GROUPS OF OPINION LEADERS IN THE SAME STUDY PROVIDED A GLOBAL PICTURE OF THEIR INVOLVEMENT, DO YOU THINKS THESE GROUPS COULD HAVE BEEN ASSESSED AS SEPARATELY (FOR EXAMPLE: MALE LEADERS only) AVOID GENDER INFLUENCE?

Response
Please refer to our response to comment 3

John Kuumuori Ganle (Reviewer 2):

General Comment

This paper on 'Male involvement in maternal health: Perspectives of opinion leaders' aims to 'explored the reasons for men's resistance to the adoption of a more proactive role in pregnancy care and their enduring influence in the decision making process during emergencies'. The article addresses an important issue in current SRH and MCH discussions, namely the lack of involvement of men in SRH and MCH and the need for strategies to involve men. While the article's findings could be important, the paper in its current form suffers a number of deficiencies that need to be addressed before the manuscript can become suitable for publication in BMC Pregnancy and Childbirth. Specific comments are as follows:
ABSTRACT:

Background: The objective of the paper is not clearly articulated. The authors say that 'We explored the reasons for men's resistance to the adoption of a more proactive role in pregnancy care and their enduring influence in the decision making process during emergencies'. I wonder whether the authors were also interested in understanding men's resistance to their … 'enduring influence in the decision making process during emergencies'. Authors should make clear what the purpose is. Maybe the objective should be 'to examine men's attitudes to male involvement in maternal healthcare and barriers to their involvement'.

Response

We thank the reviewer for the comment. We did not explore men’s resistance to their enduring influence in the decision-making process. This research was part of a larger study that explored factors that contribute to maternal complications and the health seeking process. The community-related factors that focused on men's resistance to the adoption of a more proactive role in pregnancy care and an enduring influence in the decision making process during emergencies, were fed back to the community leaders for their response.

The following paragraph towards the end of the introduction summarises why we decided to focus the paper on men’s resistance to the adoption of a more proactive role in pregnancy and their enduring influence in decision-making.

“A large study was undertaken recently to explore the potential role of communities in supporting various initiatives to reduce maternal morbidity and mortality (Aborigo, 2014b; Aborigo et al., 2013). The findings highlighted men’s reluctance in participating in antenatal care and their significant influence in the choice of place of delivery and health seeking in the event of complications. We therefore aimed to explore specifically the reasons for men's resistance to the adoption of a more proactive role in pregnancy care and their enduring influence in the decision making process during health seeking”.

The above paragraph has been amended in the revised version to give it additional clarity.

Conclusion: Their conclusion that 'Initiatives to promote male involvement should focus on young men and use chiefs and opinion leaders as advocates to reorient men towards more proactive involvement in ensuring the health of their partners' appears not well supported by the data. Generally, their data suggest that young men really do not have problems becoming more involved. Rather it is the chiefs and opinion leaders who claim some of them are too old to be involved in issues of maternal health. Therefore, I think the real deal is actually engaging more with these chiefs.
Response

We thank the reviewer for the comment. Young men only showed less resistance to female autonomy and not that they are not affected by the socio-cultural context. Besides, the suggestion to focus on young men is actually data driven. The opinion leaders asked for more focus on young men because they are the future. As they said about themselves, they are too old to learn new things because their wives have passed menopause. And we are told from the data that if we want to succeed in increasing male involvement, then we have to partner the opinion leaders who have the authority to alter traditional norms that inhibit male involvement. Without working with the opinion leaders, the strict gender roles that characterised patriarchal societies such as those in northern Ghana will be passed down to the future generation. What the opinion leaders are advocating for is a generational change and they feel they can play a role in achieving that change.

Please refer to the last paragraph under increasing male involvement in the results section of the paper for the specifics.

15. Reviewer’s comment

Why do we need to involve men at all? I think the answer is found in the fact that utilisation of maternal healthcare services is still very low in many African contexts, and men have been found to play important roles in this process. I guess there probably will be no debate about male involvement if no women were giving birth at home and no women were dying because of lack of access to skilled delivery services. Therefore, authors should provide recent data on the maternal health situation in Ghana e.g. ANC coverage, skilled attendance rate, postnatal care rates and maybe contraceptive prevalence.

Response

We agree with the reviewer that institutional deliveries do play a key role in saving the lives of women and their babies but we also need to recognise that more maternal deaths occur during the postpartum period – when the mother has delivered and has returned home. Complications that occur within that period have to be taken care of and men exert influence on that decision which makes the involvement of men critical beyond just having a skilled delivery during childbirth.

It is also important to note that this study was part of a larger study that investigated severe maternal morbidities at the community level and the results of that severe maternal morbidity audit are what the community leaders were requested to react to.

The following paragraph has been added to the study design section to provide additional clarity.

“This research was part of a bigger study, which was carried out as a PhD project [20,21,28]. The main study obtained local explanations for severe maternal morbidities from interviews with traditional healers and traditional birth attendants and used that explanation to screen over 900 women who recently gave birth in order to identify those who suffered severe maternal complications based on the local definition. Women who suffered severe maternal complications
responded to an audit tool with an open narrative section that enabled to collection of qualitative data. The results from the audit which had a community focus were shared with opinion leaders within the research setting and the reactions of the community leaders regarding the role of men in maternal health are shared in this paper. Specifically, the opinion leaders offered their views on the role of men in delaying access to an appropriate place of care, lack of support for their partners during pregnancy, delays in initiating antenatal care and challenges with complying with drug regimes and nutritional requirements”.

16. Reviewer’s comments

Also, the paper needs to be strengthened by foregrounding the introduction in previous research on male involvement in maternal health in Ghana. There are a number of recent papers from Ghana that have addressed this issue, and authors need to consider this literature. It is not a good way to sell a paper if the impression is created that work has not been done in this area. Relevant papers in this regard include:


Ganle JK, Dery I & Manu (2016). 'If I go with him, I can't talk with other women': understanding women's resistance to men's involvement in maternal and child healthcare in Northern Ghana. Social Science & Medicine, 166:195-204.

Indeed, the authors could also reference the recent WHO's recommendation for male involvement in maternal health to highlight the importance of the issue. Also, previous studies on the key themes of the paper (i.e. men's attitudes, barriers, and enablers) have not been reviewed and synthesised. Authors need to do this so as to give the reader a sense of what is already known internationally.

Response

We thank the reviewer for the comment but we have not made any claim that no work has been done in the area. Contrary to the reviewer’s comment, we have cited work from across Africa and Ghana that are related to the themes explored in this manuscript. Indeed, we cannot cite the many papers that have been published on the topic and so we have added the few references which were suggested by the reviewer.

17. Reviewer’s comments

It would be good if the authors provide basic information about the characteristics of their study participants. This is important because it has implications for the kind of results they got as I have remarked below.
Authors talk about health compounds. As far as I know there are no such things as health compounds. The closest is the community health planning services (CHPS). Authors should clarify this.

Response

We thank the reviewer for the comment. It would have been more helpful if the reviewer had narrowed down on the specific characteristic of interest. The FGDs were conducted with community leaders and we did define what we meant by community leaders. Similarly, we defined the categories of people who qualified as health workers. The nurses who reside in communities and offer basic health services to community members are called community health officers (CHOs). Where a CHO resides is called a community health compound (CHC). Ghana’s flagship primary health care program is called community-based health planning and services (CHPS). It is important to note that the Navrongo Health Research Centre which is one of the collaborating institutions in this research tested the experiment that led to CHPS and so we are very familiar with the terminologies that are used within the service.

18. Reviewer’s comment

- page 8, line 17, authors talk about 1 hour of in-depth interviews. This would certainly have produced tones of data. Therefore, it is surprising that this is not exactly reflected in the data that they report. Authors should describe in detail what issues were covered in these in-depth interviews, and if part of this data has already been published or are to be published later.

Response

The IDI guide covered all maternal health interventions in the health facilities, facility preparedness to handle maternal complications, health worker reactions to complaints by pregnant women on poor quality of care, weak referral system and verbal and physical abuse. That last theme that was explored with the health works was the role of men in maternal health.

From the summary of the themes covered by the guide, it is clear that the role of men was only a section in the interview guide. As indicated in our response to comment 15, this was part of a PhD project and so the rest of themes were covered in the thesis. Other aspects of the work are being prepared for publication.

19. Reviewer’s comment

Page 8, line 30, authors talk of the 'larger study' but no reference is made to this larger study anywhere in the paper. If this paper is part of a larger study, then authors should state that as part of the design and indicate whether some of the data from the larger study have already been published.

Response
We did make reference to the larger study towards the end of the introduction. Also refer to our response to comment 15 for additional information.

20. Reviewer’s comment

Page 8, lines 35, authors talk about 'men’s enduring role'. This phrase is part of their objective statement but it is not clear to me what they mean? Is it to suggest men's roles are not changing????

Response

As indicated in the paper, the role of men in decision making does not appear to be changing within the research setting, thus, the use of the word. These were reports from a study of severe maternal morbidities and the some of the outcomes suggests that the role of men as decision makers during health seeking does not seem to be changing. Please refer to the last paragraph of the introduction for additional information.

21. Reviewer’s comment

3. Ethics

page 9, lines 18 /19: authors talk of voluntary verbal consent. Why was no written consent obtained? How was the verbal consent process managed? Was it recorded? Was it witnessed, if so by who? Authors should clearly describe the verbal consent process and mention who administered the verbal consent.

Response

The difference between verbal consent and written consent is that the latter is documented by obtaining the signature or thumbprint of the participant while the former is only done orally. Verbal consent is permitted for studies which qualify as having less than minimal risk for participants and the current study qualified as such.

Witnessed informed consent is a requirement for only illiterate participants giving written consent.

The interviewer and the moderator explained the study to each potential participant and participation was only allowed when consent was obtained.

22. Reviewer’s comment

RESULTS
- page 9, lines 32-45, this information does not seem relevant. Also, the claim that opinion leaders have not been traditionally involved in research seems very misleading and authors should provide reference(s) to back this claim if at all they want the information here to be part of their findings. If the claims are valid at all, this section should be added to the justification for selecting these types of participants.

Response

We did explain the level of involvement of the community leaders in research. In the research setting, researchers are required to carry out community entry activities prior to recruitment of participants. Community entry involves meetings with community leaders to explain the study to them and to seek permission to enter into their communities and conduct the study. Rarely do you have community leaders as research participants and this was what was acknowledged by the community leaders. This clarification has been added to the paragraph. Please refer to the introduction section of the results and also to our response to comment 4.

The information is added to the results section because it came from our field notes during our community entry activities. It was not part of our sampling procedure and so adding it to our methodology will be misleading.

23. Reviewers comment

page 9, lines 51-53: authors write that 'Health seeking decisions, particularly relating to pregnancy and childbirth, are traditionally made primarily on consultation with a soothsayer for a preliminary diagnosis and advice about the plan of action'. I question this claim. On page 5, line 55, authors say that 'Polytheism is common'. They acknowledge that Christians and Muslim are present in their study area. Question is: do Christians and Muslims also consult a soothsayer first? I think it is important that the authors report fully on the type of participants they interviewed as this view does not seem to reconcile with their own observation that the communities practice different forms of worship. Indeed, I recommend the authors use the 'Consolidated Criteria for Reporting Qualitative Research (COREQ)' by Tong et al. (see paper below) to guide the reporting of their methods and findings.


Response

We thank the reviewer for the comment. We did indicate that the opinion leaders are the guardians of traditions and that was the reason why we targeted them for the focus group discussions. The statement conveys a literal meaning that traditionally, that is how health seeking is commissioned. We are not claiming that everybody in the study district follows this procedure
to seek care and that is why we indicated in the study site information that there is polytheism. We were specific in making the statement in order not to mislead the reader.

Besides, it is important to note that we were exploring issues that were considered community level problems which either exacerbated a maternal complication or negatively affected the health seeking process. The opinion leaders were therefore helping the study team understand why the delays occur. Besides the practices associated with the traditional religion, they did not identify any other religious practice that negatively affects maternal morbidities so they could possible talk about them in this instance.

24. Reviewer’s comment

page 9/10, lines 58-4: which traditional belief systems????

page 10, lines 9-12: does seeking soothsayer happens in all families? It is very concerning that the results do not appear to reflect the religious heterogeneity that the authors described in their methods section.

Response

It is traditional religion which is being reported here. Please refer to our response to 23 above.

25. Reviewer’s comment

Page 12, lines 45-65, it is strange that the authors start the discussion here with the views of healthcare providers about what men can do to support their partners. What really was the essence of having men in the study? The same is true in several instances where healthcare workers are speaking about what they think is the situation with men. If the authors really talked to the men and women as they claimed, then they should allow their voices to be heard.

Response

Please refer to our responses to comments 1 and 3 above.

As the title of the study depicts, we were interested in the views of opinion leaders about male involvement based on findings from the severe maternal morbidity audit and we stated clearly who those opinion leaders were.

26. Reviewer’s comment

Page 13, lines 35-40, ‘The men reported that it was necessary for them to continuously monitor the health of their partners by pouring libation and consistently consult sooth-sayers throughout the period of the pregnancy’. Does this happen in all families? The authors create the impression that everyone in the study was a traditionalist? It is important that they clarify this in their sample.
selection, otherwise, these findings do not appear to reflect a society that is religiously heterogeneous.

Response

Please refer to the revisions in the study design or our response to comment 15. The discussants and interviewees were asked specific questions related to problems that were reported in the severe maternal morbidity audit. One of the reasons that was given for delays in arriving at a health facility was the traditional consultation process and the opinion leaders who are custodians of the traditions spoke to the issue.

27. Reviewer’s comment

Page 14-17, the results here focus on ANC. Is there any reasons why? Besides, is that the authors definition of maternal healthcare? Would men's attitude be different if it were delivery or postnatal? Did the authors explore these other aspects? If not, then it might be better to rework the title and objective of the paper to focus just on ANC.

Response

Please refer to our revisions on study design or our response to comment 15.

We only focused on issues that came up during the severe maternal morbidity audits. Women complained about delays in initiating ANC visits, challenges with complying with drug regimes and nutritional requirements.

28. Reviewer’s comments

Page 17, line 39; 'The need to increase male involvement in maternal health was recognised by all participants'. Previously, authors reported that men did not see the need to be involved! So where is this need to be involved coming from??

Response

In comment 26, the reviewer quotes the following statement 'The men reported that it was necessary for them to continuously monitor the health of their partners by pouring libation and consistently consult sooth-sayers throughout the period of the pregnancy' which suggests male interest in getting involved.

The word all has been changed to most.

29. Reviewer’s comment
Page 18, lines 18-21, I do not see what the surprise is here. The people you interviewed, if they were opinion leaders and chiefs were most likely elderly people. And the intervention was targeting young fathers. Therefore, it is possible that most of the men you interviewed have finished childbearing and were really not going to be involved and were therefore not targeted. So I do not see the issue of effectiveness being an important issue here. Authors need to speak with young men to be able to evaluate this intervention.

Response

We do agree that most of the participants in the FGDs were older people who had finished bearing children but there were also young men and we did make a couple of statements about them which the reviewer quoted in one of his comments. These young men could have reported the activities of those groups. Besides, the CHPS program which the reviewer also referenced, emphasises community involvement and you would expect that if father support groups are being formed within the community, the community leadership will be engaged in the process and therefore should report it.

30. Reviewers comments

Page 19, lines 27-37, which participants suggested the use of the chiefs. From your results, the chiefs were part of your study participants, and most of them were largely unsupportive of male involvement. So I wonder how they are supposed to be used?

Response

Our data did not suggest that most of the chiefs were unsupportive of male involvement and we have not made any such statement anywhere in the manuscript. We have provided two quotes after the statement – one from the FGDs with opinion leaders and one from a health worker to ground the suggestion in our data.

31. Reviewer’s comment

Page 19, lines 39-44, was this reported by the chiefs and opinion leaders in your study? If truly this was happening why was this not reported by the opinion leaders???

Response

Again the quote supporting the statement was provided in the manuscript. In the quote, the nurse talked about her former station and we do not know if that former station was part of our sample or not. Remember that we did not interview all chiefs in the study district and her former station could be outside our study area.

32. Reviewer’s comment
authors talk about results from near miss. Which near miss audit?? It appears there are other results that the authors are not reporting and they need to clarify these issues. On the same line, the authors stated that results from the health workers and near miss showed men gave little support to their wives. What really did men say in relation to this? And what was the role of the women in this study? Did they have anything to say to either confirm or repudiate men's involvement or lack of involvement?

Response

Please refer to revisions on study design and our response to comment 15. The results from the severe maternal morbidity audit were those being referenced here and the health worker interviews are those presented in the data. Please refer to the first quote under lack of support form men during pregnancy.

33. Reviewer’s comment

There is also no discussion on how men’s concerns about inappropriate health facility design and practices make them uncomfortable accompanying their partners to the facilities. How should this be addressed?

Response

We think this problem has been adequately addressed in the discussion. The following paragraph makes suggestions as to how men can participate in ANC.

“If ANC programs are to make progress with male involvement, then programs will have to be restructured to accommodate men to ensure that time spent at the ANC is worth the while. Incentives geared towards encouraging male involvement would have to go beyond applauding men and giving their partners preferential treatment to include participation in ANC activities such as listening to the foetal heart beat, counseling on obstetric danger signs, HIV testing, and access to information on their partners' medications and ANC schedule”.

34. Reviewer’s comment

Also, authors talked about giving expedited services to women who visit the facility with their husbands? Have the authors considered the possible effects of this, for example women who not have partners or whose partners do not accompany them to health facilities?
This is a practice that is already on-going and was reported by the health workers. It was not assertion by the authors but data driven. The researchers only made suggestions that in order to encourage male participation, health workers have to go beyond such preferential treatment.

35. Reviewers comment

PAGE 24, lines 37-44, 'Without working with chiefs and other pinion leaders to design innovative strategies for engaging men in maternal health interventions and to give more autonomy to women to take decisions related to their health, reducing maternal mortality and disabilities due to pregnancy would continue to progress at a slow pace'.

In general, while chiefs are important gate-keepers, your results showed that many are actually the ones opposed to or not very supportive of greater male involvement. Rather, many young and educated men are already involved. Is a focus on young men not a better way to generate greater support for women? It is surprising that you are ignoring the young and educated men who are already leading the change.

Response

Again, from our findings, chiefs do not oppose greater male involvement. There are cultural norms that limit male participation and only the custodians of tradition can alter those norms. That is where the chiefs get involved. Interventions are meant to solve problems and if the problem is rooted in the traditions of the people, working with chiefs will yield better outcomes. Of course, we have emphasised the need to orient young men to get involved in maternal health. Their willingness to do so must be supported by an enabling environment which includes the right cultural atmosphere including cultural norms that delay health seeking and encourage male attendance of ANC.