Author's response to reviews

Title: Knowledge and use of emergency contraception among women in the Western Cape province of South Africa: A cross-sectional study

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Author's response to reviews: see over
21 July 2007

Dear BMC Journals

RE: Second Revision to MS: 4349069741258385 (Myer, et al. Knowledge and use of emergency contraception)

On behalf of my co-authors, I would like to re-submit the attached manuscript MS: 4349069741258385, to BMC Women’s Health.

We have responded to each of the reviewers’ second round of comments on the manuscript. The specific responses to the comments are included below.

Thank you for your consideration of these revisions, we look forward to hearing from you.

Yours sincerely

Landon Myer
Senior Lecturer
Response to reviewers: MS: 4349069741258385
Revision #2
Knowledge and use of emergency contraception… (Myer et al.)

Reviewer 1

The authors have done a good job revising the submission. It is much clearer and focused. I still require a few minor changes prior to accepting it for publication. I have classed two of these as ‘major’ but this is somewhat a misnomer – but I feel strongly that they must be attended to.

Results
The continued focus on independent significant findings without recognition that some are not significant following the multivariate logistic regression is inappropriate methodologically. AT THE LEAST, a statement needs to be added in the results to mention that certain observed significant associations (age, whether last pregnancy was unintended, last method of contraception) disappear after controlling for the other factors due to the heterogeneous nature of the sample. A more balanced presentation of both sets of results would be preferred. [The alternative is to remove all reference to the logistic regression but this would be a backward step]

We have added the requested phrasing and attempted a more balanced treatment of these results in the manuscript.

Note that logistic regression does not provide an R-squared term, only a pseudo-R-squared term (since residuals as such do not exist in maximum likelihood estimation), and furthermore pseudo-r-squared statistics are impossible in generalized estimating equations (since the variances are themselves adjusted to account for the correlated data structure, in this case due to sampling on clinics). Altogether, it is not possible to provide the R-squared for these models, since these do not exist in this form of analysis.

Table 4.
Provide a list of all other variables included in the model as a footnote to the table stating that they were non-significant. It is not adequate to expect these to be inferred from another table – it is important to be clear. Also provide the R2 (R-squared) value for the model (here or in the text).

We have added the requested information to the tables, but note that this is an unusual approach requested by the authors: following standard reporting of quantitative findings, our approach to model building is detailed in the analysis section, explaining the variables that were examined and the reasons why variables were not included in the final model that is shown (this is routine in biostatistical practice).
We have made the requested changes in the revised manuscript.

Discussion
P8 – I agree that generalizing one can say that EC awareness is lower in SA than in UK, USA. But I do not believe that a generalization is appropriate, especially given the variation seen in the results among various subpopulations. Among more educated women in this survey, awareness is probably similar to Western countries (excuse the generalization), while for others it is much lower. Low awareness has been reported in socially disadvantaged/illiterate women in France (Moreau et al. Contraception 2005; 71:202) and San Francisco (Jackson et al. Contraception 2000; 61:351). A recognition of this variation (weighted towards greater proportions of unaware women in SA because of the higher levels of those socially disadvantaged, etc. is what was being requested. I can accept that the authors might not wish to go into this and I would be satisfied if the word “overall” (or similar) is used to start the second sentence of the discussion to recognize the generalization.

We agree with the reviewer, and have added the requested “overall” to the revised discussion section.

We have made the requested changes in the revised manuscript, including moving the last sentence of the second paragraph of this page.

We have revised the references to be in line with the journal format. However please note that reference 5 is the correct reference (where it is located) and is in numerical order in the text and references (we are unsure of the reviewer’s concern?).

We have made the requested changes to the tables, including clarifying the use of N (%) consistently (across all tables), the meaning of grade, the placement of the % symbol, and other minor formatting changes to help make the tables clearer / more self-explanatory.
Reviewer #2

The authors have responded to the reviewer's questions and have modified their manuscript accordingly.

There is only one last issue regarding the description of women's contraception at last intercourse which could be clarified p6. Indeed as 30% of women in the sample were attending the clinic for antenatal or postnatal care, they probably greatly contribute to the 29% of women in the sample who used no contraception at last intercourse. Even if the timing of this last intercourse is unknown, the authors could maybe add a sentence describing these women with no contraception (for example what percentage of these women were pregnant at the time of the survey). This would partially help understand how many women may be at risk of unintended pregnancy.

We agree with the reviewer that this is of interest, and we have revised the manuscript to include this information.

Lastely, just to make sure the numbers are right, the authors report 27% of women had heard of EC from the clinic (p7) but later on report that only 25% were ever told of EC by a health care provider. Is that correct?

Yes, this is correct. The confusion is that the denominator for the 27% is 831 (the entire sample); the denominator for the 25% is 253 (the number of women who had heard of EC). We have attempted to clarify this in the text.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

A few typos in the text
Abstract, discussion line 4: the word of is missing = knowledge of the method
results p6 line 3 equivalent is misspelled
results p6 line 4 eighty is misspelled
results p7 (4 lines above the end of the page) the word pill is missing in oral contraceptive pill
discussion p10 line 3 the word “know” is missin in women who know and use EC

We have corrected these errors in the text.