Reviewer’s report

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

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Reviewer: Kyla Donnelly

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This primary objective of this study was to examine the association between Ugandan men discussing family planning with a health worker and men’s use of modern contraceptives. The authors also explored other possible factors that predicted utilization (or lack thereof) of modern contraception among men. This was a secondary analysis of data from the Ugandan DHS cross-sectional survey completed in 2011. This paper does a good job explaining the importance of engaging men in informed family planning decision-making in Uganda and has access to a large sample (1,755) men from one of the more rigorous surveys (DHS). However, the inconsistencies in the primary objective, vagueness about the measurement methodology, failure to discuss the limitations of the research design, and superficial explanation of the implications of this research in the conclusions section require attention. If the authors address these issues and ensure that it is properly edited, I believe this paper has the potential to be published in BMC.

Major Compulsory Revisions

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.” 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 analyzed 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.

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

Variables – what types of contraception are included in modern contraceptives? 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 – 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 healthcare workers that make the biggest difference, or could receiving information about contraception from others have the same effect?

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?

I also suggest that you go a bit further in discussing why men in the southwestern 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?

References – There are formatting problems with extra commas, spacing inconsistencies, etc.

Minor Essential Revisions

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.

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.

Background – Third sentence – should be International Conference on Population and Development.

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.

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.

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.

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.

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’s.

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.

Discretionary Revisions

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).

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

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?

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”…)

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

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

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

**Declaration of competing interests:**

I declare that I have no competing interests.