Reviewer’s report

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

Version: 1 Date: 7 April 2014

Reviewer: Andrea Hoopes

Reviewer’s report:

This is a descriptive study of healthcare-seeking behavior among female adolescents in an urban and rural setting in Bangladesh. This study fills a gap in knowledge about the healthcare needs of this vulnerable population, however it does not sufficiently address barriers to healthcare seeking nor does it make clear why prevalence of self-reported menstrual or STI symptoms is applicable to health service interventions. Please see below for specific major and minor recommended revisions.

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)

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.

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

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

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.

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

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)

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

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

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

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?)

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

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

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.

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.

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

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.

19. Intro (P2 S4) -...the fact that adolescents are AN underserved vulnerable group...

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

21. In this same sentence, it is unclear how hours were decided by adolescents themselves – please be more explicit
22. Intro (P2 S7) - …medical CHECK-UPS (or consider: CONSULTATIONS) free of charge

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.

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

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

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

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

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)

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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%).

44. Results (P1 S3) In both areas, 90% of adolescents….

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

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%).

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

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

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

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

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

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

53. General comment for results: consider placing important p-values into the text.

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

55. Discussion (P1 S3) – The study reported that self-treatment was the most common care in….

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

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.

58. Discussion (P3 S2) Findings from previous surveys in African countries…STI signs or symptoms.

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).

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

61. Discussion (P4 S4) – Variation in utilization of healthcare facilities was linked with general features of distribution and availability….
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

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

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

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

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

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

Discretionary Revisions

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

69. The final three sentences of the conclusion are quite redundant from what was stated in the discussion – consider a more specific conclusion

**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