Author's response to reviews

Title: Health Services Quality as a determinant of the use of intrauterine devices in Egypt

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Author's response to reviews: see over
Dear Editors,

Enclose please find our responses to address the second round comments by both reviewers. We provided point-by-point responses to the comments and revised our manuscript accordingly. We hope that we have addressed all the comments the reviewers and now the manuscript has met the requirements for publication.

Sincerely Yours,
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Responses to reviewers’ comments (Version 2)

Title: Health Services Quality as a determinant of the use of intrauterine devices in Egypt

Responses to reviewer: Saumya RamaRao (19 March 2006 version)

General

The authors seem to have addressed a few comments. I will have to reiterate the point that the IUD is a provider-dependent method which a user can discontinue at will. Perhaps this why in Table 4, we do not see the effect of a greater supply of methods that affecting continuation (see Supply of contraceptive component)—both in terms of significant and in the non-monotonicity of the effect (i.e., the effects of the high, medium, and low are also in order). In other words, this could mean that choice per se is irrelevant, as clients are more likely offer IUD than any other method, which could be an implicit program emphasis. However, a greater supply of methods does seem to have a monotonic effect on the use of other methods, albeit without statistical significant.

Response: We agreed with the reviewer that from the analysis of separate quality components, we do not see the effect (both in terms of significant and monotonicity) of contraceptive supply on the use of IUD in Egypt, and the IUD use is driven by quality of counseling and examination room. In fact, in the past decades, Egypt has been pursuing a national population control program to promote the use of family planning services to improve the utilization of contraceptive through better supply, training and supervision of providers, and to stimulate demand for family planning services. This program effort could have altered the effect of the supply component of quality. But further studies are needed to explore this issue. We add the following language, with two references, to improve the discussion section, on Page 13, paragraph 1: “Results from the analysis of separate quality components (Table 4) suggest that, in Egypt, IUD use is independent of the supply of contraceptive methods as previously observed [23] and is driven by quality of counseling and examination room. Also the country has been pursuing a population control program to promote the use of family planning services through better supply, training and supervision of providers, and to stimulate demand for family planning [24].”

The second point is that quality is measured more by infrastructural readiness than actual care that client received. This is an important theoretical distinction to make because what client was told or was treated can have effect on whether the client returns to the facility and/or continues with the methods; on the other hand, whether a facility has all the necessarily supplies, trained staff, and buildings to provide services and not necessarily to what was delivered.

Response: We agreed that the total quality index used in the study is measure by infrastructure and system readiness. However, this not necessarily completely independent of what actually care that a client received. We added to the background
section the following paragraph (with two references) on page four, paragraph 1, to improve this point: “Quality of care in family planning is a complex, multi-dimension subject. For example, Bruce and Jain framework of quality includes six quality indicators: choice of method, information given to client, technical competence, client-provider interpersonal relation, mechanisms to ensure continuity, and constellation of services [3]. International Planned Parenthood Federation’s framework of “Client’s Rights and Provider’s Needs” includes client’s rights to information, access to services, informed choice, safe services, private and confidentiality, dignity comfort and express of opinion, and continuous of care; and provider’s needs of facilitative supervision and management, information, training and development, and supplies, equipment and infrastructure [4]. There are literally several indicators used to measure quality of care. They can be grouped into infrastructure and system readiness, provider adherence to standard of practices, and client’s perspective and experiences; and they are interrelated in the total quality dimension. Infact, provider’s adherence to good practices is enhanced by training and supervision, and client’s opinion about quality of services reflects the provider practices”.

We also added to the method section, on page 9, paragraph 1; the following sentence: “These four dimensions of quality measure infrastructure and system readiness of a facility.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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

Page 4--Jain, not Jane.
We corrected the misspelling.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests: I declare that I have no competing interests.
Response to reviewer: Eric Seiber (8 March 2006 Version)

Minor Essential Revisions

a. The abstract needs editing reflect the revisions, especially the first sentence in the conclusion.

Response: We changed the first sentence in the conclusion in the abstract as follow: “This study is one among the few that uses...”

b. Typo on page 8, paragraph 2. I believed the authors meant “total family planning quality index”.

Response: Yes we agreed. We corrected the typo.

Discretionary Revisions

c. The manuscript would still benefit from more discussion of the quality results. In particular, the new Table 4 suggests that Counseling and Examination Rooms are driving the quality results, but only public sector clinics. Can the authors add any context about why?

Response: We added more discussion reflect the result in Table 4. Please see response point 1 of the other reviewer.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: I declare that I have no competing interests.