SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	**Ms_IJTDH_40679**
Title of the Manuscript:	**MATERNAL HEALTH SEEKING BEHAVIOURAL FACTORS ANTITHETICAL TO THE USE OF HEALTH INSTITUTIONAL FACILITIES FOR CHILDBIRTH AND TO GOOD ANTENATAL OUTCOME**
Type of the Article	**Original Research Article**

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	**Authors' response to final evaluator's comments**
It is worrisome that the authors avoided pertinent issues raised in the earlier review. These include: 1. Title: The authors decided to maintain their title but a look at the results especially in the abstract did not show maternal behavioural factors of interest that are antithetical to facility delivery to justify the title. 2. Abstract: -The result does not align with the title and the conclusion is incorrect. 3. methodology: -sampling method and study design were not addressed. -sample size calculation: authors were counselled to search for and use data in their region, they did not address this but maintained the report from Jos in North Central Nigeria.. 4, Results: The authors ignored the suggested format in the review that would have enhanced the contribution of the article too knowledge. Table 1: Poor for a scientific article. Table 2: Grossly inadequate- a one parameter table is too amateur for an international journal. Table 3: Binary logistic regression is not expected without first comparing the factors relative to those who delivered at the health facility and those who did not. Table 4: a one parameter table is not contributory to knowledge. Table 5: No title and the content is not a useful information. Table 6: Poor table Basic incorrect assumptions of the authors of the article: 1. The authors assumed that those who did not deliver at the facility where they booked the pregnancy did not deliver at a health facility- This is false as the study site is not the only facility in the study area. A review of the title would have addressed this to reflect delivery at booking facility which is what the authors investigated. 2. That those who presented in active phase had poor health seeking behaviour- this is incorrect. This information can only become scientific when this is juxtaposed with distance of residence from the study site and those who sought medical care at other facilities. 3. It will be interesting to know how the information on visit to TBA was obtained? Is this a routine history that is taken at the study site? Otherwise, one can only imagine the source of the information in this retrospective study. Also, visiting a TBA may not necessarily be a crime without evaluating what was done? Can you tabulate this against cervical dilatation	**Conclusion of abstract is not derivable from the study.**

at presentation in labour to confirm that this was the problem? 4. No provision for those referred after onset of complications despite seeking care at other standard health facilities. By the way, what is the distance of the study site from the community- how many km, cost of transportation and time of presentation in labour- day or night, etc. A woman presenting in labour at night without a personal or pre-arranged means of transportation will arrive late at the hospital despite a good health-seeking behaviour. 5. The protocol at the study site did not include a birth plan for antenatal attendees- this is an important deficiency in the care that affects place of delivery. It will be good to know how many women had a birth plan and disobeyed the plan before pointing accusing fingers at the pregnant women and the health authorities. It appears that the authors do not have enough information to take care of the reviewer's earlier comments and this revised attempt is the best they can offer. THIS ARTICLE IS NOT MAKING ANY MEANINGFUL CONTRIBUTION TO THE EARLIER AVAILABLE BODY OF KNOWLEDGE ON THE TOPIC.	

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