Author's response to reviews

Title: Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia

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Author's response to reviews: see over
Dear Reviewers: I have tried to incorporate your constructive comments in the main document. I had also tried to state explicitly point by point as follow:

**Point by point response to the first reviewer (Berhanemeskel Atsbeha)**

**Title:** Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia

**Comment #1:** Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia, January 2012

**Response:** comment is accepted and modified accordingly as “Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia”

**Abstract**

**Comment #2:** To assess intention to use long acting and permanent contraceptive methods (LAPMs) and factors affecting it among married women in the reproductive age group in Adigrat town

**Response:** comment is accepted and modified accordingly as “To assess intention to use long acting and permanent contraceptive methods (LAPMs) and identifying associated factors among married women in the reproductive age group in Adigrat town“

**Comment #3:** A cross sectional study design complemented with a qualitative method was conducted in three selected Kebeles of Adigrat from December 20, 2011 to January15, 2012.

**Response:** comment is accepted and modified accordingly as “A cross sectional study design complemented with a qualitative method was conducted in three selected Kebeles of Adigrat town from December 20, 2011 to January15, 2012.”

**Comment #4:** Quantitative data were analyzed using SPSS version 16 and qualitative data were processed using open code software.

**Response:** comment is accepted and modified as “Quantitative data was analyzed using SPSS version 16. Open code software version 3.6.2.0 was used to facilitate coding of the qualitative data.”
Comment #5: Result for the qualitative is not added in the abstract

Response: comment is accepted and added this as “Similarly some of the participants in the FGD have expressed their concern on the return of fertility after using implants or IUD as well as insertion and removal procedures.”

Comment #6: write important findings before recommendation

Response: Comment is accepted and modified as “The magnitude of intention to use LAPMs in the study area was low. The main limiting factors were fear of side effect and infertility after LAPMs use, knowledge on LAPMs and perception on partner’s support.”

Method

Comment #7: The sample size was determined with single population proportion formula by considering the prevalence of intention to use LAPMs; 65.8% from Butajira community based study (17), with a margin of error of 4%, and 95% confidence level. This gives 540. Adding a 10% allowance for a non-response rate, the total sample size was 594.

Response: Comment is accepted and modified as “The sample size was determined with single population proportion formula by considering the prevalence of intention to use LAPMs; 65.8% from Butajira community based study (17), with a margin of error of 4%, and 95% confidence level was found 540 and adding a 10% allowance for a non-response rate, the total sample size was 594.”

Comment #8: How many FGD was conducted and the number of participants in each?

Response: Three FGD with currently married women and one FGD with currently married men consisting 7 to 12 participants in each. We have tried to state under the method section in the 5th paragraph line 4-6.

Comment #9: How many IDI was conducted? How do you select the study participants sample size determined?

Response: we have conducted 6 in-depth interviews to see the perceptions and choice of clients towards the LAPMs. The inclusion criteria was those health professionals in the six health facilities in the town, who were responsible for providing any one of the LAPMs of contraception, and
available during the data collection and volunteer to participate. There were six health facilities which give FP service. We have interviewed one provider per health facility. We have tried to state under the method section in the 5th paragraph line 6-9.

Result

Comment #10: describe the study participants in the FGD and IDI
Response: comment is accepted and modified as “Four FGD sessions were conducted. Most (40.6%) of the participants were in the age group of 25-29 years, and almost all were Christian orthodox. More than two third of the participants were housewives by occupation. Thirteen (40.6%) of the participants had 1-2 number of births. Twenty three (71.8%) of the participants were currently using modern contraceptives, dominated by Depo-Provera 12(37.5%). In-depth interview with six FP service providers in the public and also in private health institutions was conducted. All of the participants interviewed were females and diploma nurses. Four of the interviewees were trained on insertion and removal of implants, and IUCD.

Comment #11: grammar correction
Response: Comment accepted and modified as “Among the participants, 473(80.0%) have ever used at least one of the modern methods of contraception. The current modern contraceptive prevalence rate was 51.3% (95%CI=47.2, 55.4). The most preferred method was Depo-Provera 207(68.3%) followed by pills 35(11.6%). The prevalence of LAPMs use among the women currently taking modern contraceptives was 59(19.5%), and the highest was implants 31(10.2%).”

Conclusion

Comment #12: Based on the findings of the research it is concluded that the magnitude of intention to use LAPMs in the study area was still low (48.4%) and the main reasons to this were fear of side effect and fear of fertility return after use.

Response: Comment is accepted and modified as “Based on the findings of the research it is concluded that the magnitude of intention to use LAPMs in the study area is low (48.4%) and the main reasons to this were fear of side effect and fear of fertility return after use.”
Point by point response to reviewer 2 (Yihunie Lake w)

Title: Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia

Comment #1: Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia, January 2012

Response: comment is accepted and modified accordingly as “Intention to use long acting and permanent contraceptive methods and factors affecting it among married women in Adigrat town, Tigray, Northern Ethiopia”

Introduction

Comment #2: Language editorial

Response: comments accepted and modified accordingly.

Method

Comment #3: Paragraph 1 line 4 (54.8%) of Adigrat population are females ----Do you mean a reproductive age women or any women in all age groups? Pls clarify

Response: it is to mean the number of total females in the town. And modified as “The total population of the town according to the 2007 census report was 57,572, of which 31,573 (54.8%) were females in all age group [15]”

Comment #4: What was the step did you apply before conducting an interview in every 11th HH?

Response: comment is accepted and added this “Out of the total 6 administrative Kebeles in Adigrat town, 3 Kebeles were selected by lottery method. The total sample size was allocated by using proportional allocation to size (PAS) to the total number of HH in the selected Kebeles. The study subjects were selected by systematic random sampling. The sampling interval was 11 obtained by
Comment #5: What were your eligibility criteria for selecting study subjects for the survey?

Response: The eligibility criterion for the survey was “currently married women of aged 15-49 years who were resident in the selected Kebeles of the town at least for 6 months”. We have tried to state under method section paragraph 3 line 1-2.

Comment #6: What benefits and disadvantages did you get while you are doing pre-test your survey questionnaire? Pls state in your document

Response: Comment accepted and stated as “Based on the pretest, questions were revised, edited, and those found to be unclear or confusing were removed.”

Comment #7: How running frequency do you tell outliers and how do you adjust it?

Response: It is to mean by using standard scores for the quantitative variables computed by running the command under Descriptive statistics in SPSS which says “save standardized values as variables”. A value is an outlier if its standard score is ±3.0 or beyond.

Comment #8: Measuring monthly income is very tough at individual mothers’ level, or household level through ETB. Usually, it is incomplete information. How do you measure monthly income of mothers at household level?

Response: yes it is subjective. We did not use wealth index. We simply measure by asking the respondents to state their monthly total family income. The question was “What is your family monthly income?”

Comment #9: The overall percentage of intention to use LAPMs in this result is about 48%? How do you arrive at this figure? This is because a woman may have different levels of intention to use for different types of LAPMs.

Response: It is the sum of intention to use Implant, IUD, Female sterilization, and Male sterilization. The question used to address this was “Do you or your partner wants to use any LAPMs to delay or to avoid pregnancy at any time in the future?” then those who said “yes”
were counted as having intention to use. We have tried to state in the Method section paragraph 9, line 4-8.

Comment #10: At page 7 and 8 pls add comprehensive knowledge on FP methods and level of using method mix. What do you do is the awareness level on FP

Response: comment accepted and modified as “comprehensive knowledge on modern contraceptive methods and method mix.”

Comment #11: At page 8 pls correct “Eighty one percent of the participants perceived” similar grammar that needs to be corrected are there

Response: Comment accepted and edited accordingly

Comment #12: At page 8 pls correct “to gather” as together”

Response: Comment accepted and corrected

Comment #13: At page 9 first paragraph line2 pls correct as “The current modern contraceptive use----“

Response: Comment accepted and modified as “The current modern contraceptive use was 51.3% (95%CI=47.2, 55.4)”

Discussion

Comment #14: Pls correct” Butagira” as Butajira throughout the document

Response: comment accepted and corrected as “Butajira”

Comment #15: Where is Butajira and Ambo geographically located, some non-Ethiopian readers will surely confused so pls paraphrase in the document

Response: Comment accepted and modified as “This result was lower than the findings in Butajira, which is found in South Central Ethiopia (65.8%)”.
Comment #16: The explanation given for the discrepancies on the prevalence between the current and previous studies are not well explained and convincing for the readers. Please rewrite again.

Response: comment accepted and rewritten as “This discrepancy could be due to the difference in the study participants where this study was conducted only on currently married women whereas the study conducted in Butajira was among all women. In addition to this, it could be due to the difference in the study areas, and access to information and the services.”