Author's response to reviews

Title: Factors impacting knowledge and use of long acting and permanent contraceptive methods by postpartum HIV positive and negative women in Cape Town, South Africa: a cross-sectional study

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Author's response to reviews: see over
Reviewer's report

Title: Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive and negative women in Cape Town, South Africa: a cross-sectional study

Version: 2 Date: 4 January 2012
Reviewer: Rose Wilcher

Reviewer's report:
The authors' decision to revise the paper to present only the pre-intervention data and offer a comparison of the results between HIV+ and HIV- study participants makes this a clearer, stronger paper. Moreover, the authors have adequately addressed all other suggested revisions from the two reviewers. At this stage, I have only a few discretionary revisions for the authors to consider:

1. On page 13, the last two sentences of the last paragraph ("Among the most commonly stated...") seem out of place given that the sentences immediately before and after them have to do with the safety of the IUD for HIV+ women. Consider presenting these sentences elsewhere in the Discussion.

These two sentences have been moved in the discussion to page 14. This paragraph now reads:
The permanence of female sterilization was identified by 63.5% of interviewed women, who were asked, as a reason for not wanting to undergo the procedure, reasoning that must be fully respected. Other long acting methods such as the IUD should be offered as a possible alternative. The IUD is a method that is more than 98% effective in preventing pregnancy [24] and allows a quick return to fertility after removal thus allowing women to plan and space their children effectively. A woman using the IUD is not required to attend repeat follow up visits at the clinic and thus this method can be seen as convenient. Among the most commonly stated reasons for current use of hormonal methods was that the method was convenient. Thus the convenience of LAPM should be communicated to women during counselling if this is a determining factor in their choice of method. It can be seen that the IUD provides a highly effective and convenient method to HIV-positive and –negative women wanting to plan their families and space their children. To maximize service effectiveness, family planning services must capitalize more on the safe, effective technologies that already exist but which are not easily accessible to participants.

2. In the Discussion section on page 14, the "fear of procedures" is introduced for the first time as an obstacle to LAPM use; would be good to mention this factor in the Results section as well.

To the paragraph on page 12 starting : ‘The number of women...’ the following sentence has been added at the end of the paragraph: ‘For both the IUD and female sterilization concerns regarding the procedures involved were identified as reasons why women do not want to use these methods in the future (Table 3).’
3. The first sentence of the first paragraph on page 15 ("Our findings revealed...") is a bit awkward. I believe the authors are trying to make the point that providers heavily influence clients' use of contraception, but then they proceed to point out that only half of clients had talked about FP with their providers. Yet, the results show that ~90% of clients are contracepting. The logic here isn't clear.

The results raise questions as to whether the 90% of contraception clients were given sufficient choice in contraceptive method if only half of participants were told about family planning. The paragraph has been slightly reworded to try and capture this argument.

Our findings revealed the important influence that health care providers have over women’s use of contraceptive methods, with only about half of all participants reported having been told by a provider about contraceptive methods since last becoming pregnant, HIV positive women being even less likely to be so informed. These results raise questions as to whether the recommended education regarding healthy timing and spacing of children is being adequately addressed in postpartum health care services and whether women are given sufficient method choice.

4. The authors did a good job of explaining the benefits of LAPMs, particularly in light of the fertility intentions of the study population. However, given the very high rates of injectable contraceptive use, the discussion would also benefit from a couple of sentences explaining the potential shortcomings of such heavy reliance on this particular method (e.g., failure rates, resupply, etc).

Text was added to Discussion as recommended.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
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
Reviewer's report

Title: Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive and negative women in Cape Town, South Africa: a cross-sectional study

Version: 2 Date: 3 January 2012

Reviewer: Heidi Jones

Reviewer's report:
The authors have done a nice job with the revisions of the manuscript. The manuscript could be further strengthened by including more references to what others have found in terms of similarities/differences in FP knowledge and use by HIV-status in the introduction and discussion sections (with perhaps slightly less emphasis on contraception as PMTCT).

We have added text stating that evidence is largely lacking about how contraceptive knowledge varies by HIV status. Prior research on differences in method use has been highlighted.

Minor Essential Revisions

1. The abstract needs to be reworded so that it is clear that the paper is a paper comparing HIV-positive to HIV-negative women (the way it is currently written, this is not clear). I would recommend making the following changes to the abstract:
   a. Change the last sentence of the background section of the abstract to read, "This study aimed to COMPARE factors that... female sterilization BY HIV-status, in a high HIV prevalence...".

   Has been changed according to reviewer's suggestion.

b. Include the sample size in the methods section of the abstract, "amongst 265 HIV-positive and 273 HIV-negative women...."

   Has been changed according to reviewer’s suggestion.

c. Reword the methods section to be about comparisons, "Contraceptive use.... were compared by HIV-status using chi-squared tests.", etc.

   Has been changed according to reviewer’s suggestion.
d. I would highlight in the conclusions and results - that very few differences were seen by HIV status (unintended preg/current use), but that LAPM knowledge and use was low (for everyone), and that improving information/services for these methods is warranted for all women, regardless of HIV status, with possibly more uptake of IUD among HIV+ (given more favorable to IUD - really one main difference seen).

These sections of the abstract have been revised to incorporate the suggestions of the reviewer.

2. The dates that the data were collected needs to be added to the methods section of the main paper.

The dates have been added to the paragraph headed ‘Data collection’ in the methods section of the main paper.

Discretionary Revisions:
1. Should the title include 'knowledge' - e.g. 'Factors impacting knowledge and use of....'?

Agree that ‘knowledge’ should be included in the title and has been added accordingly.

2. Should "IUD" and "female sterilization" be key words?

Agree that these should be key words and have been added.

3. While the introduction section is strong, I wonder if it would be helpful to include one or two paragraphs about the extent to which there is evidence that the needs, knowledge and use of CP differs by HIV status in South Africa?

Again, to our knowledge this is an issue that largely has not been studied; evidence is therefore lacking.

4. It would strengthen the methods section if there was some type of sample size calculation/justification for enrolling 250 women in each arm.

This has been added.

5. In the 'Data analysis" section, I wouldn't say 'associations were calculated..." This suggests calculations like ORs. I would rephrase this to say, "Descriptive results were compared by HIV status using chi-squared or Fisher’s exact tests for categorical outcomes and Wilcoxon rank-sum tests for continuous outcomes". In general, given the small sample size, I would have used Fisher's exact tests for all comparisons of categorical measures.
The paragraph has been rephrased according to the reviewer’s suggestion. Regarding the use of the Fisher’s exact tests: this test was used when the frequency of any cell was less than 5. When the frequencies of all cells were greater than 5 chi-squared statistics were used. Having consulted a biostatistician this rule was deemed appropriate.

6. I would reduce the paragraph on page 10 about small differences in common reasons given for hormonal method choice versus sterilization - as the reader can see this in the table, and it’s not really clear what the recommendations are based on these findings in the discussion.

This paragraph remains unchanged as the reasons for method choice are important to consider when ensuring that a method is well suited to a client.

6. To me the most interesting results are:
   a. that unintended pregnancy was the same for both arms, and that current contraceptive use was the same for both arms (suggesting broad, more than targeted approaches)

   b. similar to point a, that knowledge of sterilization and IUD was equally bad - again suggesting broad changes to post-partum FP services for all women

   c. that sterilization was equally discussed by HIV-status (given previous human rights concerns that providers may point HIV-positive women more toward sterilization) - to me this is a very exciting finding that warrants more discussion.

   d. that HIV positive women were more likely to report IUD use being favorable, suggesting that uptake in this group could be quite high were it to be routinely offered.

   I would highlight these findings more in the abstract as well as in the discussion section. So contrary to some previous studies, many needs are the same (re; unintended pregnancy, current emphasis on Depo, poor knowledge of IUDs) for HIV-positive and negative women, but some may be different (uptake of IUD for HIV+).

The authors feel that these points have been sufficiently covered in the article. As the reviewer suggests a sentence has been added to the conclusions of the abstract to highlight the point that uptake of the IUD may be different by HIV status: ‘Given that HIV positive women were found to be more favourable to future use of the IUD it is possible that there may be more uptake of the IUD amongst these women.’

I hope these comments are useful. Good luck with the next version! I look forward to reading the final manuscript.
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I have no competing interests to declare