Author's response to reviews

Title: Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland

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Author's response to reviews:

The Editor
BMC Pregnancy and child Birth
3rd March 2013
Dear Sir/Madam,

Re. Re-submission of the manuscript entitled “Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland: a cross sectional survey”

We have made relevant changes of the above named manuscript that is under consideration in the BMC Pregnancy and Child Birth journal.

Reviewer 1

Comment 1: Abstract-I recommend re-writing of much of the Abstract Eg – word “women” missing after HIV-positive in Background. Add in Background that also looked at correlation with intention of pregnancy

Responses- the abstract has been re-written to reflect the changes suggested and to fit with the results presented.

Comment 2: Provide more details in methods of abstract – ran from when to when? What proportion of patients were from Kenya + Swaziland + how many in this analysis. Also unclear i abstract that participants were HIV+ and HIV-negative. Add brief description of statistical methods in abstract

Response; the methods section of the abstract has been re-written and now reads

Methods: Data are drawn from a cross-sectional survey of 386 HIV-positive women and 483 HIV-negative women recruited during a consultation at 0 – 10
weeks postpartum from 10 facilities in Swaziland in 2010. Women’s fertility desires, wantedness of index pregnancies and contraceptive use prior to their most recent pregnancy were measured using closed-ended questions and data were analyzed using chi-square tests and multivariate fixed effects logistic modeling. Results were presented as adjusted odds ratios.

Comment 3: Results – provide number of participants, both HIV+ and HIV-negative; some demographics eg age, marital status, education, where did they live – urban vs. Rural. Don’t comment on fertility desires in abstract but is commented on in Background, so add. Add p-values. There is lots of good results in the Tables to add in here.

Response: we have made changes in the result section as shown below:

Results: On average, HIV positive women had a higher parity (2.9 pregnancies versus 1.6, p<0.001) than HIV-negative women. Desired family size was identical for HIV-positive and negative women at 2.6 children. 69.2% of women reported that their pregnancy had been unintended (either unwanted or mistimed) with no significant difference between HIV-positive and negative women (OR: 0.9, (0.7, 1.2). There were also no significant differences in the proportion that used an FP method when the last pregnancy was unwanted (OR: 1.6 (0.8, 3.4) and those who used an FP method when last pregnancy was mistimed (OR; 1.3 (0.9, 2.0). There were notable differences in the proportion of women were given information on exclusive breastfeeding, FP use after birth.

Comment 4: Conclusion – I think the conclusion could be stronger – ie family planning counseling can be linked to prenatal, peripartum and postpartum care.

Response: We have strengthened the abstract it now reads:

Conclusion: In Swaziland, there are few differences between the experiences of HIV positive and negative women in terms of contraceptive use dynamics, ability to prevent unintended pregnancy, and the services received during the postpartum period. However, the lack of counseling on and access to long acting and permanent methods for these women, given the high proportion of women not wanting any more children, poses a serious problem when they discontinue full breastfeeding and resume sexual activity. There is a critical need to ensure that counseling about family planning methods is strengthened during antenatal, delivery and postnatal/postpartum care and that access to long-acting methods is increased for those not wanting to have any more children or desiring a longer birth spacing interval.

Comment 5 Introduction: Many importance sentences are missing references

Response: we have inserted several references that helps to explain our statement in the introduction section.

Comment 6: Methods-Where is the paragraph with correlations
Response: we have made the necessary adjustment and described the analysis section as described below:

Statistical Analysis

Data recorded on the PDAs were imported into Microsoft Access and then into Stata 11.0 for analysis. Two methods of analysis were used. First, family planning practices and service use by HIV-positive women were compared according to the time when they learnt their status (during or before current pregnancy) in order to determine whether knowledge of being HIV-positive was an influence on future fertility desires. Secondly, all variables of interest were compared by the women’s HIV-status. In both approaches, descriptive statistics were conducted using the chi square test for categorical variables using a two-tailed test and interpreted at a 5% confidence level. Fisher’s exact test was used for small cell sizes (<5) and a T-test was used to compare means across two groups.

Measures of effect were assessed using multivariate fixed effects logistic regression modeling, accounting for clustering at facility level and the results were presented as adjusted odds ratios. The basic model is given by Equation (1) where $\pi_{ij}$ is the probability of experiencing the outcome for individual i identified from facility j; $X_{ij}$ is the vector of covariates; $\beta$ is the associated vector of fixed parameters; and $\gamma_{j}$ are the unobserved characteristics of individual identified from the same facilities.

\begin{equation}
\pi_{ij} = \frac{e^{\beta'X_{ij} + \gamma_{j}}}{1 + e^{\beta'X_{ij} + \gamma_{j}}}
\end{equation}

The independent variable of interest was HIV status and was dichotomized into two categories (1 = HIV positive and 0 = HIV negative). The key outcome variables were previous fertility preferences (unwanted or mistimed births), use of family planning when previous pregnancies was unwanted, future fertility intentions, and receipt of family planning during current visit. The model controlled for education, marital status, age and whether they knew their HIV status before or after the index pregnancy.

Comment 7: Tables- presentation quite confusing – can you make it clearer

Response: we have made the changes in structure of the tables by having the HIV positive and Negative categories in the last columns of the tables and dichotomized the HIV positive group by the period they knew their status.

Reviewer 2

No comments were made that required any changes

Other changes made

We have also shortened the title to read “Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland”
In addition based on inclusion of a detailed statistical analysis we have made several inserts on results section to reflect the new results presented in addition to a new table that presents the Odds Ratios.

We do hope that these addition plus the changes suggested by the reviewers will provide better insights on the findings and will meet the journal standards.

Yours sincerely,

Timothy Abuya, PhD.

On behalf of the Integra Initiative