Reviewer's report

Title: Attitudes to Fertility and Childbearing Scale (AFCS): An Assessment of a New Instrument for Women Not Yet Mothers in Sweden

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Reviewer: Kathrin Stoll

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Review for BMC Pregnancy & Birth
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Title : Attitudes to Fertility and Childbearing Scale (AFCS): An Assessment of a New Instrument for Women Not Yet Mothers in Sweden

This paper reports on the development and psychometric evaluation of a new scale: The Attitudes to Fertility and Childbearing Scale (AFCS). I speak from experience when I say that instrument development papers are notoriously difficult to get published in non-psychometric journals. That being said, the instrument fills a gap in the literature, especially in the context of falling fertility rates in high resource countries.

Introduction: The introduction was a little bit challenging to read. It is unfocused and at times difficult to follow. I particularly struggled with the first 3 sentences. What do the authors mean when they say 'the objectified body has become central' ? I believe the paper could be strengthened by deleting these sentences or re-writing them.

The manuscript needs to be edited by a native speaker. The authors are clearly proficient in English, but there a few errors and inappropriate words in the paper. For instance, 'deadlines for childbearing'. This is an example of a translational issue.

Since item generation was is informed by 2 qualitative studies (which is a strength), the reader needs to know a little bit about these studies. When were they conducted, with whom, what about?.

Methods: Was the original scale in Swedish or always in English? I am asking because other researchers may want to use this scale with English speaking women. If the original scale was not in English, you need to say so in the paper and let readers know that a forward/backward translation was not done. There are certain best practice guidelines around translating instruments. You just need to be transparent about what was done.

I liked the fact that the 68 items were derived from qualitative studies (with the same target population I assume). I have not used the read aloud/think aloud approach, but it seems to be another way of pilot testing the scale. Please state how many women participated in this phase of the scale development process.
and explain the approach in some more detail.

Location of recruitment: What kind of sample may be recruited from antenatal and youth clinics? Please explain the clientele these clinics serve? High risk youth? Any women? Why antenatal clinics since only childless women were recruited.

Data analysis: The sample size of 138 is generally too low for factor analysis. I am quite certain that a sample size of 300 would have yielded quite different results. This limitation must be discussed, whether the authors computed Bartlett’s test or not.

What do you mean by communality values. Item to total correlations (ITTC)? Typically, ITTC and factor loadings are reported for new scales. What do you mean by ‘ Six statements that were linguistically too similar and loaded > .8 in the correlation matrix were dropped [31].(line 183). Don’t use the term ‘ loaded’ (as this term usually refers to factor loadings derived from factor analysis). It would be better to refer to the high collinearities of these items.

Reverse scoring of items: Are the 3 subscales meant to be combined to create one full scale? If so, you should include instructions for reverse scoring items and decide what construct the overall scale measures. What do high scores mean? How do these three subscales ‘ fit together’?. How do your findings (i.e., 3 subscales that measure x,y,z) fit into findings from the qualitative research that underpinned scale development?

While the assigned labels for subscales 1 & 2 give the reader an idea about the meaning of high scores, subscale 3 does not. What do high scores on the social identity subscale mean? Why do you think the social identity coefficients are all negative? Please discuss.

Results: Results are interesting and as expected. Why are no analyses for the social identity subscale reported? Also, you may want to include a sentence that outlines how to interpret eta squared. Cohen’s d is often used as a measure of effect size; readers may not know how to interpret the magnitude of eta squared.

Table 1: Title refers to four, not three factors.

Overall, I found the paper interesting, but am uncertain whether it would be a good fit for BMC Pregnancy & Birth.

My main concerns with the paper are as follows:

1) If the scale is in Swedish and items were informally translated into English (without proper forward backward translation and expert review) the scale is not really validated for an English speaking population. Publishing the scale in BMC Pregnancy and Birth may give readers the impression that the scale can be used 'as is' with English speaking youth.

2) I think the authors may want to look at their social identity subscale again. The coefficients are all negative, which is surprising.
Please consider my suggested revisions as 'major compulsory'.

Thank you for giving me the opportunity to review your paper.

All the best,

Kathrin Stoll

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I have no conflict of interest/competing interests to declare.