

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. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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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	<p>1 Adequacy of Variables for analysis</p> <p>households' decision need more factors besides gender (Refer Table No.2)</p> <p>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. . In these countries, regional communities, illness is perceived to have supernatural (e.g., almighty God/ Allah, nature spirits, andhuman agents of the supernatural), natural (e.g., environmental sanitation and personal hygiene, poverty, biological and psychological factors) and societal causes (e.g., social trust, experiences of family support and harmony; and violation of social 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 wife or 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</p> <p>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 various causative factors of varying degrees of adoption or no adoption of the health care assistance . Taking this fact could be taken as one of assumptions of the study for testing</p> <p>In this regard Murdock's ill.-Heath theoretical model (rafer on line) could be useful one. According to Murdock, supranaturel causes include: theories of mystical causation (i.e., fate, ominous sensation, contagion, and mystical retribution); theories of animistic causation (i.e., soul loss, and spirit aggression); and theories of magical causation (i.e., sorcery and witchcraft) [10]. Other studies suggest that different societies give varying degrees of importance to theories of natural compared to supranaturels causes of illness [11–13]. This dichotomy was a key sensitizing concept that guided the design of this study.</p> <p>To cover in the linéature review Ref.https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-017-4052-y.pdf.</p> <p>2. Methodology</p> <p>. 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)</p> <p>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</p>	

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	<p>VIPS in the project area</p> <p>3. Conclusion</p> <p>a) It is more generic without action points by whom ..Example. The report mentions "<i>interventions are needed which challenge unequal gender roles and relations that perpetuate inequities in maternal health access and utilization</i>". 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</p> <p>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 be cited. 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 particular to all the pastoralists in the region equitably</p>	
Minor REVISION comments	nil	
Optional/General comments	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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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