Review Form 1.6

Journal Name:	**Archives of Current Research International**
Manuscript Number:	**Ms_ACRI_70761**
Title of the Manuscript:	**Effect of gender on the utilization of maternal and child health services among pastoralist caregivers in Somali Region of Ethiopia.**
Type of the Article	**Original Research Article**

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
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PART 1: **Review Comments**

	Reviewer's comment	**Author's comment***(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)*
Compulsory REVISION comments	**1Adequacy of Variables for analysis** **households' decision need more factors besides gender (Refer Table No.2)** The decision making factor for accessing health services at household level is related to behavioural dimension of human being. It assumes importance since the its influence over the decision on the acceptance and adoption as well of the accessed health services. Human behaviour is more influenced by the indigenous socio religious cultural practices in African countries .The study area is no exception.. Inthese countries, regional communities,illnessisperceivedtohavesupernatural(e.g.,almightyGod/Allah,naturespirits,andhuman agents of the supernatural), natural (e.g., environmental sanitation and personal hygiene, poverty, biological andpsychologicalfactors)andsocietalcauses(e.g.,socialtrust,experiencesoffamilysupportandharmony;andviolatio nofsocial taboos)..Therefore adoption of heath care practices at household level depends on the belief and perception of ill-health causation besides gender factors be it wifeor the married counterpart (husband) In the present study .for studying the Influence of key households' decision making on health care facilities , **only the self and the husband are considered**as given in Table 2 in the report. It is adequate to cover very narrowly the facts in terms of the said study objectives but it may not be sufficient to study causative factors for utilization of health care services holistically from inclusive development perspectives. .On similar count, status on education of the respondents (Table 1) holds good To elaborate further, beside gender power relationship on the issue , two more causative factors viz **social capital (local community values) and religious myths & belief** that decide the degree of acceptance of the local people to go for health services contextually in the given place**to be included in the analysis. This inclusion helps in capturing** the holistic picture that portrays the variouscausativefactorsof varying degrees of adoption or no adoptionof the health care assistance . Taking this fact could be taken as one of assumptions of the study for testing **In this regard** Murdock'sill.-Heaththeoreticalmodel (rafer on line) could be useful one. According to Murdock, supranaturelcausesinclude:theoriesofmystical causation(i.e.,fate,ominoussensation,contagion,andmysticalretribution);theoriesofanimisti ccausation (i.e., soulloss,andspiritagression);andtheoriesofmagicalcausation(i.e.,sorceryandwitchcraft)[10].Otherstudiessuggestthatdifferentsocietiesgivevaryingdegreesofimportancetotheoriesofn aturalcomparedtosupranaturelscausesofillness[11–13].Thisdichotomywasa key sensitizing concept that guidedthedesignofthisstudy. To cover in the linéature review Ref.https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-017-4052-y.pdf. . **2. Methodology** . a) FGD among the community leaders and the local religious heads is useful for the said purpose earlier b)Some case studies for each one of the influencing factors (gender, societal, cultural) **3. Limitation .** Agreeably collection of primary data through interviews of the sample respondents involves bias as remarked . But these biases could be cross validated in FGD and other VIPS in the project area	1. Even though there are various factors that determine decision making for accessing health services at household level, however this study specifically focused only on the effect gender and no other factors. 2. **Methodology**: The focus of the study as mentioned in 1above is on gender that was why community leaders and religious leaders were not included in the study. 3. **Limitation:**The study also included conduct of FGD among the caregivers studied **3** **Conclusion:**a)Some of the intervention proposed is the social behavioural change communication(SBCC) that will be targeted at men so as to address the gender stereotype that perpetuate decision making at home which affect utilization of health services by caregivers. Since the interventions are commendation , the time frame for the implementation cannot be determined by the authors. **(**b) even though there are various factors that determine decision making for accessing health services at household level, however this study specifically focused only on the effect gender and no other factors

	3. Conclusion **a**) It is more generic without action points by whom ..Example. The report mentions "*interventions are needed which challenge unequal gender roles and relations that perpetuate inequities in maternal health access and utilization' .* The more details on What are the kinds of intervention? who are accountable in the supply side and demand sides? Time period for such interventions etc need to be clearly spelt out b) In a patriarchal society the husband dominates in decision making at house hold level. Here from the study topic perspectives, more than gender or apart from the gender factor , societal values and cultural belief need to be reckoned in the casuistry analysis . Based on the identified factors, suitable suggestions need to becited. indicating ways and means of utilizing these factors (local community leader, magician , sorcerers witchcraft etc) to influence the behaviour and decision making on the health care services in general and Maternal Mortality Rate (MMR) &Infant Mortality Rate(IMR)related in particularto all the pastoralists in the regionequitably	
Minor REVISION comments	nil	
Optional/Generalcomments	A good attempt in Health sector to focus the realities in outreaching the people in the last mile particularly in developing countries . Value addition as suggested is required contextually	

PART 2:

	Reviewer's comment	**Author's comment***(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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	