Reviewer’s report

Title: Are modern contraceptives acceptable to people and where do they source them from across Nigeria?

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Reviewer: Mai Do

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Major Compulsory Revisions:

1. While inequality in contraceptive use across SES groups is the focus of the paper, I do not think that the authors have adequately discussed this in the paper. I would suggest that the authors expand discussions on this issue in various sections of the paper (see detailed comments below).

2. The authors found that contraceptives were obtained from both public and private sectors and seemed to promote public-private partnerships. There is a vast body of research out there on the roles of the public, and especially the private sector, on modern contraceptive use and inequality/inequity. The authors may want to look into this and discuss their findings in light of this literature.

Minor Essential Revisions:

1. Introduction:
   a. Please specify that TFR is 5.7 children per woman of reproductive age. Not all readers may understand.
   b. I don’t think the sentence “A study showed that among women of reproductive age who do not use contraception, the principal reason they are opposed to it is that the woman wants as many children as possible” is relevant to the rest of the paragraph.
   c. Since the authors emphasize the analysis of inequality across socio-economic groups as the added value of the paper, I think they should elaborate on this point in the Introduction by giving more background on inequality (any evidence, any lack of evidence, etc.)

2. Study Methodology:
   a. The authors stated that targeted respondents were female care givers or female household members of childbearing age. However, Table 1 and the Findings section later show that not all respondents were female. Please clarify/correct.
   b. The “Data analysis” section is a bit confusing and repetitive with regard to analyses with SES groups, particularly the last 2-sentence paragraph. I would re-write this section.
   c. Also, the authors stated that analyses were done with actual and perceived use of contraceptives. I did not see the difference between them and there was
no mentioning anywhere else about actual versus perceived use.

3. Findings:
   a. Again, why are all respondents not female if females are targeted respondents?
   b. I would also present the SES distribution of the entire sample in Table 2, not just state by state.
   c. Table 3 is interesting. There should be more discussions of differences across states and possible explanations. For example, why is acceptability so low in Kano? The authors alluded to cultural, religious and educational factors in the Discussion section but they need to specify what these factors are. I would do a supplementary analysis comparing these factors between Kano and other states and include a paragraph on this, although a table is not necessary.
   d. There must be a mistake in this sentence “It was also found that modern contraceptives were generally more acceptable in the rural areas compared to the urban areas”. This is contradictory with Table 5 and the very next sentence.
   e. Also, I would expand discussions on differences in contraceptive use across SES groups in this section. The same applies to findings in Tables 7 and 8.
   f. In Tables 7 and 8, I think the denominators should be the number of users of each method of contraception in each state. The way it is now, results are highly dependent on contraceptive mix (i.e. what method is more prevalent) within each state, so comparisons of sources cannot really be made between states.

4. Discussion:
   a. As mentioned earlier, the authors alluded to cultural, religious and educational factors as reasons for different acceptability between states. They authors should elaborate on this. It would be good if the authors could compare these factors between states.
   b. The sentence on studies in Guatemala and the Philippines did not seem to go with the rest of paragraph 1.
   c. My impression of paragraph 2 is “so what?”. What are the implications?
   d. The finding that some contraceptives were mainly obtained from the public sector while others were obtained from the private sector is not new. The authors should discuss the findings in light of other research – is Nigeria different? If so, how?
   e. The authors mentioned that poorer SES groups may not be aware of policies designed to help them access reproductive health services. This could be interesting and has practical program implications. What are some of these policies in Nigeria? What can be done to improve awareness?
   f. Overall I think there should be more discussions on program implications that are specific to Nigeria.

Discretionary Revisions:
The paper could benefit from consistent formatting and edit copying.
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