Author's response to reviews

Title: Treatment-seeking Behaviour of Unmarried Female Adolescents for Selected Reproductive Health Problems in Two Low-performing Areas of Bangladesh

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Author's response to reviews: see over
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To: Editor-in-Chief
The Reproductive Health Editorial Team

From: Humayun Kabir
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Subject: Response to the Reviewers’ Comments in the revised manuscript
“The Treatment-seeking Behaviour of Unmarried Female Adolescents for Selected Reproductive Health Problems in two Low Performing Areas of Bangladesh” MS: 3695414911218998

Thank you very much for reviewing our manuscript. The comments and suggestions made by the reviewers were very useful for improvement of the manuscript. In the revised version of the manuscript we have incorporated the reviewers’ comments and suggestions. We are resubmitting herewith a revised version for your kind consideration.

Please find attached responses to reviewer’s comments.

Response to the Reviewers’ comments:

Response to the comments of first Reviewer (Jami Leichliter)

1. In general, it is better to use “adolescent females” or “adolescent women” than “adolescent girls” throughout the manuscript. Another general comment is the use of “qualified doctor” and “qualified health professional” – were the terms different for menstrual and STI problems? If not, it is best to use the same term consistently.

Response: We have replaced “female adolescents” instead of “adolescent girls” throughout the manuscript.

“Qualified physician (doctor)” and “Qualified health professional” are not different. It means a healthcare provider who has obtained formal medical degree. We have replaced “Qualified physician” instead of “Qualified doctor” and “Qualified health professionals” throughout the manuscript. Please see page 1, 2, 10, 13.

“Menstrual” and “Sexually Transmitted Infection (STI)” related problems” are different.

2. In the Abstract, the conclusion is not fully supported by the results. The authors did not examine whether such facilities were available or if current facilities should be improved to make them more adolescent-friendly. Also, there
is a discrepancy between the age range listed in the Abstract and Methods (13-19 years vs. 12-19 years).

Response: We have added the results in the conclusion. Please see page 2(P2).

Correction done accordingly. Please see page 1 in methods.

3. In the Methods, the authors state that all adolescents agreed to be in the study. What was the response rate when considering parental consent? Also, were other inclusion/exclusion criteria (beyond age limits) used in this study? In the description of study measures, it was unclear if the interviewers asked about specific symptoms for menstrual issues or STIs or if a general question was asked. The authors described the “reported” symptoms; however, it may be possible that these were the symptoms that were included in the survey. Finally, it would be helpful if the data analyses section was edited slightly to better describe the actual analyses (e.g., all analyses included comparisons of the urban and rural areas).

Response: Once the parents of unmarried female adolescents permitted their daughters to participate in the study, only then we approached the respondents. The parental non-response rate was 7% in rural area and 10% in urban area which had already been adjusted in overall sample estimation (we considered 25% non-response rate). While we obtained informed consent from unmarried female, nobody refused to participate. Please see page 8 (P1).

All households were enumerated to collect basic information regarding age, sex, marital status, socio-economic condition etc. following sampling frame under DBRHCP. According to enumeration, there were 54,116 households in Nabiganj and 29,904 in Dhaka urban slum. We selected required sample size (800 in each area) from enumerated households through simple random sampling process. We recruited experienced female interviewers who previously worked in different studies. They received one month extensive training on adolescent health, reproductive health services, menstrual problems, HIV/AIDS and symptoms of sexually transmitted infections (STIs), existing health service facilities and availability of services, and interview techniques. The questionnaire was field tested. A debriefing session was held after field testing of questionnaire. Trained interviewers interviewed unmarried female adolescents using structured questionnaire. Each day after returning from the field, the interviewers crosschecked the completed questionnaires. The field supervisors reviewed each of the questionnaires and conducted regular spot-checking to maintain data quality. An experienced field research manager coordinated the overall field activities. A total of 1,600 unmarried female adolescents were selected from two areas. Inclusion criteria were 12-19 years age group of unmarried female adolescent. We excluded respondents if more than one adolescent fulfilled the criteria from the same household. Adolescents who were non-resident in the area were excluded. Three subsequent attempts were made to cover absentees. Please see page 6.
Interviewers asked about knowledge and perception on menstrual or STI-related problems as well as self experiences of having such problems and treatment-seeking.

Interviewer prompted the options under two questions: “Have you heard about sexually transmitted diseases, what are those?” and “Have you experienced any of the following STI symptoms in the last one year?” (Options for responses were read out).

Please see page 7 (P1).

A comparative analysis was done between urban and rural areas. Please see page 7 (Data analysis.)

4. The Results section and tables/figure are very useful. However, the information provided in Figure 1 would be better in a table that provided p values and 95% CIs. The reader cannot determine statistically significant differences in the current format. I think the data in Tables 1-2 would be best displayed in figures (including the 95% CIs and noting significant p values).

Response: We have replaced a Table (Table 1) instead of Figure 1 and added p values. Please see Table 1 and page 9 (P1).

5. Table 3 begs the question – do those who had visited any facility for any health problem the same as those who visited a qualified health professional for RH/STI problem? Often, adolescents may avoid STI care because of reasons of confidentiality (overall healthcare access is important, but there are still some who avoid care that they have access to). This additional analysis could be useful even though the timeframes do not match and could be accomplished by adding two rows to Table 3: consulted qualified doctor for menstrual problem, consulted qualified health professional for STI.

Response: Regarding adding two rows to revised Table 4: consulted qualified doctor for menstrual problem, and consulted qualified health professional for STI. This two and any health problem i.e. any general illness issues are separate which have already been addressed in Table 2, Table 3, and Table 4. Please see Table 2, 3 & 4.

We have revised the title of Table 3: Reported STI symptoms and health care providers consulted by unmarried female adolescents for STI treatment in the last year, by areas. Please see Table 3.

6. In the discussion, there are a few places where it is unclear why a topic is included (e.g., MMA programme). I think the authors are suggesting that there are possible existing interventions that could be examined in the two study areas to see if they can increase use of healthcare providers; however, it would be helpful if the authors clarify this. Finally, a limitations section is needed. One limitation that should be included is the use of face-to-face interviews for a sensitive topic given social desirability bias.
Response: Under this initiative, 20% poor mothers were beneficiaries as free users of mobile phone under this MAMA program. The MAMA program is an example of information communication technology (ICT) intervention. Similar innovative initiative can be applied to address the reproductive health needs of adolescents. Please see page 14 (P3) and page 15 (P1)

Limitation: A potential limitation was that we used data from only one rural area of one division and one urban area of another division out of seven divisions. Another limitation was that we used only quantitative method for data collection. Both quantitative and qualitative method could have been used for better understanding of the issues. Thus, results from the study may not be generalized for other areas of Bangladesh. Please see page 8 (P2).

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:
I declare that I have no competing interests
Response to the comments of second Reviewer (Andrea Hoopes)

Confidential comments to editors
-None

Major compulsory revisions

1. In the “Introduction (P1), you mention that reproductive health of adolescents as a major concern and challenge, but you do not describe “Why” – such as preventing unplanned pregnancies, preventing high rates of STIs, and slowing the spread of HIV/AIDS. Consider placing the problem in the context of the Millennium Development Goals (in addition to the effect you mention on quality of adolescents’ lives in P2)

**Response:** We have replaced recent journal article as per suggestion of one reviewer. Please see page 3 (P1; ref. 2 & 3)

Please see page 3 (P2; ref. 6, 7, and 8).

2. In Intro P2 S9, it is unclear where this data was drawn from. If these are results from the current study, they should be moved to the methods section.

**Response:** We have dropped the text and reference as per suggestion of one reviewer. Please see page 3 (P2).

3. Intro (P3 S5): These proportions do not add up to 100% where are the other recipients of institutional government healthcare facilities receiving treatment?

**Response:** We have dropped the section from text and replaced recent works) as per suggestion of one of the reviewers. Please see page 4 (P3) and page 5 (P1)

4. Intro P5: What is the specific rational for exploring healthcare-seeking behaviour of unmarried adolescents? (development of interventions? policy? funding?) please be explicit

**Response:** We have addressed this issue in P2. Please see page 5.

5. In “study design and population” section, you describe Sylhet division as “low-performing” but do not give any additional information as to what the performance measures determine this designation. Please be explicit with these performance measures and what the current national standards are.

**Response:** We have addressed this issue in Study design and Population. Please see page 5 (P3).
6. In “study design and population” section you describe a systematic random sampling method but you do not describe the size and demographics of the population from with the sample was selected.

**Response:** We have addressed this issue in Study design and population. Please see page 6.

7. In Data Analysis, you do not explain how you divided age as a bivariate category.

**Response:** We have categorized the age groups as follows:
- 12-14 years
- 15-17 years
- 18-19 years
Please see Table 1.

8. In Ethical considerations, Was assent obtained from the participants? (The statement “None refused to participate” does not specify whether you are referring to parents or participants. Where there parents who did not allow their child to participate? If this information is available, please include it in the results session

**Response:** We have revised this statement i.e once the parents of unmarried female adolescents permitted their daughters to participate in the study, only then we approached the respondents. The parental non-response rate was 7% in rural area and 10% in urban area which had already been adjusted in overall sample estimation (we considered 25% non-response rate). While we obtained informed consent from unmarried female, nobody refused to participate. Please see page 8 (P1).

9. In results (and Figure 1), you do not list the national rates of these age groups for comparison. In addition, you do not provide any statistical analysis comparing the proportion of the two groups. Consider running additional tests such as a students t-test to compare these values and report 95% confidence intervals and p values

**Response:** We have replaced a Table (1) instead of Figure 1 as per suggestion of one reviewer. We have revised and rephrased this statement. Please see Table 1.

10. In discussion, you need to highlight the most important findings of your conclusions

**Response:** We have done accordingly. Please see page 15 (P2).

11. Discussion (P2 S4) – Was a larger proportion of adolescents seeking care from indigenous practitioners because of access? Or preference (as you state)

**Response:** We have discussed this issue in the text. Please see page 12 (P3).
12. General comment: it is not clear why the prevalence of menstrual problems is important (does it lead to higher rates of anemia, missed work/school?, other consequences?)

Response: We did not collect the information on consequences of menstrual problems like anemia, missed work/school etc.

13. Conclusion (P1 S2) – You describe indigenous practitioners as “not dependable” – what data do you have to support this claim? This may diminish the importance these potentially valued members of the community

Response: We have dropped the statement as per suggestion.

14. Conclusion (P1 S5) – What kind of further investigation is needed? Please be more specific

Response: We have rephrased this statement and mentioned about specific issues to be investigated further. Please see page13 (P2).

15. General comment: Perhaps evaluating barriers to healthcare seeking would provide more specific information about health services interventions. Often it was not clear if preference or access (or lack of urgency/priority) was the predominant issue limiting health seeking among participants.

Response: We have incorporated the national strategic plan for reproductive health in discussion section. Please see page 13 (P3) and page 14 (P1. We have incorporated the issue of health services intervention for unmarried female adolescents in conclusion. Please see page 15.

Minor Essential Revisions (suggested changes indicated in CAPS)

16. Intro (P1 S2) – Adolescents aged 10-10 years CONSTITUTE....one in every 5 persons is AN adolescent.

Response: Correction done accordingly. Please see page 3 (P1).

17. Intro (P1 S4) – A great emphasis was PLACED on the problems and needs....

Response: Correction done accordingly. Please see page 3 (P1).

18. Intro (P2 S1)- Reproductive morbidity commonly affects the quality of adolescents’ lives AND is largely an ignored agenda in A developing country context like Bangladesh.

Response: We have replaced the text and reference by recent works as per suggestion of one of the reviewer. Please see page 4 (P3) and page 5 (P1).

19. Intro (P2 S4) -...the fact that adolescents are AN underserved vulnerable group...
Response: Correction done accordingly. Please see page 4 (P1).

20. Intro (P2 S6) – It was operated (OMIT IN) two days PER week...

Response: Correction done accordingly. Please see page 4 (P1).

21. In this same sentence, it is unclear how hours were decided by adolescents themselves – please be more explicit

Response: Adolescents decided their convenient timings, such as after school hours and weekends. Please see page 4 (P1).

22. Intro (P2 S7) - ...medical CHECK-UPS (or consider: CONSULTATIONS) free of charge

Response: Correction done accordingly. Please see page 4 (P1).

23. Intro (P3 S1) Similarly, FINDINGS from a study...rare visited clinics TO OBTAIN services for sexually transmitted INFECTIONS (STI) or menstrual problems compared to groups VISITING clinics for immunization.

Response: We have replaced the text and reference by recent works as per suggestion of one of the reviewers. Please see page 4 (P3) and page 5 (P1).

24. Intro (P3 S2)....65% of surveyed adolescents had complaints OF gynecologic problems, of WHOM only 18% attended healthcare facilities for treatment

Response: We have replaced previous reference as per suggestion of one reviewer. Please see page 4 (P3) and page 5 (P1).

25. Intro (P3 S3)...adolescents preferred RECEIVING treatment from village doctors

Response: We have replaced previous reference as per suggestion of one reviewer. Please see page 4 (P3) and page 5 (P1).

26. Intro (P4 S1) ....while many reported KNOWLEDGE about STI related signs OR symptoms

Response: We have replaced previous reference as per suggestion of one reviewer. Please see page 3 (P2).

27. Intro (P4 S3) ....existing healthcare facilities was considerably LOWER compared to THAT FOR other general health problems

Response: Correction done accordingly. Please see page 4 (P2).
28. Intro (P5 S2) – Moreover, the NEEDS of adolescent girls are different... (Note: I would also consider adding that they have risk of morbidity and mortality from unplanned pregnancy as well as untreated STIs)

Response: We have replaced the text by recent works as per suggestion of one of the reviewer. Please see page 3 (P2).

29. Intro (P5 S4) – Unmarried adolescents often feel UNCOMFORTABLE DISCUSSING reproductive health concerns with...

Response: We have replaced the text by recent works as per suggestion of one of the reviewers. Please see page 4 (P3) and page 5 (P1).

30. Intro (P5 S5) – Consider changing the language from FAIL to MAY NOT PROVIDE

Response: We have replaced the text by recent works as per suggestion of one of the reviewer. Please see page 4 (P3) and page 5 (P1).

31. Intro (P5 S6) – A literature search.....

Response: We have replaced the text by recent works as per suggestion of one of the reviewer. Please see page 4 (P3) and page 5 (P1).

32. Intro (P5 S7)....that include shyness OR EMBARRASSMENT.....

Response: We have replaced the text by recent works as per suggestion of one of the reviewer. Please see page 4 (P3) and page 5 (P1).

33. Intro (P5 S8) ...service environment, which MAY not ensure privacy or confidentiality

Response: We have replaced the text by recent works as per suggestion of one of the reviewer. Please see page 4 (P3) and page 5 (P1).

34. Intro (P5 S9) ...Healthcare SYSTEMS ARE different in the rural and urban settings

Response: Correction done accordingly. Please see page 4 (P2).

35. M&M (P1 S3) The use of health facilities also VARIES widely

Response: Correction done accordingly. Please see page 5 (P3).

36. M&M (P1 S5) Who administered the questionnaire? What was the possibility for variability between questionnaire administrators?

Response: We recruited experienced female interviewers who previously worked in different studies. They received one month extensive training on adolescent health, reproductive health services, menstrual problems, HIV/AIDS and symptoms of sexually
transmitted infections (STIs), existing health service facilities and availability of services, and interview techniques. The questionnaire was field tested. A debriefing session was held after field testing of questionnaire. Trained interviewers interviewed unmarried female adolescents using structured questionnaire. Each day after returning from the field, the interviewers crosschecked the completed questionnaires. The field supervisors reviewed each of the questionnaires and conducted regular spot-checking to maintain data quality. An experienced field research manager coordinated the overall field activities. Please see page 6.

37. M&M (P1 S7) Not clear what your expected difference is when explaining the power calculation. Please be more explicit. You also do not give the response rate, although you anticipated 25% from previous study

Response: We have incorporated this issue accordingly. Please see page 8 (P1).

38. M&M (P1S10) ...and had sought treatment during the past year

Response: Correction done accordingly. Please see page 7 (P1).

39. M&M (P1 S11) Those experiencing menstrual-related problems

Response: Correction done accordingly. Please see page 7 (P1).

40. M&M (P1 S12) They were asked if they knew about STIs and STI symptoms and whether they had sought treatment for a suspected STI during the past year.

Response: Correction done accordingly. Please see page 7 (P1).

41. M&M (P1 S13) The reported symptoms included were burning during urination...

Response: Correction done accordingly. Please see page 7 (P1).

42. M&M (Data analysis, S2) We (OMIT: have) calculated proportions, 95% confidential intervals (CIs), and p values.

Response: Correction done accordingly. Please see page 7 (P2).

43. Results (P1 S1) Figure 1 shows that the proportion of adolescents who participated in the study was higher (OMIT: higher) (44%) in age group 12-14 years in urban Dhaka compared to rural Nabiganj (27%) .

Response: Figure 1 is replaced by Table 1 as per suggestion of one reviewer. Correction done in Table 1. We have rephrased the text in result of Table 1 as per suggestion of one reviewer. Please see page 9 (P1).
44. Results (P1 S3) In both areas, 90% of adolescents....

**Response:** Correction done accordingly. Please see page 9 (P1).

45. Results (P1 S3) Please specify what “madrasah” represents or consider omitting

**Response:** In both areas, 90% of adolescents were ever enrolled in school. Correction done and omitted “madrasah” accordingly. Please see page 9 (P1).

46. Results (P2 S1) Table 1 shows that a higher proportion in urban Dhaka (50%) (OMIT: had) experienced any menstrual problems during the last one year compared to rural Nabiganj (47%).

**Response:** Now it is Table 2. We have rephrased the text in result of Table 2 as per suggestion of one reviewer. “Table 2 shows that almost similar proportions of adolescents experienced any menstrual problems during the last one year in urban Dhaka (50%) and in rural Nabiganj (47%) areas”. Please see page 9 (P2).

47. Results (P2 S2) Among them, more than half of the adolescents (OMIT: had) reported...

**Response:** Correction done accordingly. Please see page 9 (P2).

48. Results (P3 S3) In the rural area, a significant proportion....

**Response:** Correction done accordingly. Please see page 10 (P1)

49. Results (P3 S4) On the other hand, a significantly higher proportion of the adolescents in the urban area (17%) had received...

**Response:** Correction done accordingly. Please see page 10 (P2).

50. Results (P4 S2) Reported STI symptoms included: burning....

**Response:** Correction done accordingly. Please see page 10 (P2).

51. Results (P4 S3) Self-treatment was the most commonly reported care for the reported STI symptoms in both study areas

**Response:** Correction done accordingly. Please see page 10 (P2).

52. General comment for results: be consistent with tenses, eg had visited should be have visited

**Response:** Correction done accordingly.
53. General comment for results: consider placing important p-values into the text

**Response:** We have incorporated p-values into the text as required. Please see page 9, 10 & 11.

54. Discussion (P1 S1) – Consider removing “as stated above”

**Response:** We have removed accordingly. Please see page 12.

55. Discussion (P1 S3) – The study reported that self-treatment was the MOST COMMON care in...

**Response:** Correction done accordingly. Please see page 12 (P1).

56. Discussion (P1 S5) – Consider explicitly stating what strategies policy makers my devise based on the findings of your study

**Response:** Correction done accordingly. Please see page 12 (P1).

57. Discussion (P2 S5) On the other hand, adolescents IN THE urban area VISITED pharmacies to receive treatment for any menstrual problems, WHICH MAY BE DUE TO comfort, availability, accessibility and affordability

**Response:** On the other hand, adolescents in the urban area visited pharmacies to receive treatment for any menstrual problems, which may be due to comfort availability, accessibility and affordability.

**Correction done accordingly. Please see page 13 (P1).**

58. Discussion (P3 S2) Findings from PREVIOUS surveys IN African countries...STI signs OR symptoms.

**Response:** We have dropped the cited reference as per suggestion of one reviewer.

59. Discussion (P3 S5) ...self-treatment was the MOST COMMON care for STI PROBLEMS...possibly DUE TO their shyness to discuss this problem with providers, WHICH is often a cultural norm in Bangladesh and POSSIBLY DUE TO the lack of female health professionals at the facilities. (Future study would be necessary to confirm this suggestion) The following sentence (P3 S6 is redundant)

**Correction and revised accordingly. Please see page 13 (P2).**

60. Discussion P4 S1 – It is unclear what this sentence implies.

**Response:** We have rephrased this sentence. Please see page 14 (P2).
61. Discussion (P4 S4) – Variation in utilization of healthcare facilities WAS linked with general FEATURES of distribution and availability...

**Response:** Correction done accordingly. Please see page 14 (P2).

62. Discussion (P5 S1)- In 2012, South Africa, Indonesia and Bangladesh (OMIT: have been) started.... – Also this comment is very out of place with the adolescent gynecologic and STI services

**Response:** Correction done and we added new issues as per suggestion of one reviewer. Please see page 14 (P3) and page 15 (P1).

63. Discussion (P6 S1) – Recently, significant improvements HAVE BEEN achieved in girls’ education in Bangladesh

**Response:** Correction done accordingly. Please see page 12 (P2).

64. Discussion (P6 S2) ...female ENROLLMENT (OMIT:rate) is higher compared to THAT OF males

**Response:** Correction done accordingly. Please see page 12 (2).

65. Discussion (P6 S4) School health PROGRAMMES can adopt strategies.... (Consider what strategies you might recommend)

**Response:** We have revised this sentence accordingly. Please see page 15 (P1).

66. Conclusion (P1 S6) Significant variations WERE reported in the utilization of health care....

**Response:** Correction done accordingly. Please see page 12 (P1).

67. Conclusion (P1 S7) Existing GOVERNMENT (lowercase) and NGO (abbreviated previously)

**Response:** Correction done accordingly. Please see page 12 (P1).

**Discretionary Revisions**

68. In “Ethical consideration”, consider explaining how “privacy was maintained during data collection”

**Response:** We have addressed this issue accordingly. Please see page 8 (P1).
69. The final three sentences of the conclusion are quite redundant from what was stated in the discussion – consider a more specific conclusion

**Response:** We have followed the suggestion accordingly. Please see page 2 (P2) and 15 (P2).

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests
Response to the comments of third Reviewer (Venkatraman Chandra-Mouli)

Detailed comments on the paper:

Introduction:

First page:
First line:
Replace the word “constitutes” by the word “constitute”.

Response: Correction done accordingly. Please see page 3 (P1).

Fifth line:
Reference 2 does not fully back up the statement made. It is also outdated (12 years old).

Response: We have replaced the text and reference by recent work as per suggestion. Please see page 3 (P1).

Second para:
First line:
This report is 10 years old and was not published in a peer-reviewed journal. Could you cite a more recent paper published in a peer-reviewed journal?

Response: We have replaced the text and reference by recent work as per suggestion. Please see page 3 (P1).

Seventh and eighth lines:
(In response.....in India)
Please note that this is one of a number of initiatives carried out across India.

Response: We have incorporated required changes in the text. Please see page 4 (P1).

Third para:
Third line:
Please say something about the study carried out in 2002. The brief mention of a 12 year old report unpublished in a peer reviewed journal is not adequate.

Response: We have modified the text and replaced previous reference by recent work. as per suggestion. Please see page 3 (P2).

Last line:
The title of reference 3 does not clearly say that this study was about reproductive health signs and symptoms. Please confirm that this is so.
Response: We have replaced the text and reference by recent work as per suggestion. Please see page 4 (P3) and page 5 (P1).

Fourth para:
Third line:
Please say that the reference 6 – the national baseline survey was published 9 years ago.

Response: We have added recent information as per suggestion. Please see page 3 (P2).

Fifth line:
The study referred to in reference 7 was not published in a peer reviewed journal in 1999 – 15 years ago. This is way out of date.

Response: We have dropped this reference and replaced it by recent work. Please see page 4 (P3) and page 5 (P1).

Last line:
Please confirm this study addresses sexual and reproductive health. This is not evident from the title.

Response: This study addresses Selected Reproductive Health. We have added “Selected” in the title. Please see page 1.

Fifth para:
Second, fourth and sixth lines:
Reference 9 was published over 10 years ago. Please try to identify and use a more recent reference.

Response: We have incorporated recent information and added new reference. Please see page 4 (P3) and page 5 (P1).

In the fourth line, you have referred to this reference in the current context. That is not correct.

Response: We have incorporated recent information and added new reference. Please see page 4 (P3) and page 5 (P1).

Eighth line:
Reference 10 is not authoritative. Further it is over 15 years old. Please use a more appropriate reference.

Response: We have incorporated recent information and added new reference. Please see page 4 (P3) and page 5 (P1).

Ninth line:
Reference 11 is not complete. It was published over 25 years ago.
Response: We have dropped this reference.

Ninth and tenth lines:
You have used the term literature search but you have done no literature search.
You have cited one very old document.

Response: We have dropped the sentence.

Materials and methods:
Eighth line:
Please provide a reference to the study.

Response: Please see ref. and page 6 (ref. 16)

Ninth line:
Please specify the services you are referring to here.

Response: General illness. Please see page 7 (P2).

Sixth line from the bottom:
Please add the word “into” after the word “those”.

Response: We have rephrased the sentence.

Fourth line from the bottom:
(They were asked......one year) Please clarify that this question was posed to the 1600 adolescents and not just to those who had menstrual problems

Response: We have clarified this issue in Table 2. Please see Table 2.

Second to last line:
Please delete the word “were”

Response: Correction done accordingly.

Data analysis:
No suggested changes.

Ethical consideration:
Third line:
Please remove the word “had”

Response: We have removed the word accordingly. Please see page 8.
Results:

First para:
First line:
Remove the repetition of the word “had”

Response: We have removed the word accordingly. Please see page 9.

Second line:
Remove the word “was”

Response: We have removed the word accordingly. Please see page 9.

Fourth line:
Replace the word “both” with “in both”

Response: We have replaced the word accordingly. Please see page 9.

Second para:
Please rewrite this para saying what was similar in the two areas and what was different.

Response: We have addressed this issue accordingly. Please see page 9.

Third para:

Fourth para:
Please confirm if the 33% refers to those who sought care.

Response: Yes, it is OK.

Fifth para (top of page 9):
Please move the sentences: “self-treatment.....indigenous practitioners” to the sixth para.

Response: We have moved the sentences accordingly. Please see page 10.

Sixth para:
No suggested changes.

Discussion:
Para one:
Second line:
Please provide illustrative examples of the wide range of reported problems.

Response: We have rephrased accordingly. Please see page 12 (P1).
Fifth line:
Please illustrative examples of the variation in the utilization of care.

*Response:* We have rephrased accordingly. Please see page 12 (P1).

Para (three) may be Para two
First sentence:
(The present study....health facilities): Menstrual problems (first line) are gynaecological problems (third line). But the latter includes other problems as well.

*Response:* We have dropped the reference (3) as per suggestion made earlier.

Third line from the bottom:
Replace the word “might” with “possibly, because of”

*Response:* We have incorporated the word as per suggestion of one reviewer. Please see page 12 (P3).

The last sentence:
“the study........similar problems” is not in line with the previous sentence which is about the preference to use pharmacies.

*Response:* We have dropped the reference as per suggestion earlier.

Para three:
First, eighth and twelfth line
Please do not mix up symptoms of STI problems.

*Response:* We have followed the suggestion accordingly. We have discussed the issue in page 10 (P2).

Third line:
Reference 14 does not back up the statement

*Response:* We have dropped the reference.

Para four:
This sentence is six lines long. It is also not clear. What is the point you are trying to make?

*Response:* We have rephrased the sentence accordingly. Please see page 14 (P2).

Para five:
Lines three-four: “mama has already....is available”
Please cite data on this.
Response: We have cited and added additional information regarding MAMA. Please see page 14 and 15.

Line five:
“Bangladesh...common users” - please provide a reference for this.

Response: We have cited reference. Please see page 15 (P1; ref. 5).

Para six:
No comments

Conclusion:

First line:
“Menstrual....adolescents” – This is an overstatement

Response: We have rephrased the sentence. Please see page 15 (P2).

Fourth line:
Please use another term instead of the word “dependable”

Response: We have dropped the word as per suggestion.

Fifth line:
“A lower proportion....” Please say in relation to what.

Response: We have rephrased the sentence accordingly. Please see page 15 (P2).

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:
I declare that I have no competing interests.

Kind regards.

Humayun Kabir