Author's response to reviews

Title: Community based reproductive health interventions for young married couples in resource-constrained settings: A systematic review

Authors:

Archana Sarkar (archana.sarkar5@gmail.com)
Venkatraman Chandra-Mouli (chandramouliv@who.int)
Kushal Jain (kushal@mamtahimc.org)
Jagannath Behera (jagannath@mamtahimc.org)
Surendra Kumar Mishra (skmishra@mamtahimc.org)
Sunil Mehra (dr.mehra@mamtahimc.org)

Version: 5 Date: 4 September 2015

Author's response to reviews: see over
To

The Senior Executive Editor
BMC-series Journals
BioMed Central
Floor 6, 236 Gray's Inn Road
London, WC1X 8HL

Sub: Submission of Revised Manuscript

MS: 4847127091405662

Community based reproductive health interventions for young married couples in resource-constrained settings: A systematic review
Archana Sarkar, Venkatraman Chandra-Mouli, Kushal Jain, Jagannath Behera, Surendra Kumar Mishra and Sunil Mehra

Dear Natalie Pafitis

Greetings!

Thank you so much for reviewing our paper. We have addressed all the comments raised by the reviewers’ in the paper. We have also very carefully checked for English language and grammatical errors in the paper.

Please find below the detailed response to the comments of both the reviewers.

Hopefully, with these changes, you will find the paper suitable for publication.

Looking forward to a favourable response,

With sincere regards

Dr Archana Sarkar
Assistant Director

MAMTA Health Institute for Mother & Child
B-5, Greater Kailash Enclave-II, New Delhi-110048
Responses to the Reviewers Comments:

Reviewer 1: Kathleen Deering

Thank you for your detailed responses to my comments. The paper stands to make an important contribution to its field and I agree that the paper is much improved. There are a few remaining issues that I would like to bring up.

_We thank the reviewer for acknowledging the detailed responses to their comments. We have tried to address the remaining comments and suggestions diligently and to the best of our ability._

Major Compulsory Revisions

1. In your addition with respect to community based interventions details (my original comment #3), can you please add references? I am a bit confused, as what you wrote in the response to my comments is not found in the new manuscript file (as far as I can tell): “Community based delivery is now widely recognized as an important strategy to deliver key maternal and child survival interventions. Interventions delivered at the community level have not only been advocated to improve access and coverage of essential intervention, but also to reduce the existing disparities and reaching the hard to reach.” Can you please clarify why this is not in the text and what you HAVE done to address this comment? At the same time, please add references – there is a lot of literature available on this topic (e.g., why community-based interventions are important).

_An: We have incorporated your suggestion in the manuscript. (Page 5)_

2. Line 120 – I notice that there is not noun agreement here – please modify this Sentence so it makes sense (i.e., you refer to community-based interventions as “It”).

_An: We have modified the sentence. (page 5)_

3. Discussion, first paragraph – please include citations of the relevant studies where you summarize specific results from certain studies

_An: We have added the citations, as required. (page18)_

Minor Essential Revisions

Discretionary Revisions

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

_An: We thank the reviewers for finding this study important and interesting._

5. Quality of written English: Needs some language corrections before being Published
Ans: We have carefully checked the language of the paper. It was also seen by two senior level editors for any language corrections.

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

Reviewer 2:

1. The reviewer suggested spelling out the acronyms used for the projects in the text and the authors claim to have done so. But I think they have just added definitions for the acronyms but still use them throughout the results: I found them unhelpful. Since the studies have very long names and have to be referred to many times, the authors could use the name of the first author. Alternatively, and perhaps more in line with the acronyms they picked so far, they could choose one or 2 key words from the title (e.g. instead of MMM could call it Malawi Men or Motivating Men.) It would be helpful if the words used to reference the studies implied something about the study (again, author name or something about the topic vs. abbreviations like MMM, KEM, FHRS.)

Ans: We have tried to use two keywords from the titles for the projects, but in our view this makes the sentence confusing and cannot be read clearly. We have given one example of using two key words below. Moreover, we could not use the first author because some of them were from grey literature and not yet published. So we have kept the same style of abbreviations, as before.

Abbreviations used

Study Design: Of the eight studies/project reports reviewed, four – FP, FTP, PRACHAR and REWARD [23-25, 27] used quasi-experimental study designs with intervention and control arms. MMM [28] used a 2x2--randomized control design in which young men either married or having a female partner less than 25 years of age were assigned randomly. Three project reports– FTP, MMM and KEM [24, 28-29] compared baseline and end line measures in the intervention and control arms. FRHS [30] used a feasibility approach focusing on the processes and dynamics of implementation rather than on its outcome. ACQUIRE [26] carried out pre and post cross-sectional surveys.

Two/three words of Abbreviations used

Study Design: Of the eight studies/project reports reviewed, four – Frontiers Program, First Time Parents, Promoting behaviour change and Reaching and Enabling Women [23-25, 27] used quasi-experimental study designs with intervention and control arms. Malawi Male Motivator [28] used a 2x2--randomized control design in which young men either married or having a female partner less than 25 years of age were assigned randomly. Three project reports– First Time Parents, Malawi Male Motivator and Reproductive and Sexual Health Education [24, 28-29] compared baseline and end line measures in the intervention and control arms. Social Mobilization or Government Services [30] used a feasibility approach focusing on the processes and dynamics of implementation rather than on its
outcome. Mobilizing married youth ACQUIRE [26] carried out pre and post cross-sectional surveys.

2. I would encourage them to merge Tables 3a and 3b into one table -- effectively adding 1 column to Table 3a. This table is dense but it would be very useful to have the outcome data information about each study all in 1 row. In addition, there are many ways to reduce the "bulk" of these tables. Many things are spelled out that could be abbreviated (e.g. percentage instead of %, O.R. defined in multiple cells where it could be defined in table legend, less than instead of <, more than instead of >, things with * defined in the cell rather than at the end of the table, etc.). This table is very helpful and would strongly encourage authors to work to streamline it as much as possible.

Ans: As per the reviewer's suggestions, we have merged Table 3a and 3b into one table, adding 1 column of contraception to column 3a. We have also changed to using “%” instead of “percentages,” and “OR” instead of “Odds Ratio,” to reduce the ‘bulk’ of these tables. (Table 3, Page 40)

3. The figure provided in response to the suggestion of the reviewer does not add much for me. I also cannot actually see the "outcomes" figure within this schema due to low quality. We would defer to the editor whether he/she thinks this is a helpful addition (it is in direct response to the reviewer request for such a figure).

Ans: We have changed the figure that is in line with our study objective.