Author's response to reviews

Title: Unintended Pregnancy and Subsequent Use of Modern Contraceptive among Slum and Non-Slum women in Nairobi, Kenya

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Version: 3 Date: 1 May 2014

Author's response to reviews: see over
April 30, 2014

The Editor,
BMC Pregnancy and Childbirth

Dear Editor,

I write submit a revised version of our manuscript titled “Unintended Pregnancy and Future Contraceptive Use among Slum and Non-Slum women in Nairobi, Kenya”. Below, you will find point by point explanations of how we responded to the reviewers’ comments.

Reviewer #1

Minor essential Revisions

1. The experiences quoted and reported in the qualitative section of the article are from only 8 women of the 80 women interviewed and 7 of these women were aged 25 years and above. (a) Were the experiences reported by the 8 women typical of the experiences of all the other mature women whose experiences are not directly reported? (b) Out of the 80 women interviewed, how many were below the age of 23 years and what was their typical experience?

Response: In the paper, we have quoted the experiences of a few women. But it is clear from the way we have presented the qualitative data that the quotes are only exemplars of the trend we observed in the qualitative data. The quotes describe the experiences of individual women, but speak to general patterns observed in the larger sample. In the case of this paper, the quotes are not intended to demonstrate variability, but present of samplers of topical experience. A quarter of the women interviewed for the qualitative component were aged 25 years and less.

2. Some of the women were reported as having had two or more successively unintended pregnancies. Were they asked whether they used a contraceptive method in between? If they used a contraceptive method, what happened that they had a third unwanted pregnancy?

Response: Like in the demographic and health surveys, contraceptive questions were only asked about ever use and current use, and not on use at specific times in the past.

3. Spousal approval is essential in contraceptive use among married women. Were instances where experiences of unintended pregnancies did embold some women to demand their partners to grant them permission to use contraceptives? If they, can some those experiences be included in the article? What were the experiences of the other women?

Response: The point is indeed present in the manuscript. The end of Page 13 reads: Experiencing an unintended pregnancy also encouraged women to discuss family planning and
contraception with their partners and to demand the use of condoms to avoid another pregnancy. A 27-year-old unmarried respondent from Jericho notes: ‘The pregnancy disturbed me and I am like I won’t want to go through that kind of experience again. My partner told me that I have changed, I have become rebellious, I don’t want to do some things and it is due to the fact that when my mind tells me I am not protected, that is it. And so I am like if you don’t want to use a condom or something, I don’t want it. Sometimes we end up fighting.’ We hope this excerpt addresses the reviewer’s comment.

Reviewer #2

General comment

1. Is the question posed by the authors well defined? The question is well defined. One of the aims of the paper is to investigate the mechanisms through which experiencing unintended pregnancy hinders or leads to uptake of contraception. The study finding suggested that the likelihood of contraceptive use is higher among women with unintended pregnancy. I suggest removing “hinder” unless the authors justify its relevance.

Response: The proposed change has been made.

2. Are the methods appropriate and well described? Both the quantitative and qualitative methods are well described. The assumptions utilized to reach to the sample size for the quantitative component needs to be described. It was mentioned that random sampling method was used. It is worth describing the sampling frame, the method of random sampling used and the reason for allocating equal number to slum and non-slum groups. Similarly, the qualitative component addressed 80 respondents and it appeared too much in the face of saturation of qualitative data with fewer interviews. The reason for larger sample size for the qualitative component needs to be described.

Response: The sampling procedure and the assumption on the sample size are now fully described in the second paragraph of the data section. The reason for larger size for the qualitative component is also described.

3. Are the data sound? The data are sound and the use of mixed method augmented the soundness of the data.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data? The discussion and conclusion are supported by the data but relevant information that need emphasis like access to health information and service, as well as stigma were overlooked (results in the qualitative component). The later are equally important to come up with evidence based recommendations.

Response: We thank the reviewer for this suggestion. Unfortunately, our data did not cover the issues mentioned.
Are limitations of the work clearly stated? Yes. The fact that the study was done in a DSS site might be considered as a limitation. Residents in DSS site might have better exposure to health information or service and hence might not represent the general population.

**Response:** As suggested, we have acknowledged the context of DSS as a limitation.

Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes

Do the title and abstract accurately convey what has been found? Yes.

Is the writing acceptable? The writing is acceptable except that it needs more editing grammatically and punctuation marks especially in the reference section.

**Response:** The manuscript and especially the reference section, has been thoroughly reviewed and edited.

**Reviewer's report in the different sections**

**Title:** I suggest the word “future” in the title be changed to “subsequent” to avoid misunderstanding.

**Response:** We have made the change.

**Abstract:** Background and method section can be reduced to give more space for the result section. More emphasis was given to those sections and the result is so brief that important information were not included. In the result section, the interaction model result for poor households was cited. It is good to also mention the finding among better off households to complete the picture. Please let the final abstract include the relevant changes you will be making based on the reviewers' comment.

**Response:** We have reorganized the abstract as proposed, shortening the background section and expanding the results section which now includes a reference to the wealthier women, and an additional sentence to balance the summary. We are submitting a version of the revised abstract with track changes.

**Background**

**Paragraph 1:** “...women in developing countries have 75 million unintended pregnancies...”

Please mention the time duration: annual.......

**Response:** The revision has been made.

**Paragraph 3:** Re-phrase the second sentence to: These studies have generally related disparities in unintended conception relation to contraceptive behavior ....”

**Response:** We have removed the phrase “disparities in” to make the sentence clearer.

**Last paragraph:** Consider removing hinders from the second objective unless you have justification (See the general comment above).

**Response:** This has been done as indicated above.
Context:
Reference 14 and 15: their order needs to change. The earlier DHS report needs to come first: Reference 14.

Response: We have made the change.

Methods

Data:
Be consistent in using “Harambee and Jericho”. There is a place where you mentioned “Jericho and Harambee”

Response: The order does not really matter as these are two different sub-locations.

Assumptions for the sample size of the quantitative and qualitative methods need to be described. There is no information regarding the data collectors for both components. Please elaborate on the questionnaire, data collectors and data collection process.

Response: As mentioned above, the sampling procedure and sample size for both the qualitative and quantitative components have now been described, and a reference made to another paper which the same data (Ikamari et al. 2013).

Variables:

The dependent variable is women’s current use of a modern contraceptive method. Male condom use is among the list of contraceptives. I am suggesting if you could change “women’s current use” with “couples'/partners’ current use”.

Response: The practice among family planning researchers and program implementers is to include male condom as woman’s use of modern contraception (e.g. see DHS reports). We hope the reviewer finds our argument acceptable.

It is mentioned that the variable fertility preference (key predictor) was not available in the data. Does it mean that the data was collected for another study and you used secondary data? Please describe it clearly if it is so. In addition, the background elaborated well that not only fertility preference but also knowledge about family planning, access to health information, discussion between couples on fertility issues, health service accessibility, cultural domains, etc., are also key predictors. They also deserve to be mentioned if the idea is to let us know the missing critical variables.

Response: We have expanded the list of covariates that are not present in the data, and clarified that the research project’s primary purpose was to understand the magnitude of, and disparities in unplanned pregnancy in the study communities (not to explore the determinants of contraceptive use). That is why these variables were not included in the questionnaires.

Data analysis:

The section needs to be put in past tense rather than present tense. EG: The analysis “were carried out” instead of “are carried out”, etc.

Response: We have made the change.
Poverty status is not a standard way of presenting socio-economic status. It is better to use the later as long as the interest is not only poverty status but the whole spectrum of socio-economic status.

**Response:** We have replaced poverty status with socio-economic status.

If you have used any software for data management and analysis for the quantitative and qualitative methods, it has to be mentioned.

**Response:** We have indicated the software which was used.

I suggest having a separate ethics sub-section at the end of methods section. You already included it in the data sub-section in relation to ethical approval and informed consent. In the ethics section, it is advised to mention about the arrangement made to provide information as well as service in case you encountered women in need of information or service.

**Response:** A new sub-section on ethical considerations has now been included at the end of the methods section.

**Result:**

There are certain places where the authors tried to discuss the result. It is wiser to move the discussion points to the discussion section. EG. Sample characteristics: the education level of the study finding was compared with the Kenya DHS report. In the next subsection dealing with patterns of unintended pregnancy, the authors were relating unintended pregnancy with unmet need for spacing/limiting and it needs to be done in the discussion section.

**Response:** We have removed the sentence alluding to spacing/limiting from the results section and placed in the discussion section. The phrase on education level was meant to make the point that the study sample is, in some respect, comparable to the urban Kenya sample from the DHS. In order not to lose this idea, we believe the statement should remain where it is. We hope this is agreeable to the reviewer.

The narrative for Table 2 has almost described all the result in Table 2. It is better to highlight the most important findings rather than re-writing the whole thing in the table.

**Response:** We have cut down the narrative on Table 2, keeping only the important results.

In the multi-variate analysis, the authors were computing the Odds Ratio in the narration (1/0.39; 1/0.37; 1/0.40...). I suggest to re-do the multi-variate analysis after changing the reference categories for those variables that demanded re-calculations.

**Response:** The reference categories for age and marital status have been modified.

There was a fear that parity and age might have had multi-collinearity. In such cases, one of the variables has to be dropped from the multi-variate analysis as it might affect the ultimate model due to multi-collinearity. You can also consul a statistician in that regard.

**Response:** We have now removed the variable parity from the multivariate analysis.
Table 3: The dependent variable is current contraceptive use and the title should not include “unintended pregnancy”. A main effect in Table 3 is referring to current contraceptive use and it is good to specify it.

Response: Thanks. This was an oversight. The title of Table 3 has been corrected.

Qualitative result:
It appears good if Table 1B comes here as it describes the background characteristics of qualitative respondents.

Response: Findings from the qualitative data are used to further our understanding of the quantitative results. They follow directly the quantitative results and are presented under the heading: *Unintended pregnancy and future contraceptive use practices: Possible mechanisms*. By inserting the presentation of the sample in between, we would lose the flow. We hope the reviewer finds this argument acceptable.

Mentioning respondents’ name in the manuscript does not add any more value and it appears wiser to remove names.

Response: We have corrected this. But it is a way of distinguishing between women who have the same age. Some of the experiences we have quoted come from women sharing same ages and the names help to show that it is not the same woman speaking.

I appreciated that the marital status and age of respondents quoted in the report was mentioned. There are certain quotes where only the age of the respondent was cited. It is good to have a uniform approach of citing age and marital status for the quotations throughout the manuscript.

Response: This has been corrected.

In the first paragraph, respondents were mentioning “not knowing who to talk to or where to seek help”. Knowledge, access to health information as well as service appeared critical gaps. It needs to be well discussed in the discussion section as well.

Response: While we acknowledge the importance of the point made by the reviewer, we did not want to make a key issue out of one woman’s views. It is known that the study population has generally poor access to SRH information and services, but the issue of knowledge and access to health information was not core to the paper.

Discussion:
The limitations are well described.

The discussion started with the findings from multi-variate analysis, followed by qualitative and descriptive components. There needs to be a logical flow of discussion points.

Response: The discussion section has been modified and described below.

I suggest that the final paragraph in the discussion section describing unintended pregnancy rate (descriptive data) precede the multivariate analysis findings.
Response: We have made the suggested change. The discussion section now follows this order: descriptive analyses; multivariate analyses; and qualitative findings.

The following discussion seemed incomplete: “For other women however, the unintended pregnancy may be a consequence of strong opposition to family planning, whether due to health concerns or other reasons, in which case experience of an unintended pregnancy might be associated with reduced subsequent use of contraception compared to women who experienced a wanted pregnancy.” You did not include the finding from your qualitative study that there were some women who discontinued contraceptives due to side effects, etc.

Response: The sentence is now split into two for the sake of clarity. The last paragraph in the section on qualitative findings mentions a report on discontinuation due to side effects.

Stigma, lack of knowledge, as well as poor access to information/service, are also critical for someone to seek family planning services irrespective of previous unintended pregnancies. Try to give a comprehensive picture as they were also mentioned in the qualitative study findings.

Response: Well this is important and has been mentioned in the conclusion.

Conclusion:
The “predictable consequences” in the first sentence is worth revising. If it is adverse consequence, it is good to say so clearly.

Response: We have made it clear that we are referring to adverse consequences.

Stigma and access to information/service deserve mentioning in the conclusion.

Response: This has been done.

Reference:
It needs editing for punctuation and few errors. There has to be uniformity all over the reference section.

Response: The reference has been reviewed and revised.

Reference 15 should move to 14 and the vice versa.

Response: The change has been made as indicated above.

We are confident that we have addressed all issues raised by the reviewers, and that the manuscript can now be considered ready for publication.

We look forward to hearing from you.

Sincerely,

Jean Christophe Fotso, on behalf of the authors