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
Point by point response to Editor-in-chief

Dear Jose Belizan: I have tried to incorporate your constructive comments in the main document. I had also tried to state explicitly point by point as follows:

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: Try to reduce the Introduction section to make your introduction in only about three paragraphs were you mention the situation that justifies your study and the objectives to do it.

Response: comment is accepted and modified accordingly as following:

Background

Long acting and permanent contraception methods (LAPMs) are convenient for users and effectively prevent pregnancy and also cost effective for programs overtime. They can result in substantial cost savings for couples, governments, and contribute directly to reaching national and international health goals by providing long lasting contraceptive protection [1]. Contraceptive use has increased worldwide over the last decade [2]. Yet, Africa has high unmet need of family planning (FP). Approximately 25% of women and couples in sub-Saharan Africa (SSA) who want to space or limit their births are not using any type of contraception [3]. Many potential clients in SSA lack information or have misconceptions about LAPMs [4, 5].

In a country like Ethiopia with high fertility rate and unmet need of contraceptives, shifting towards LAPMs is an important strategy to ensure continuity of services. But the issue is controversial; the contraceptive method mix is dominated by short term methods like pills and injectables [6-9]. The Ethiopian ministry of health has planned and is working on the provision of all FP methods, especially LAPMs in the lowest service delivery level [10]. Despite the fact that modern contraceptive services are made accessible nearly at all major urban areas in Ethiopia (including the study area, Adigrat town) and in most instances at lower or no cost [11], the utilization and intention to use LAPMs is low [8]. The modern contraceptive prevalence rate among currently married women in Tigray, Northern Ethiopia was 21.2%. It account implants 5.6%, female sterilization 0.3%, and none of them were using IUCD [8].
A given behavior is more likely to occur if the intention to practice is strong, no environmental barriers to perform it, and individual has skills and ability to perform the behavior [12]. Intention to use a method of contraception is an important indicator of the potential demand for FP services [13, 14]. Therefore, understanding the characteristics of women with intention to use may provide further insight to demand and future use of LAPMs. In Ethiopia in general and in Tigray regional state in particular, very few studies have ever been conducted on intention to use LAPMs. It is, therefore, essential to examine the magnitude of intention to use and identify the associated factors affecting intention to use LAPMs.

Comment #2: the Discussion section should be better organized and reduced. Also, please do not make statements and conclusions that are beyond the results of your study.

Response: comment is accepted and modified accordingly. We have tried to shorten it.

Comment #3: statement of principal findings of the study. Summarize key results with reference to study objectives

Response: comment is accepted and modified accordingly in the text.

Comment #4: strengths and weaknesses of the study

Response: comment is accepted and modified accordingly as: The study used a mixed design which helps to triangulate the quantitative findings with qualitative findings. However, cause and effect relationship was difficult to establish for the factors dealt in the study since it is cross-sectional study. Although an effort was made to ensure representativeness of eligible currently married women in the town, it does not include non married women or ever-married women. Moreover, the study did not ascertain the providers’ attitudes and behaviors on LAPMs use.

Comment #5: Whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses (eg Cochrane reviews)

Response: I had tried to find studies conducted by stronger study designs (Systematic review and Meta-analysis) but I could not able to get such kind of studies conducted on intention to use LAPMs.

Comment #6: unanswered questions and future research
Response: comment is accepted and modified accordingly as “Further detailed investigation of the FP service providers’ attitude and behavior on LAPMs, and quality of FP counseling sessions in the town should be conducted.”

Comment #7: in the first sentence of the discussion section you put a non published report in brackets. Please take it away since this is not the journal style.

Response: comment is accepted and modified accordingly as “In this study the magnitude of intention to use LAPMs was 48.4%. This result was higher than the finding in Goba town (27.3%), which is found in South East Ethiopia [6]. This discrepancy could be explained by the difference in the study areas, and access to information and the services.”