Author's response to reviews

Title: A cross sectional study on fertility knowledge in Japan, measured with the Japanese version of Cardiff Fertility Knowledge Scale (CFKS-J)

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Author's response to reviews:

Dear Dr. Pilar Valanzasca, The Reproductive Health Editorial Team

Thank you for having sent us suggestions and comments for our manuscript. We read the Reviewer's comments carefully and revised the manuscript in red, as described below. We hope that the revised manuscript will satisfy you and Reviewers.

Sincerely yours,

Eri Maeda, MD
Hidekazu Saito, MD, PhD

Reply to the comments

Reviewer 1

>Abstract - Line 58 - learnt should be changed to learned.
We changed “learnt” to “learned” throughout the manuscript.

>Methods - The age ranges for inclusion are on the high end with the "General" group being 59 >and the "Triers" group being 50. These upper end age ranges sample many people beyond their >childbearing years. In the United States, the age range of 15-44 is considered to sample women >during their fertile years. The authors may want to consider reducing the age ranges on the >upper end if indeed they want to measure fertility knowledge in people who are still fertile.

We performed additional analyses for people aged between 18 and 44. The score of CFKS-J improved slightly in both groups; from 53.1 to 53.7 in the Triers group and from 44.4 to 45.3 in the General group. In the Triers group, results of
multiple linear regression analyses were almost the same as before. In the General group, although coefficients of age, income, and smoking, changed toward null, the main findings were unchanged.

In Japan, parents often strongly influence marriage and the family lives of their children. We think it important to educate not only the reproductive generation but also all generations. This may be particularly important in Asian countries including Japan. Therefore, we added explicit statements giving the reason why we included people who were older than those in previous studies. Those statements are in the Introduction (line 109 – 111) and in the Discussion (line 311 - 314).

Reviewer 2
> It is a cross sectional study and the online survey was not well described in terms of methodological components such as survey piloting, sampling and distribution.

We added methodological description regarding the online survey in Method (line 130 - 135 and line 145 - 147).

>NB The research seems to have been presented as Poster in ESHRE 2014. Should reference be made to this?

We added the information to Acknowledgement section (line 405 - 406).

Additional comments
- Introduction Section
> Is quite long. An Introduction can be written in three paragraphs containing the following: the motifs that lead you to do this study, literature support for your hypothesis and objectives of your study.

We omitted the 3rd paragraph of the original manuscript and summarized its contents in the 2nd paragraph (line 96 - 101).

- Discussion
> I wonder if you can do a better organization of your Discussion section. Please see some suggestions about the organization of this section.

We changed the order of the paragraphs and reconstructed the Discussion according to the Reviewer’s advice.

Please follow this structure:

* Strengths and weaknesses in relation to other studies, discussing important differences in results and what your study adds. Whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses (eg Cochrane reviews)

To date, there have not been any systematic reviews regarding fertility
knowledge or awareness campaigns. Therefore, we constructed this section based on our literature review.

In addition to the revision according to the reviewers’ advice, we revised a reference (line 333) and removed from the reference list because it was found to be company data, which was distributed among medical professionals.