Author’s response to reviews

Title: The experience of men who participated in interventions to improve demand for and utilization of maternal and child health services in northern Nigeria: a qualitative comparative study

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Author’s response to reviews:

Comments and how we addressed them

Reviewer #1

Comment

1. I also suggest the authors reorganise the manuscript to flow sequentially.

   Manuscript has been further reviewed.

2. On page 5 line 9. '3%' will be better placed after 'figures.'

   Moved.

3. Page 6 line 3; Clearly indicate the number of meetings held, e.g. 2 to 3 times a week, ....

   Meeting schedule was flexible – we added that.
4. Page 6 line 52-53: the sentence can be reordered as "key messages emphasised the need for men to approve their wives and children's utilisation of health services …."  
Done.

5. The sentence on page 6 line 4 onwards i.e. by the time fieldwork started for this study, however, the intervention continues to expand….. is incomplete or needs rewording.  
Corrected.

6. Page 5 line 17: the paragraph starting with …. The Nigeria Maternal Newborn and Child Health Programme (MNCH2) …. Should be moved to the methods section and given a sub-heading, as this isn't part of the literature review…..Alternatively, portions of the section can be placed in the appropriate sub-sections of the methods to avoid repetition. The paragraph is appropriately placed in the background section, as it is not part of the methodology.  
Response: The background section is not just for literature review. However, we accept the reviewer recommendation to give the project description a heading.

7. Page 7 line 50: reproductive age should be specified, and appropriate reference provided. I have realised that in earlier portions, the authors indicated that men who were married to a woman within the ages of 15-35 years were eligible to participate while you are reporting on a project that educated men on several relevant topics of MNCH, with an implicit aim of reducing maternal and child mortalities.  
Did the authors consider the risks associated with childbearing at aged 15 or 16 years? Were there messages against child marriage because such girls may be denied formal education?  
Response: We changed ‘reproductive age’ to 15-35 for consistency. Since only men with a wife of that age participated in the groups.  
Yes, the project did consider the risks associated with childbearing at young ages. But messages about this were not directly included in this intervention, since participating men who married young women were already married to them, and nothing could change that. Therefore, it is beyond the scope of this manuscript.

8. Page 6 line 55 - 56: In all how many participated in the study? This should be clearly stated.
9. Page 6 line 41-43, the authors stated that there were over 12,655 known communities reached by the MNCH2 interventions, how did you arrive at just 12 communities?

Response: Sentence added.

10. I understand you used purposive sampling procedure, however, can you explain to readers the primary considerations in choosing the 12 communities? e.g. Proximity and cost collecting data, ……

Response: This is explained in the sentence we added per the comment directly above.

11. Page 7, line 21, the 112 men are just mentioned for the first time in this section. Can you mention it in the methods section as well ..

Response: Added in the methods section.

12. Page 8 line 21 and line 28: did you collect demographic data, which were used to determine the means for participants and number of living children? Consider deleting "mean number of living children was 4.7 …..", Because it contradicts the method used and the research instruments described? Otherwise, you will have to add your dataset and instruments as supplemental files.

Response: At the start of the focus groups participants went around, and provided information about how old they were, how many wives they had, how many children they had, etc. There was no additional instrument or data set. This is a typical way to start focus groups. It helps break the ice, and provides very basic demographic information.

13: Page 7 line 55-56: change "though" to "through".

Response: Done.

14. Page 9 line "feelings" should be replaced with a more appropriate word.
Response: “feelings” replaced with ‘thoughts and emotions’.

15. Page 9 line 51 …. "transportation difficulties in arriving to meetings"….. can be changed to "transportation difficulties in attending meetings" …
Response: Revised.

16. P11 line 9: …. "danger signs to the woman in pregnancy, labour, and delivery" …. can be changed to danger signs of pregnancy, labour and delivery" …. as these pertain to only women.
Response: Done.

17. Page 11 line 17: ….. "to this series of questions, by FGD" ..... can be changed to "to the questions."
Response: We changed it to ‘to these questions’, to distinguish form other questions in the question guide

18. P11: the last sentence on page 11 needs to be improved for clarity.
Response: We expanded the sentence and hope it is now clearer.

19: Page 12; In the table, "danger signs to newborn first week". The "first week" should be in brackets.
Response: Done

20. P14 line 9: Check "thanks"
Response: Changed ‘thanks’ to ‘due’

21: P14 line 29: Delete "young".
Response: “Young” deleted.
22. P15 line 34 Change "she inherits" to "she inherited".
Response: “inherits” changed to “inherited”.

23. P16 line 26: delete "s" in "mores"
Response: Done.

24. P16 line 55: Sentence needs rewording to include both intervention and non-intervention groups' participants in the study.
Response: Added a sentence.

25. Your discussion is rather too brief, but the overall message advocates for increased male involvement in maternal and child health service utilisation in rural and less urbanised settings, and should be published.
Response: We added a paragraph to the discussion based on comments from reviewer #2.

Review #2

1. I would encourage the authors to include literature on the purpose of men's involvement interventions. I think this would provide more clarity on the relevance of the paper and help to situate it in the context of the SDGs and the development agenda in general. In particular, I would refer the authors to the International Conference on Population Development where the 1994 Cairo Declaration on Population Development was signed.
Response: Added a paragraph in the background section.

2. Linked to this, I am concerned that the paper suggests that men should be involved in maternal and child health so that they can make better decisions for women as opposed to empowering women. If the purpose of the MNCH2 intervention is to educate men to make better decisions for women, then I think this needs to be critiqued in the paper. Men's involvement has two objectives, the first is to improve women and children's health outcomes and the second is to promote gender equality. The second objective is missing from this paper. While women's health
outcomes can be improved by the intervention assessed, the paper doesn't, at any point address or point to issues of gender inequalities, yet it highlights that "gender dynamics and cultural norms significantly impact married women's health-seeking behaviours..." (p4 line 17).

Response: We added this to the discussion section.

3. I would recommend including the following literature to address this and the previous point:

Response: These are very, very helpful. We added two to the background section, and two to the discussion.

4. On pg 3 line 56, the authors refer to pregnancy and childbirth being a "woman domain". Do women have some autonomy in this domain? Is it possible to discuss areas where women do have some autonomy. As it stands, the paper positions women as victims with no agency at all.

Response: No, they don’t have agency in this domain. We expanded the sentence to clarify.

Having no agency does not mean they are victims. At least they don’t see themselves as victims. They want their husbands to make decisions for them. But that is beyond the scope of the current paper.

5. On pg 3 line 21-25, the authors suggest that women cannot use healthcare services without their husband's permission and that men often do not give them this permission. Could you explain why? Is it just the lack of permission that constrains women's access to these services?

Response: We added some reasons.
6. I think a final round of language editing could improve the clarity of the paper. For example, see Pg 5 line 10 - 11 is unclear. Could you rephrase the sentence.

Response: The particular reference sentence seems quite clear – perhaps the reviewer mislabelled the line numbers. However, we read the whole revised paper carefully with an eye for language and clarity.

7. Pg 5 line 50 suggests that the key messages of the MNCH2 curriculum was the need for men to approve their wife's utilisation of health services. Is there a reason why the programme focuses on ensuring men's approval as opposed to encouraging men to include women in decision-making or even encouraging women to take control of their own sexual and reproductive health?

Response: Yes, the intervention does include decision making – this was already stated when the intervention is described on p. 6 & 11.

But change takes time, and so special emphasis was given to men’s permission, so as to save lives.

8. On pg 13 line 29, the respondents said that the hospital is very expensive. Are they referring to the actual cost of the services or could they mean transportation costs and other costs associated with the facility?

Response: We do not know what they meant – we can only refer to what the respondent said. In the discussion section (p. 18) we have already discussed this, and speculated what costs they refer to.

9. On pg 15 line 19, you mention that the respondents had seen changes at the community level and more women and children were receiving medical care. Could you give an indication of how many respondents said this. I think it will strengthen the point that the intervention is resulting in positive outcomes.

Response: Added.

10: On pg 16 line 48, you mention that the participants felt that more men would attend if they were given a small allowance. This is concerning. Why would they feel that they need to receive
an allowance for something that they themselves claim is of benefit? Unless it is to cover travel costs for attending the training?

Response: Clarified.

11. On pg 19 you mention that consent was obtained from participants. Was this consent verbal or written?

Response: Oral.