



SDI Review Form 1.6

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	MS: 2012_IJTDH_2973
Title of the Manuscript:	Behavior Change Communications during Antenatal Visits Using Pictorial Cards Improves Institutional Delivery Rates: Evidence from Matlab, Bangladesh.

General guideline for Peer Review process is available in this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



SDI Review Form 1.6

PART 2: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	Lines 103-105. Knowledge of pregnancy danger signs was measured as a dichotomy variable. A woman was considered knowledgeable if she could mention all the 5 pregnancy signs correctly on the pictorial cards without prompting. This method of measuring seems to be too rigid. It does not show how the probability of having institutional delivery varies depending on the number and type of signs known. It is necessary to better justify and discuss the choice made. Lines 221-223. In addition to the analyses done, I suggest to check whether the probability to deliver in a health facility varies or not with the number and type of danger sign. Lines 233-237. How do you explain the fact that the probability of giving birth in a health facility increases with age, whereas it decreases with increased parity? Lines 310-320. In the discussion, it is important to emphasize that other sources of exposure of pregnant	Knowledge was measured as 5 dichotomy variables; and they were combined together to come-up- with a summary knowledge variable. A woman was considered knowledgeable if she could mention all 5 pregnancy signs correctly on the pictorial cards without prompting. (Line 111-112) Of all individual 5 danger signs (postpartum haemorrhage, antepartum haemorrhage, preeclampsia, mal-presentation and prolonged labour), only knowledge about prolonged labour could predict the institutional delivery rates not other 4 pregnancy danger signs (data not shown). (Line 187-189) Our multivariate logistic regression output suggests that age is positive factor for institutional delivery while parity acts as a negative factor when the effects of other covariates in the model are controlled statistically. A similar finding is reported from Matlab data earlier. (Line 205-206) During the study period the women could get information on pregnancy danger signs from television, newspapers sporadically. That might



SDI Review Form 1.6

	women to the knowledge of danger signs were not controlled in the study.	have helped the women to remember the danger signs. But other than our intervention there was no formal programme on pregnancy in the study area except national level BCC through radio, television and news-paper. (Lines 290-293)
<u>Minor</u> REVISION comments	Lines 57-69. Indicate whether or not education on pregnant women about maternal and neonatal complications is part of minimum package of care services in the health centres of the study area. Lines 84-87. When a pregnant woman recognizes a particular sign of danger of all of them, is any question is asked to know if where to go urgently in case of occurrence of any such complication? Lines 105-107. Please briefly describe how the socio-economic status is measure: what are the variables and method used?	Yes, this is part of a minimum routine ANC package in the health centres in icddr,b service areas. (Lines 69-70) Yes, it is written on the PCs where to go in case of complications. (Lines 94-95) Addressed in the proper place in the text. (Line 113-117)
<u>Optional/General</u> comments		