Reviewer’s report

Title: Why Muslim women in northern Ghana do not use skilled maternal healthcare services at health facilities: A qualitative study

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Reviewer: Bregje de Kok

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General comments:
The paper addresses a relevant topic—religion is under-examined as factor influencing care seeking behaviour.

1. It is clear what question the authors address.
2. The methods are appropriate; there are issues with the description as outlined below
3. The data seem fairly sound.
5. The manuscript appears to adhere to the relevant standards for reporting—I am unsure about data deposition?
6. Discussion and conclusion are overall adequately supported by the data.
7. Limitations of the work are NOT clearly stated.
8. Relevant work is acknowledged.
9. The title and abstract accurately convey what has been found.
10. The writing is acceptable.

- Major Compulsory Revisions

Introduction

1. Line 60-62. Provide most recent estimates and references. Facility births have gone up dramatically in some settings the last 5 years or so- at least as suggested by statistics. Rates are not yet optimal but saying that ‘not many women access services’ is putting it too strong.
2. Ditto ‘Like most countries in Africa, Ghana is one country in which for the majority

65 of women, the experience of pregnancy and childbirth can be regarded as equivalent

66 to a death sentence.’. Risks of maternal death are indeed too high—but not as high as when given a death sentence!
3. Please define ’skilled care’
4. 123-124 ‘and that access and use of maternal health services will be influenced largely by Islamic religious beliefs and practices irrespective of other
factors’.
Why largely? Please make a case.

5. 109 the focus was on searching and discovering the relationship between religion and maternal health access among Muslim women, bearing in mind that this reality itself is socially constructed

What reality exactly is seen as socially constructed and what does this mean exactly? Important to explain also because most readers will be public health academics or practitioners who may not be familiar with a social constructionist paradigm.

6. 138 Appreciative inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them [13].

The focus on appreciative inquiry is very interesting. Please return to the concept in the discussion eg by reflecting on what the study tells us about the usefulness of this approach. It does need to be described a bit more clearly. For instance ‘co-evolutionary’ is unclear and this description seems to over-emphasize the focus on positives as opposed to learning as Bushe argues.

Methodology

Data collection

7. 266-267 ‘the interactions that occurred within the groups accentuated and fostered self-disclosure and self-validation’. I do not think that you know that groups fostered self-disclosure since it will be unknown what participants held back. Validation seems to be based on agreement/consensus or the lack thereof and is thus not self-validation.

8. 275 ‘ensured that each participant was comfortable expressing their opinions on all the issues as well as share their experiences within the group context without any hindrance’. Sounds too positive- there will always be ‘hindrances’.

9. How exactly was a random sample generated for the SIs? How were women recruited for the Sis, and presumably separate informed consent was obtained?

10. The use of CBSV makes sense but please offer reflection on how this may have impacted the data.

11. I am not familiar with the specific form of thematic analysis used- please explain the difference with more standard thematic analysis (as e.g. explained by Braun & Clark) and the role of networks.

12. What was the function of the summaries of individual interviews?

Findings

13. Some of the desires for privacy will be the same for non Muslim women-ditto the issue of dependency on husband and relatives. Worth reflecting on both
differences and commonalities.

Interesting finding re ability to defy relatives.

14. 615- point about the impact of user fees would nee further evidence and not in line with focus of the paper so I would remove it, unless you link it to e.g. muslims women’s bargaining power (presumably easier to get permission if services free).

Discussion

15. 701-703 Did mothers-in–law see facility based care as unnecessary or did they put greater value on other requirements (eg modesty) which meant that they preferred home births despite potentially seeing benefits of SBA. Presumably there was a difference between mothers-in-law?

16. Reflection on any differences between the three communities involved is missing.

17. The number of women is actually large for a qualitative study- this in itself is not the main limitation to uncertainty re. generalizability.

18. Whilst it is argued that Muslim women experience specific an additional barriers to non-Muslim women , there are not statistics re use of services which back up his claim. Because of this and likelihood that non-muslim women encounter similar barriers (see above) the central thesis of the study is not as convincing as it could be. Further reflection and discussion is desirable.

- Minor Essential Revisions

Introduction

19.128 peculiar ways- do you mean ‘specific’?

20 Reitmanova & Gustafson should be ‘Reitmanova and Gustafson’. Specify the geographical context of their work.

21. 145 ‘positive elements of maternal health access’ sounds awkward- rephrase.

Methodology

22. Participants: Table displaying (summaries of) with demographic features, in particular number of children and spread of age would be helpful since experiences and health seeking by primigravida and very young women may well differ from other women.

Can you specify how many women were in polygamous relationships? Were any women single?

23. ‘This was a judgmental selection’ sounds awkward- rephrase.

‘the researcher’s perceptual evaluation of the relevance of a participant’s knowledge or experience to the research topic’. Unusual and awkward-can you
please explain what this entailed exactly and reflect on any ‘biases’ this may have introduced.

I am not convinced that you have enough evidence that that FGDs generated better data- more likely SIs and FGDs generated different data, with both having their advantages and disadvantages?

24. Where were FGDs and SIs conducted?

25. 272 error: young women were less likely to express their opinion. It seems to me that the age gap 15-32 is still rather large.

26. 280 The issue is not literacy but participants’ fluency in English.

27. 388 ‘This is achieved through such putative material practices as proper dressing’. Sounds bit awkward-rephrase

28. 482 Healthcare providers’ insensitivity and access. Correct typo

29. 535 ‘Since most women have found it convenient to perform this procedure few days after birth, participants reasoned that it would not be worthwhile giving birth in a health facility where this service is not available.’

30. Worth further reflection since this should not necessarily be a barrier-depends in part then on how long women usually stay in the facility.

31. 592 What is a ‘appreciable level of formal education’?

32. 626 ‘Specific’, not ‘peculiar’ factors.

- Discretionary Revisions

1. 170 Small point: ‘fail to utilize’- I prefer do not utilize, sounds less judgemental and reflects greater appreciation for rationales other than the public health rationales.

2. 181 Provision of statistics re. religion is a bit simplistic. Usually distinctions between those believing in African traditionl religion and Islam/Christianity are not clear cut; many muslims and Christians have some traditional beliefs or perform certain traditional practices.

3. Though the rates for SBA are indeed poor they have increased considerably in the last two years- can you offer suggestions for why this maybe the case, what we can learn from it and what this says about the impact of religion given that presumably religious factors have remained the same.

4. It seems that you did try to get at a representative set of social situations through the sampling procedures – this relates to generalizability. Qualitative research can contribute to theoretical generalizability of insights (see e.g, Carla Willig’s book on introducing qualitative methodology in psychology, or Yin on generalizability of case studies). This is a different kind of generalizability than statistical generalizability which would indeed require randomization. I suggest you reconsider your claims about generalizability
5. The FGD duration of 2.5 (not 2.3) to 3 hrs is extremely long—thus new issues may not have arisen due to exhaustion as well as due to saturation. By contrast the interviews were very short. Please offer reflection on the reason for this and what it may say eg about quality of data, whether participants were reticent and reasons for this.

6. Very interesting finding that women refer to ‘a pregnant woman needs care, love and empathy to be able to give birth safely’ This is rather different from the public health definition of skilled attendance at birth; but more in line with respectful care currently promoted. Worth highlighting.

7. What’s the relevance of the category ‘lactating mother’?

8. Why might SBA rates be so much higher in Buipe?

9. Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

10. Interesting that similar findings have been reported in HICs—highlight

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

**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'