Reviewer’s report

Title: Persistent high fertility in Uganda: young people recount obstacles and enabling factors to use of contraceptives

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Reviewer: Rafat Hussain

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MAJOR COMPULSORY REVISION

1. The rationale for this study is not well explained. There are studies both from Uganda and other countries that provide reasons for why contraceptive use is limited. One of the studies cited in the background section is based on the findings of the Ugandan DHS data for 10 years 1995-2006. All DHS data contain information on women aged 15-49 years. The information is limited to married women largely and herein should be the rationale for the current study: absence of data for young men and absence of data that fully explains the knowledge-practice gap for young people. The other rationale is that DHS data though extensive does not cover ‘unmarried adolescents’.

2. Other studies cited in various sections need to be read carefully as many of the reasons found by the current study are common knowledge across many settings.

3. The use of focus groups to elicit data is valid. The authors state that they used purposive sampling using age, gender and marital status as primary sampling dimensions. The study site was deliberately chosen to compare urban and rural views, as contraceptive use is we are told twice as low in rural compared to urban areas. Information on ethnic composition is provided but there is no description or discussion of findings by ethnicity. Therefore it comes as quite a surprise when no comparative analysis is undertaken by age, gender and marital status. Neither there is any information on education, occupational status, family composition or ethnicity and how the results vary as many of these factors are strongly linked to improving the status of women and empowering them. Young people’s opinion and use of contraceptives is not static but belongs on a continuum where age and marital status lead to a marked difference as does gender. Moreover contraceptive is also affected by other important factors such as level of education and urban vs. rural residence. It would be useful to undertake analysis after developing a conceptual and analytic framework. While a conceptual framework should have been developed prior to the study, for the purposes of a descriptive study it is not too late to select and adapt an analytic framework and re-analyse findings.

4. The conceptualisation of themes needs review. The current 2 themes ‘barriers and enablers’ are largely around perceived advantages and disadvantages – the categories are so broad to be almost meaningless. Moreover many of the issues described under enablers are actually barriers.
5. Quotes. Need clarity, the quotes are in many instances attributed to the focus group. But they are the views of an individual within the FGD. Was this: the dominant view, the consensus view or a minority view? It is important to be clear about these aspects as group discussion on contraceptive use is a sensitive topic, and there is always an inherent risk of individual opinions to be overshadowed by group norms. It is not clear as to how the researchers dealt with this problem.

6. There are a number of sections where the authors need to use more nuanced and less value-laden language. Eg page 5 “the participants seemed to exaggerate the impact of side effects...”. Page 21 similar statements are made “some participants noted that young men and women were using pregnancy to conveniently force their partners into marriage”, a finding that further demonstrates young people’s short-term planning horizons. On page 23, the authors seem to be commending the secret use of contraceptives by women and advocate the use of injectable methods. There are a number of studies that show that such actions are likely to put women at greater risk of violence and desertion. Rather than applaud the secret use, there is need for more dialogue and open communication to de-stigmatise the use of contraceptives.

7. Use of hormonal and non-hormonal methods – The authors come across as being dismissive of the side-effects of hormonal contraceptives. For many women in their prime reproductive period problems such as break through bleeding are particularly problematic. The authors tend to be dismissive of the importance of such side-effects since they are not life threatening. Such attitude is worrying and indicates author bias as lacking a greater appreciation of why contraceptive failure is common among women. Studies after studies have identified that women are seeking contraceptive methods that are effective and relatively free of side effects. The authors need to understand that adequate clinical support is required to manage side effects, without which social marketing will continue to fail for hormonal methods.

8. Role of agency – There is very limited understanding of how individual agency is compromised. Need to read publications that provide information on this issue. Role of education, particularly of women, age at marriage, occupation, position and control in the new environment all impact on women’s ability to negotiate safe sex. The authors in another section indicate that cost of transport and purchase of contraceptives is prohibitively expensive but do not fully take into account how in the presence of such structural impediments, they expect youth to be able to have higher usage rates. The use of an analytic framework will assist authors in anchoring the findings and their implications.

9. Page 224, the first paragraph makes it confusing and is contradictory to earlier statements.

10. Overall the Discussion section is too descriptive. Need to provide a discussion that is analytical. There is a need for better integration of cited materials in the discussion of issues.

MINOR ESSENTIAL REVISION
The majority of the FGDs (n=12) were done by the first author whilst the other four were conducted by a nurse-midwife, it is not possible to comment whether there were some differences by the moderator as this is not discussed by the authors. Furthermore how did the presence of foreign nurse midwives [Scandinavian nurses] affect the dynamics of the group discussions?

References

• Need for more updated references.
• Review reference style and remove typos.

DISCRETIONARY REVISIONS

Sexually Transmissible Infections (STIs) - The only time the authors mention STIs is in the very last line of the paper. One of the major advantages of condom use over other contraceptive methods is that they are preventative for STIs including HIV and also avoid unintentional pregnancy. STIs constitute a major hidden public health problem for countries such as Uganda and need to be factored in strategies to improve contraceptive usage rates.

Level of interest: An article of importance in its field

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'