Reviewer’s report

Title: Treatment-seeking Behaviour of Unmarried Adolescent Girls for Reproductive Health Problems in two Low Performing Areas of Bangladesh

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Reviewer: Jami Leichliter

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This study reports on data from a cross-sectional survey of unmarried adolescent women in two areas (one urban, one rural) of Bangladesh. The purpose of the study was to examine treatment seeking behavior for two types of reproductive health issues – menstrual problems and STIs. A strength of the study was a large sample consisting of 800 women from each area that was obtained via simple random sampling. The Introduction leads into study purpose and provides appropriate justification for the manuscript. Additionally, the findings highlight use of various providers for treatment-seeking among adolescent women, and how the patterns differ in an urban and rural setting. Such data can be used to develop interventions and other prevention efforts to increase access to and use of healthcare services for this sub-population.

I have a few questions and comments for the authors’ consideration.

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.

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).

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).

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).

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.

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.

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