Reviewer's report

Title: Socio-cultural factors, gender roles and religious ideologies contributing to Caesarian-section refusal in Nigeria

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Reviewer: Chen-I Kuan

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While the problem of excessive use of Cesarean sections has been well-studied in existing literature, the overly low Cesarean rates in certain areas receive little attention. In this sense, this research raise a significant issue related to reproductive health. According to the authors, the overly low utility of CS relates to high maternal mortality rates and has been critical in Nigeria, and in other low and middle income countries. In Nigeria, the authors notice that this problem comes not only from limit medical resources, but also from delay or non-acceptance of CS among Nigeria women. This research focuses on the gender and religious factors that hinder women from having medically necessary C-sections.

Major Compulsory Revisions

1. In order to analyze how folklore beliefs and alternative practitioners influence women’s decision regarding CS, the authors draw on the approach of medical anthropology. It should be noted that, while anthropologists emphasize medical system as cultural system, they also looked at biomedical knowledge and practices as part of culture. As such, the authors need to analyze how doctors/providers may also have their own value judgments toward childbirth, and toward TBAs and their clients as well. These assumption may be also cultural, instead of purely scientific-based. It helps to avoid the dichotomy that medical providers as rational and women as irrational.

2. In order to give a more comprehensive context regarding the issue, it’s important for the authors to include more description of alternative practitioners or religious birth center. How do they practice childbirth? Where do they locate, urban or rural areas? Who go to them?

3. To support their arguments, the authors use lots of interview data. However, in most of extracts, people talk about stories that they heard from their neighbors and friends. Very few are the self-narratives of women having or refusing CS. The authors may need to think about how these stories support their arguments. Instead of citing these data as objective facts, the authors may need to think about to what extent the story telling may be affected by personal interpretations of the speakers. By the same token, while citing provider’s observation on TBAs or religious leaders (such as extract 19), the authors also need to consider the standpoint of the doctors, and their tension with alternative providers. Meanwhile, is it possible for the authors to include more first-hand experiences of women in
Minor Essential Revisions

1. The view that a real woman should have vaginal birth is widely heard from people in many cultures. But it seems that this value is particularly strong in Nigeria to the extent that women refuse medically necessary CS. The authors may want to talk more about the socio-historical origins of this idea and why it’s particularly strong in this specific culture.

2. One reason for Nigerian women to refuse CS is that they believe the surgery would prevent them from having as many children as they want. This concern seems true if Nigerian doctors don’t practice Vaginal Birth after CS (VBAC). Do doctors there provide VBAC? If so, why do women think that they need to continuously have CS and thus limit the number of childbirths? If VBAC is not available in Nigeria, women’s concern about limited number of childbirth becomes reasonable.

Discretionary Revisions

1. In order to address socio-cultural factors behind refusal of CS, the authors draw on anthropological approach, mainly from Arthur Kleinman’s. It’s helpful for them to include anthropological study on CS which is well-researched in the field of Anthropology of Reproduction (such as works by members of Council of Anthropology on Reproduction). By responding to this body of literature, the authors can pursue a more in-depth analysis of gender and religious factors relating to the use of CS, and add to our knowledge of the complex relationships between gender and medical interventions in birth.

2. In order to give a more balanced and comprehensive picture, the authors may want to also interview alternative practitioners, and women’s husbands and in-laws.

3. How medical information is given is crucial in shaping women’s idea of CS. For further development of this research, the authors may want to conduct observation on doctor-patient communication over the decision of CS. For example, how is the decision communicated? How do doctors frame the surgery? What term do they use? How do their clients react? What are the doctor-patient relationships? Do patients trust their doctors and feel free to ask questions? These doctor-patient interactions in the setting of hospital birth may significantly influence women’s understanding of CS.

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