Reviewer’s report

Title: Promoting family planning use after childbirth and desire to limit childbearing in Ethiopia

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Reviewer: Kerri Kissell

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Q1. I feel the study question was well defined: “The specific objective is to examine the desire to limit family size, along with cases of sterilization, fecund, postpartum amenorrhea, declared in-fecund and menopausal women within the study area,” however, the title of the article is misleading.

Answer 1. This study examines “the desire to limit family size, along with cases of sterilization, fecund, postpartum amenorrhea, declared in-fecund and menopausal women within the study area” and the results suggest the need to promote family planning use in Ethiopia. So, that is why we titled the paper “Promoting family planning use after childbirth and desire to limit childbearing in Ethiopia.” We hope that the present title is in order. As per your suggestion, the following modification was made: “the specific objective is to examine the desire to limit child bearing, along with cases of sterilized, postpartum amenorrhea, declared in-fecund and menopause women within the study area.”

QKQREQ1. In stating “desire to limit” in the title, there is an implication that the intention or “desire” to limit family size was also studied in this cohort, in which it was not. Demonstrating a social or public health need to limit family size differs from demonstrating desire to do so in a population cohort or individual level. The authors demonstrated a LACK of desire to limit family size in their population cohort.

Q2. The conclusion paragraph that starts with “Based on the study’s findings, the mean duration of postpartum amenorrhea is just 3 months.” is also misleading, and makes one question if the defined study question, was indeed the question they wanted to answer. In the conclusion, the reader is expecting your interpretation of the results (i.e. your interpretation of the answer to your study
question).

Answer 2. Thanks for your suggestion, which was noted and addressed based on our study’s interpretation of the results. We believe that there is high linkage between postpartum amenorrhea (the absence of menstruation) and childbearing. Thus, according to our understanding, it is not misleading in regard to the title of the article.

KKREQ2: To clarify the original comment: This reviewer is not questioning the linkage between increasing length of postpartum amenorrhea and decreased childbearing (increased prolactin resulting from breast feeding and HPO axis changes immediately following parturition are well established biological mechanisms of anovulation), nor was the reviewer making any reference to the title. The results/discussion surrounding the above comment is misleading. Three months of postpartum amenorrhea is a very short amount of time (as suggested also by authors), and recent time to pregnancy studies clearly demonstrate that even in eumenorrheic women, three months may be closer to the average time to pregnancy when attempting pregnancy naturally. The authors are advocating postpartum amenorrhea as a way to enhance or promote limiting family size. The concept is not questioned, and the authors have a very good start at elaborating on this concept in the discussion/conclusion, i.e. discussing increasing the length of breastfeeding. I would like to see the authors cite other studies in their discussion addressing this topic and suggest possible ways around this barrier besides prolonged breastfeeding time. I ask that the authors mention the three month postpartum amenorrhea (by ANOVA) after each pregnancy in the discussion in addition to the 19 months (over entire reproductive years) and elaborate.

Q 3. The methods should be expanded upon further. For example, the authors have made clear the purpose of evaluating couples and also list different data files available through EDHS: for example, household, household members, and couple’s records, but the authors do not define how they determined a couple was married, or living together from these data files.

Answer 3. This comment has been noted, and a definition has been added in the method section. The women in the study were asked questions on their background characteristics such as age, education and media exposure, birth history, child mortality, knowledge and use of family planning methods, fertility preferences, antenatal, delivery and postnatal care, breastfeeding and infant feeding practices, vaccinations, childhood
illnesses, marriage and sexual activities, women’s occupations, husband’s background characteristics, awareness and behaviours regarding AIDS and other sexually transmitted infections, and adult mortality (with a focus on maternal mortality). This study concentrates on married couples and those living together because we need to know about such people’s desire to limit their family size via childbearing. The total number of respondents was 6,745 (78.3% rural and 21.7% urban), with 93.6% of them being currently married and 6.4% of them living with a partner.

KKREQ3: Thank you. If able, would consider separating the female from the male responders and evaluate discrepancy there as well.

Q 4. “It is with this concept in mind that the investigators of this study wanted to correlate the promotion of after child birth use family planning, and desire to limit childbearing in Ethiopia”…This needs to be developed more as a secondary aim of this paper especially as the results show that limiting family size is for the large part NOT wanted by a majority of the populations.

Answer 4. The suggestion is well taken. Unfortunately, the data used did not allow more development toward this question as a secondary aim. Our future research will focus on this topic, using primary data.

KKREQ4: Please note the need for future research in this area in the discussion.

Q 5. Is analyzing the data of the declared infecund and infecund/menopausal of any benefit? As the family size will be limited or has reached its limits already and so “desire to limit” becomes inconsequential in this cohort.

Answer 5. Of course, it is beneficial. Even though family planning has been improving, the Ethiopian population has been increased radically and family size has still not reached its limit. This is because early marriage is not yet reduced as it is supposed to be. As a result, women are more likely to produce more children. Our objectives led to the inclusion of in-fecund and menopausal women in the data analysis of this paper. The first objective is to see if there’s a difference between the group of in-fecund and menopausal
women vs. married women in terms of fertility preference, desire for more children, and ideal number of children. Our second objective is to compare the fertility preference, desire for more children, and ideal number of children between young women (married) and elder women (menopausal).

KKREQ5: The objectives should be clearly stated in manuscript. Thank you for the above explanation. To clarify my first point: the attitudes of women who have declared themselves to be infertile or women who are postmenopausal in regards to future family size matter less from current public health standpoint as regardless of their attitude, these women are no longer able to increase their family size. I think the authors should place emphases on the attitudes of couples and individuals with retained reproductive capacity (i.e. don’t exclude the postmenopausal analysis, but place less emphasis on this)

Q 6. For Tables 3 and 4. The quantification of the exposure to media, knowledge of FP methods, and livestock and land units, as well as duration of marriage (for example a short marriage was defined as less than or equal to 5 years...), and economic value of children, should be defined in detail in the methods.
Answer 6. The multivariate analysis for Tables 3 & 4, used with weighted and non-weighted models for ideal number of children and desire for more children, shows a clear idea about the study topic with an EDHS reference period for the last five years.

QQREQ6: Thank you.

Q 7. What value does Table 4 add?
Answer 7. Table 4 shows the results of the multivariate analysis for ideal number of children in Ethiopia. The results of this table examine the demographic and socioeconomics characteristics associated with ideal number of children, and show both the gross effects and net effects of each variable on the desire for a greater or unideal number of children. This makes the results of this paper easier to identify and understand.

KKREQ7. Thank you, I agree Table 4 is a valuable addition to this manuscript.

Q 8. Needs a discussion. What is currently listed under Conclusion should be incorporated into a discussion, but I do not feel the authors intended what is listed now as their conclusion. The
Conclusion should be an answer to the desire to limit family size in the subpopulations of women in which they studied. And if a second question/aim was developed that would also be answered in the conclusion. Answer 8. This comment has been noted and prepared accordingly. A discussion section has been added in this manuscript that includes the quantitative results suggesting that there are several determinants of health care application in the country. These determinants influence the frequency with which women use the available quality health care services, especially for maternal health care. Therefore, this study promotes women's health by determining the priorities of family planning after childbirth and designing evidence-based interventions founded on the basic and insightful information provided on social capital and the status of women's health. This research will also be significant to policy-makers, helping them to enhance quality health care services and promote antenatal and postnatal care and maternal health education programmes for women in Ethiopia.

KKREQ8: This is a good study that will add to the public health literature, however, the discussion is still lacking. The first paragraph should summarize the most meaningful results, the body of discussion should place the results in context with existing studies, and examine rational behind the results, the second to last paragraph list limitations, and the last paragraph conclude with what the authors would like the reader to take away. Please refer to any major journal for discussion guidelines.

Q 9. Authors should also have paragraph listing limitations to this study.

Answer 9. Limitations to this study

Unfortunately, only 10% of births in Ethiopia are delivered at a health facility (9% in a public facility and 1% in a private facility). Delivery that is assisted by skilled health service providers is another important intervention in reducing maternal mortality, but in Ethiopia, just 10% of births were assisted by a skilled service provider (4% by a doctor and 6% by a nurse or midwife) [13]. The private and government sectors need to work together for the purpose of capacity building in terms of health care services. Unfortunately, no empirical
studies have investigated the situation of women’s general maternal health care services in Ethiopia, particularly in relation to Ethiopians who are currently married and living together.


- Minor Essential Revisions
1. Pay attention to English grammar throughout the paper. Please be consistent with hyphenation (ex: infecund and infecund): The suggestion is well taken. English grammar thoroughly checked.

KKRE: This has been done, thank you.

- Discretionary Revisions
None

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I have no competing interests