Reviewer’s report

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

Version: 0 Date: 20 Mar 2019

Reviewer: Elizabeth Mkandawire

Reviewer's report:

Thank you for a very interesting and important contribution to literature on men's involvement. There is indeed a need for more studies on men's involvement in maternal and child health.

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.

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


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.

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?

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.

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?

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?

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.

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?

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

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