Author’s response to reviews

Title: Modern contraceptive use among sexually active men in Uganda: Does discussion with a health worker matter?

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Version: 4 Date: 28 January 2014

Author’s response to reviews: see over
Date  28th January, 2014

Jane M. Dalumpines
Journal Editorial Office
BioMed Central

Dear Editor,

Revision and Author response to reviews

In this file, please find our responses to the reviewers’ comments on the manuscript titled “Modern contraceptive use among sexually active men in Uganda: Does discussion with a health worker matter?”.

We are grateful to the reviewers for their valuable comments and guidance in reviewing the manuscript. We hope that the issues raised have been satisfactorily addressed.

Responses to the reviewers’ comments are presented in bold bullet points every after the respective comments in the remaining pages of this document.

Efforts to review the language and flow of the manuscript have been made as suggested.

Hoping to hear from you,

Yours sincerely,

Allen Kabagenyi

On behalf of the authors.
BMC Public Health MS: 1251652065989072

**Modern contraceptive use among sexually active men in Uganda: Does discussion with a health worker matter?**

Allen Kabagenyi, Patricia Ndugga, Stephen Ojiambo Wandera and Betty Kwagala

**REVIEWER 1 COMMENTS:**

**Version:** 3  **Date:** 16\(^{th}\) December, 2013  
**Reviewer:** Daniel Wight  
**Reviewer's report:**

**Summary:**  
The analysis of the DHS data addresses an important issue in low income countries, namely the factors associated with modern contraceptive use. It is, by and large, clearly written.

**Major compulsory revisions:**

1) It is unclear what constitutes the main outcome variable. 'Modern contraceptive use' could include several female and male-directed methods, including condoms. Since condoms have another purpose, to prevent sexually transmitted infections, different factors shape their use from that of other contraceptives, as is well documented in the literature. It therefore seems important to distinguish between factors associated with condom use and factors associated with other methods of contraception. The Methods section implies that data on contraceptive method are available.

2) Our main outcome variable is “Modern contraceptive use”. Our operational definition for MCU was men who were using a modern contraceptive and men who reported partner use of modern contraceptives. It is possible that some women use family planning without their husband’s knowledge. However in this context men/husbands are aware
and report their partner/wives’ contraceptive use, implying partnership in contraceptive use).

- See page 7 in the variables section and additional file
- Male respondents were asked if they or their partner’s used any method (other than a condom) to avoid or prevent a pregnancy the last time they had sex and the method used.

3) The paper purports to be about contraceptive use amongst men, but in fact it is about contraceptive use by both men and women and no distinction is made between the two. Distinguishing between different contraceptive methods would allow male and female contraceptive use to be distinguished.

- Page 7 shows how we derived the outcome variable of modern contraceptive use. These were methods that were reported by the men when asked about methods of contraception.

3. There is an assumption throughout that discussing family planning with a health care worker is what prompted contraceptive use. However, it might well be that the prior decision to use contraceptives led the men to have a discussion with the health worker. Cross-sectional data does not allow one to clarify causation. This should be acknowledged and wording changed wherever this is discussed. For instance, at the start of the Discussion, instead of stating 'This research examines the determinants of male contraception...' it would be more accurate to state 'This research examines the factors associated with contraceptive use...' .

- This has been changed as suggested. We also acknowledged that: One major limitation of our use of the UDHS dataset is the inability to establish causation particularly with regard to discussion of FP with a health worker as a predictor of MCU, given the cross-sectional nature of the survey. The authors assumed that discussing family planning with a health worker prompted contraceptive use (see page 11).
Minor Essential Revisions:

1. Abstract, Conclusions: The association between contraceptive use and discussion with health care workers does not justify the statement that greater interaction with health care workers 'will greatly improve contraceptive use' (see above comment 3).

   - This has been edited as suggested, (see last sentence under abstract, conclusions). The sentence reads “Thus, creating opportunities through which men interact with health workers for instance during consultations may improve contraceptive use among couples”.

2. The 94% reporting that they had had an HIV test and received the results seems extremely high and suggests strong social desirability bias. If so, it might have implications for the validity of other reported behaviour. This should be discussed.

   - The variable (receipt of HIV test results) has been deleted.

3. In Table 2 the confidence intervals for 'Women who use contraception become promiscuous' are clearly wrong.

   - We acknowledge that the result was wrong.

   - However, since this variable was not significant as shown in Table 2, only variables that were significant were included in the Logistic regression models. See Table 3.

Discretionary revisions

1. Why does the title state 'sexually active men'? Which other kind of men would use contraceptives?

   - The authors have maintained “sexually active men” since the study sample comprised men who were sexually active in the last 12 months. Additionally, those who are not sexually active would not need contraceptives.
2. Abstract, Background: Why should research on family planning in itself be expected to lead to changes in contraceptive use amongst men?

- **Revised**- the sentence has been deleted.

3. The section on Data analysis in Methods should, ideally, explain the rationale for the different stages of modelling.

- **Edited.**

  Binary logistic regression models were fit to predict factors associated with modern contraceptive use among men. In the first model was fit to establish the net effect of modern contraceptive use and discussion of with health worker about family planning. This was followed by adjusting for demographics-model 2 and then socio demographics in model 3.

4. It would be interesting to know how preference to have another child related to number of children already born (and alive).

- **Children surviving and fertility preference have been included in the final analysis (see page 22).**

5. p.11, 2nd para: Why would a preference for sons over daughters lead to contraceptive use? That seems to presume that the parents know the sex of the next child they will conceive.

- **This Statement has been revised in relation to the results presented in table 3.**
REVIEWER 2 COMMENTS:

Version: 3
Date: 16 December 2013
Reviewer: Kyla Donnelly

Reviewer's report:

Summary:
This paper does a good job explaining the importance of engaging men in informed family planning decision-making in Uganda and has access to large sample (1,755) men from one of the more rigorous surveys (DHS).

Major Compulsory Revisions

1. Abstract and Background – There is some inconsistency between the target population listed in your aim statements in your abstract “This study set out to examine whether discussion of family planning with a health worker was a critical determinant of modern contraceptive use among sexually active men.“ vs. what is stated in your last paragraph in the background “Therefore, this study investigates the influence of discussion with health workers on modern contraceptive use (MCU) by sexually active men and by their partners with men’s agreement using the 2012 UDHS dataset.”

- Our target population is “sexually active men and men’s reporting of partner use.” This has been revised for consistency and according to the measurement done in models. (See second last statement in Background section-page 6).

2. I’m unclear how you are measuring that men’s partners are using contraceptives with men’s agreement? How would you be able to tell that their partners used it after the men spoke to a healthcare worker? If indeed you only analysed whether or not men used modern contraception than I would change to “among sexually active men” in all sections throughout the paper (down to the discussion’s first sentence) or discuss how
you are measuring men’s partners’ contraceptive use and men’s agreement with their partners’ contraceptive use.

- This has been revised accordingly, we are measuring partner use and what they reported their partners were using. See additional files to see how the question was asked in the demographic and health survey.

3. I would include the ORs (at least for your primary outcome) so readers can see for themselves the effect size.

- Revised accordingly. The ORs have been included. See results section in the abstract-page 2 and the multivariate results section on page 9.

4. Variables – what types of contraception are included in modern contraceptives?

- Modern methods of family planning refer to safe, effective and legal methods to prevent pregnancy such as the pill, male or female condoms, injections, male or female sterilization, form or jelly and the Intra-Uterine Device (IUD) [1, 29]. (see section on variables page 7.

5. How is the dichotomous “interaction with a health worker” measured/defined, i.e. what does it mean to have an interaction with a health worker? During a consultation? During a conversation at a community meeting? What exactly is discussed?

- Discussion with a health worker was derived from the question “In the last few months, have you discussed family planning with a health worker or health professional?” However, the authors have emphasized in the limitations that the cross-sectional nature of the UDHS makes it impossible to establish causation. Furthermore, there is no provision in the dataset to ascertain the context, content or depth of the discussions. (see last paragraph in the discussion section)
6. Discussion – You need to include a limitations section. One major concern is that you do not discuss the possibility of effect-cause. How do you know that if a man starts to use a condom (since they do not require a provider to procure or use), then he is more likely to seek a healthcare provider to discuss it? It is unclear how the time sequence of exposure to a healthcare worker and use of a modern contraceptive is measured in the survey. I would either discuss this as one of the limitations of a cross-sectional survey, or explain in greater detail how the questions overcome this potential source of bias. Also, is it really health care workers that make the biggest difference, or could receiving information about contraception from others have the same effect?

- The limitations section has been included (see last paragraph in the discussion section). Our results indicate that discussions with the health worker made a big difference (OR=1.85) even after controlling for other variables as seen in model 3. See page 22

7. In your second to last paragraph about men who are undecided about having another child, I suggest your edit: “He emphasizes Son preference has implications on the decision to have another child.” Who is he? I am also unsure how you measured “unsure of having a child” since the survey question in Table 1 appears to be “Fertility preference – 1) have another 2) no more 3) no partner/in-fecund/sterilized” but then in your Table 2 you include ‘undecided’ as an option?

- This has been revised and the categories included in the analyses are as follows;
  - Have another child
  - Undecided
  - No more
  - No stable partner / sterile /infecund
8. I also suggest that you go a bit further in discussing why men in the south western region were less likely to use modern contraceptives – is this possibly associated with religious trends? It is more rural and thus less access to contraceptive services?

- Has been discussed further (see fourth paragraph in the discussion) .. It reads........Over the past decades in Uganda western region recorded the highest fertility rates [40, 41]. According to JP Ntozi [5]-western region has a pro-natalist culture which discourages contraceptive use until a woman has six to eight live children including at least two sons. Perhaps this explains why men in this region are less likely to use modern contraception.

8. References – There are formatting problems with extra comas, spacing

In consistencies, etc.

- The references have been revised accordingly.

**Minor Essential Revisions**

1. Abstract, results section – Since you are most interested in whether there is a relationship between discussing FP with a healthcare provider and use of modern contraception, I would include a sentence about which of the factors was most significantly associated with the outcome. This will help inform policy decisions and program funding allocation about which factor(s) to prioritize.

- The most significant factors are indicated in both the abstract and results section:

Findings indicated that discussion of family planning with a health worker (OR =1.85; 95% CI: 1.29-2.66), region (OR=0.41; 95% CI: 0.21-0.77), education (OR =2.13; 95% CI: 1.01-4.47), wealth index : richer (OR=2.52; 95% CI: 1.58-4.01), richest (OR=2.47; 95% CI: 1.44-4.22), surviving children (OR= 2.04;95% CI:1.16-3.59) and fertility preference ( OR=3.50;95% CI: 1.28-9.61) were most significantly associated with modern contraceptive use among men.
2. In your first sentence, add “among men” at the end to reiterate that this was your target population. Without carefully reading the background, readers may assume that you mean among both women and men.

In this study we examine the practices as reported by the men. This is what has been presented in the analyses.


- Revised.

4. On page 4, first sentence of third paragraph that are two periods. In general, there are inconsistencies with spaces (sometimes too many spaces or missing spaces). On page 6, the second to last sentence in the last paragraph needs an apostrophe in men’s (ultimately influence men’s contraceptive use) then a space between that sentence and the subsequent sentence.

- Revised (spacing concerns have been addressed in the entire document).

5. Results – I am concerned that some of the results you share, specifically that higher socioeconomic status and education and fertility preferences are already well documented in the contraception literature. I think it is fine to mention that your findings corroborated what has already been documented, but I do not think you need to include as much language about these data as you do.

- Addressed- this has been revised and stated in discussion of results see page 11.

6. Study sample – I’m not sure what you mean by “In order to ensure representativeness and correcting for non-response, data were weighted before the analysis.” Please give more detail about how they were waited in a supplementary material.

- We have stated in the data analysis section: see last sentence: All the analyses were weighted using the SVY command in STATA and provided a reference.

9. Tables and figures – In Table 2, I suggest putting a note below the table explaining what variables you are adjusting for in each model. I also do not think that there is much of a difference between Model 3 and model 4, so I would just keep Model 4 or explain why you chose to keep both.
• Model 3 was revised with inclusion of children living. See Table 3 with the note below the table explaining variables adjusted for in each model.

10. Your formatting hides the words under “women who use contraceptives are...” In “contraception is a women’s business” women’s is spelled wrong – should be woman.

• Edited accordingly

Also, you do not need to annotate reference since it will be clear to your reader that ‘1’ is the referent. The ‘R’ looks busy.

“R” has been omitted.

Discretionary Revisions

1. Abstract, background section – You do not need to capitalize “Planning Programs”, i.e. change to “Family planning programs...”. In your second sentence, I’m not sure why you highlight research after you just mentioned FP programs, Consider removing “despite the increase in research in FP” altogether so that it just reads “However, contraceptive use among...”. In the final sentence, there are some minor editing points: Pearson’s chi-square test (singular) and logistic regression (singular, i.e. not regressions).

• We have changed to Family planning programmes

• Pearson chi square test and logistic regression changed. (Refer to the last sentence in the methods section of the abstract).

Abstract, conclusions sections – Family Planning vs. family planning – make sure you capitalize consistently.

• This has been changed

11. In addition to consultations, do you think that there are other mechanisms for engaging men about contraception at the community level? What about community-based healthcare workers?
It is possible that there were other mechanisms for engaging men about contraception at the community level or even community based health care workers. This has been indicated in the limitations of the study where are not told about the prior engagements of the respondent. (See page 11).

12. Background – This is a long section with good information but poor organization. To help the reader, I would put the second paragraph first (discuss the characteristics of Uganda) and use subheadings (i.e. “Lack of men’s involvement “Aim”...)

- **Noted. We have changed some of the sentences and dropped some so as to have a clear flow.**

13. Data Source – you repeat that you obtained the data from Measure DHS in the second and last sentences.

   **Edited.**

14. Data analysis – First sentence of second paragraph, MCU is already defined.

- **Addressed. The abbreviation has been deleted.**

15. Additional suggestions - It may be helpful for the reader to be able to reference the exact questions included in the UDHS upon which your analysis is based. Perhaps you could include such a list as a supplementary material?

- **The exact questions have been included in the variables section as follows:**
  
  “In the DHS men’s questionnaire, respondents were asked if they or their partner’s currently used any method (other than a condom) to avoid or prevent a pregnancy the last time they had sex and the method used (see additional file 1).

- **Discussion with a health worker was derived from the question “In the last few months, have you discussed family planning with a health worker or health professional?”**