Reviewer's report

Title: Modern contraceptive utilization and associated factors among female ART attendees in health facilities of Gimbie town, West Ethiopia

Version: 1 Date: 5 October 2013

Reviewer: Gretchen Antelman

Reviewer's report:

Overall, the authors have clearly worked hard on this manuscript and have been very thorough in providing the detail needed to understand the study methods and findings. With substantial shortening and refocusing (and style editing), I believe there are some interesting findings to report to an international audience.

Below are more specific comments.

1. Is the question posed by the authors new and well defined?

Could be improved. The study has some interesting findings, but the authors highlight those that are not new (association of knowing about FP and family size with contraception use).

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

In general, there are too many details in some areas, and some critical details in the methods section are lacking.

3. Are the data sound and well controlled?

Data are cross-sectional and from a single town with little clinic variation. Some variables and their operational definitions need to be defined better.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Basically, the sections and required components of a study description are presented. Recommend much shortening.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

This is where I feel it could be more focused on the findings that are newer to an international audience.

6. Do the title and abstract accurately convey what has been found?

Title could be improved to reflect a key finding, or theme. Consider a new title similar to table 4’s title.
7. Is the writing acceptable?

It needs a fair bit of English style editing, but it is basically good enough so that any strong editor could manage that fairly easily.

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

• While the topic is of international interest and some correlates go beyond those available from many studies (source of information, source of FP method, reasons for non-use, source of information, decision-making with husband), the manuscript is too long for its sample size/diversity, methods and findings. Suggest to shorten considerably (into a 2000 word manuscript, or other brief format). Areas needing streamlining are:
  o Introduction (2-3 paragraphs, where last paragraph seems to be the main point);
  o Methods (shorten from 5 pp to 1 pg if possible).
• Remove most/all sub-headings;
• Re-write sample size section (limiting to 2 sentences if possible). Try to identify ‘example’ publications from similarly designed studies to learn from as models. It is unclear where the assumptions came from for the sample size calculations).
• Add detail about how respondents were recruited. Were they selected by their medical record numbers, selected when they came to the clinic? How were they screened prior to consent? How inclusion/exclusion criteria was defined (known to be infertile, ‘critically ill’)
• Add detail and ensure consistency between description of correlates of interest in the methods and those reported in the tables (presence of children? HIV related conditions?).
• Delete operational definitions section. Where description of concepts or variables is required, keep in narrative only. (Dual protection definition seems incorrect).
  o Results
• Describe who did not participate and why? Did they refuse?
• Can population be described with regard to duration on ART, knowledge of partner’s status (concordant, serodiscordant)?
• More interesting findings to me were the following:
  • Fact that more than half got their FP from the HIV clinic; 75% preferred to get from HIV clinic; and that there was a vibrant private sector. Where did the other half get their FP from?
  • Reasons for non-use
  • Couple communication and decision-making about FP use (begs data on partner’s status)
• Sources of information about FP
• Not so interesting: multivariable analysis findings. This is not new and sample size likely too small to find much more, and correlates are very crude (<4; 4+).
  o Discussion
• Needs to be re-worked to shorten, and highlight more unique findings and variables in this dataset.

Comments on figures/tables and variable presentation:
• Figure 1 can be removed.
• Figure 2 can be removed. It is not well-labelled (what is red, blue?). Move these findings to a table.
• Table 1: Edu status categories should be on same dimension (either illiterate or literate; or no school, primary school, secondary or higher school). Also, is this some primary or completed primary?
• Table 1: income should show equivalent in USD or UK pounds.
• Table 2: Could be merged into table 1. Total no pregnancy (spell out the word number throughout manuscript) should be 1, 2, 3, 4, >=5 and categories of live births should match. Categories as they are currently are too crudely delineated with significant clumping in the >=2 and 3-4 groups, respectively.
• Table 2: Intention to have another child when in the future. Ever? Within xx years?
• Table 2: Desired number of children relates to desired number of children to have in addition to existing?
• Table 2: family size is too crudely delineated. Was it measured more precisely, or just as <=4 and >4?
• Table 4: this table needs the basic breakdown of how many are using which methods. This is in the text, but not anywhere in tables. Be sure to keep methods mutually exclusive (with regard to dual in particular), including non-use of anything. Among the non-users, how many are those who reported the want more children? Might be interesting to see method use stratified by those who want more children compared to those who do not.
• Table 5.: Limit all ORs to 2 decimals. Added precision not informative. Replace the ‘no’ column with the % ‘yes’ (% distribution of contraceptive use by characteristic)

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

Major to be addressed first.

10. Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

Major to be addressed first.
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:

No competing financial or non-financial interests to declare.