Author's response to reviews

Title: Contraception use and pregnancy among 15-24 year old South African women: a nationally representative cross-sectional survey

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Author's response to reviews: see over
Dear Dr Phillips

Revised manuscript MS2920730721487792 – Contraception use and pregnancy among 15-24 year old South African women: a nationally representative cross-sectional survey

Thank you for the comments on our paper. We have addressed the comments received from the reviewers below. Please also find attached the revised version of the paper.

In addressing the comment that it would be useful to include HIV status in the analysis if this information was available:

During the initial stages of the analysis we did include HIV, however, ultimately chose to remove it as we have previously published a multivariate analysis of factors associated with HIV (Pettifor et al., 2005) and therefore chose not to include any analysis pertaining to HIV in this paper. We have, however, now included the HIV prevalence for women sexually active in the past 12 months [19.7% (95% CI: 16.6-23.2%)] where we present this population at the top of the Results section.

Reviewer #1
- Page 11 last line of second paragraph – surely the authors mean “to be involved in their partners’ contraceptive choice”?
  This has been changed to “to be involved in their partners’ contraceptive decision making.”
- References 28 and 31 are identical
  This has been corrected
- Consider reducing the number of variables in Table 1. A number of them are largely irrelevant conceptually and would not be missed from this very full table.
  We agree that this is a full table and have dropped the following variables from the table: perception of HIV risk, self-reported GUD, self-reported vaginal discharge, importance of religion and mother’s education. The fact that there is no difference in contraceptive use by perception of HIV risk and reported symptoms of STIs are reported in the text.

Reviewer #2
- You need to tell readers how many of these young women live with parents or guardians. This is useful information in its own right but is also needed to assess the relevance of two of your predictors (parent’s knowledge of nocturnal whereabouts and parental strictness)
  We examined women’s contraceptive use by whether they have a parent/guardian taking care of them at home (added to univariate analysis in Table 1) and found evidence of a border line association. We included this variable in the multivariate model and found that it was not independently associated with contraceptive use and the other factors in the model remained unchanged, suggesting that it was not confounding the associations between other factors and contraception use. We have therefore not altered the reporting of the multivariate model in the paper.
It would also be useful to specify how many respondents are mothers and to discuss briefly contraceptive method-choice by motherhood status. The expectation is that condoms predominate among non-mothers and hormonals among mothers. This topic is discussed at the end of the paper but without any prior presentation of relevant results.

This would be an interesting issue to address, however the questionnaire did not collect data on the motherhood status of young women, only the number of times they have been pregnant (including miscarriages and terminations). If we assume that all women reporting having ever been pregnant are mothers we have found that ever pregnant was not independently associated with dual method use (see previous publication: MacPhail et al. 2007). In examining hormonal or barrier use only; there is a strong difference ($p<0.001$), with ever pregnant women more likely to use a hormonal method only. Our findings confirm the reviewer’s hypothesis and have been included in the first paragraph of the Results section and more clearly highlighted in the Discussion.

I question the wisdom of using “discussion of condoms” as a predictor in your multivariate model. Causal attribution is very problematic and its inclusion also makes interpretation of the effects of other factors more difficult.

We acknowledge that the cross-sectional nature of the data we present precludes us from making any comments on causal attribution. We have been very careful in the wording of the paper to make it clear that any relationships we present are associations and that causality cannot be demonstrated. We have however found that the variable “discussion of condoms” is strongly associated with a range of outcome variables documented in other analysis, including consistent use of condoms with most recent partner and dual method use among young women. We have, therefore, retained it in the multivariate model.

Regards

Audrey Pettifor