Reviewer’s report

Title: Social capital and health during pregnancy; an in-depth exploration from rural Sri Lanka

Version: 0 Date: 08 Jan 2017

Reviewer: CJ Fenenga

Reviewer's report:

To the authors(s),

Thank you for your manuscript 'Social capital and health during pregnancy; an-indepth exploration from rural Sri Lanka'. I have read it with interest. Please find below my comments. Although the topic of your study is interesting, the manuscript will still need major revisions and editing.

Social capital is an often undervalued determinant in healthcare programs and research. You mention that little studies are published on social capital in LMIC. There are quite some studies available though: (Donfouet, H & Mahieu, P (2012)) a study in Cameroon, (Zangh,L et al 2006) a study in rural China, (Fenenga et al 2015) a study in Ghana. These are all studies that look at social capital and health.

Your study focuses specifically on pregnant women. You also indicate that pregnancy make women socially vulnerable and emotionally sensitive. Can you explain more clearly why your group of pregnant women so exceptional compared to healthcare clients in general? Are people that are ill not vulnerable? What do you predict is different?

Can you say anything about how this research project, and in particular the research questions was developed? How is it linked to the current strategic plan of the Ministry of Health, considering that the coverage of antenatal care, the preventive and curative services provision is already quite good (pg 4).

The main theme of your study is social capital. I was surprised not finding any main founders of the social capital concept in your references (Bourdieu, Coleman, Putnam). A more thorough study of this theoretical concept, with its multiple definitions and ways of conceptualization will help you to boost the introduction of your manuscript. The definition you used is not a very common one in the literature. Your theoretical foundation is now very thin. You also mention that you have looked at various tools used in social capital studies, Can you be more specific?
Linked to this is my following point. Because you opted to use qualitative methods only, which the purpose of this study I fully support, the use of prevailing theoretical models and empirical insights (in your case the theory of social capital) can help you to construct a deductive conceptual framework. So use knowledge which is already there, specifically also because social capital is complex. This framework can be build on through the inductive process of collecting data as you did. I miss this in your manuscript.

The description of your selection of respondents/participants and the data collection is described on page 7.

You mention that you use MoH officers and other key informants. Who are these? You selected are 7 rural and 1 semi-urban. In the conclusions I do no see differentiation between the semi-urban and the rural villages (you mention differences between villages but don't conclude with a thorough analysis on these differences, and certainly not semi-urban and rural. Here you could try to analyse a bit further. Was there any reason not to include any urban area? What do you think the differences would be there?

In the study instrument you refer to other papers. Please make sure you add as annexes a model diary, interview guides, check lists, note-taker forms, diary memo's and any other document relevant to review this manuscript. You mention that you followed all FHI International guidelines. Are these guidelines of academic level? Please add a short description. The document is not an academic paper as far as I can see.

I realize that an earlier published paper on this study includes information on the diary model. But this manuscript should stand by itself and should include sufficient information.

For example, the follow up phone calls to participants where done: how frequent and how long did these conversations last? What were the challenges? could you always reach? Language/dialect issues? Connectivity problems? How did the women experience these phone calls?

The triangulation is a strong point. Note that triangulation when using different methods only applies when using the same respondent group (in this case the pregnant women). You compare the data with the responses from PHMs and senior community dwellers.

In your ethical consideration you mentioned that women were counseled in the follow-up interview and arrangements for support were made when needed. What type of support was this and did it not interfere with the findings of your study?
The structuring of your conclusion can be improved on. I refer to the conceptual framework including deductive and inductive elements that can help to better present your findings. I also advice to go back to your data to analyze further in order to get more interesting findings. The current findings and conclusions are rather superficial. There is quite some repetition.

I noted that on pg 13 you mention that group membership was not common, but on the other hand the participants are very happy with the peer to peer support in the antenatal sessions.

The relationship between pregnant women and PHM is described as 'bonding'. I would argue that although this is a person in the community, she does have a different professional status.

Your definition on 'social contribution' is very similar to that of 'social action', which can be part of horizontal (bonding or bridging) or vertical (linking) social capital. Again, this very much depends on which definition you use.

On the point of structural constructs: did you also include in your study the different mobile phone contacts (as network) each of the participants had? That could show that the social capital is not entirely limited to close family and friends.

The 'linking' examples on page 18 are described as pregnant women visiting the health services. That is just one element of social capital: how did they describe their relationship with the clinics. What does 'trust' mean to them? This is important to describe because 'trust' is quite a black-box term. Some of the background articles of Coleman or Putnam describe this very well.

On page 21 you introduce the distinction between individual and community social capital. I suggest to bring this more to the beginning of the manuscript. You have looked specifically at individual social capital. Methodological, do you think you are able to say something about the community social capital?

In your discussion you also mention again the Brazilian pregnant women. Do you think you can use these comparisons or linkage with your program in Sri Lanka, considering in Brazil context and methods are so different?

I do not understand the last sentence on pg 21
First sentence pg 23. I would move this or copy this also to the introduction as it is a very informative sentence.

Check you reference list. Some information is lacking, for example references that are Annual reports, should indicate the country it concerns. But there are also names of journals lacking

**Level of interest**
Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

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Not suitable for publication unless extensively edited

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