Author’s response to reviews

Title: Effect of integrating maternal health services and family planning services on postpartum family planning behavior in Ethiopia: Results from a longitudinal survey

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Author’s response to reviews:

We thank the reviewers for their review and suggestions, particularly the thoughtful suggestions of the first reviewer. We have made changes as suggested or provided an explanation for why we could not make the change if necessary. We hope that the changes meet with the reviewers’ approvals.

This is a useful and appropriately-designed study of the association of postpartum family planning counseling and services and Ethiopian women's uptake of modern contraceptive methods in the postpartum period. What follows are several recommendations for revision.

1. The nature of the panel data reduces bias from selective retrospective recall on receiving PPFP services and contraceptive use. That said, panel data cannot sufficiently address selective receipt of PPFP, even with control variables. This point should be noted as a limitation. Thank you for the suggestion. We agree and this limitation is now noted in the discussion section ~line 350.

2. The study uses reports by women on receipt of PPFP and contraceptive use. What would be informative, even if for background and context, is the degree to which PPFP is provided at health facilities that provide ANC and postnatal services. Moreover, the Ethiopian context of service delivery with health extension workers merits further information regarding their role in providing this service (lines 342-343). For example, about half of HEWs' time is spent outside of health posts, and a quarter of their time is on family planning and maternal, newborn and child health activities (Mangham-Jefferies et al., 2014; https://human-resources-
We have briefly expanded upon this in the Background (~110) and thank the reviewer both for the suggestion and the attached, highly relevant citation.

3. Three recommendations for the authors to consider that affect the conclusions they draw from their analysis and inspired by key points raised by Cleland, Shah and Benova (2015 - "A Fresh Look at the Level of Unmet Need for Family Planning in the Postpartum Period, Its Causes And Program Implications.")

a. Many women use the return of their period as a signal that they are susceptible to pregnancy and motivation to use a method. This study shows that by month 6, nearly 4 in 5 women report that their period has not returned (levels echoed in the 2015 DHS). The return of menses also has one of the largest positive associations with the hazard of using a modern method (more than ANC and PNC counseling) (Table 3). This characteristic is more than a control variable - it is a major factor in explaining contraceptive method uptake and potential gaps in the content or approach of PPFP. We have expanded upon this in the discussion section and highlighting that this demonstrates a gap in PPFP services. ~line 315

b. Panel data on discontinuation should be included. Adoption of a method during the postpartum period may not have much impact on postponement of the next pregnancy if there are high rates of discontinuation. See the high levels of discontinuation in the postpartum period by Kopp et al. (2017) in Malawi (prospective cohort) as an example. We agree that this would be a valuable contribution but unfortunately we did not collect a month by month calendar that would be needed to better estimate discontinuation. This is a short coming however that will be addressed in a current ongoing study of PPFP in Ethiopia and we appreciate the reviewer’s suggestion.

c. The way that antenatal care operates (and other studies that show how PPFP counseling during ANC strengthens the intention to use) could be raised more explicitly as a "priming" mechanism (lines 78-80, 291), and counseling and services closer to the point of use as having more direct impact. We have expanded upon this in the discussion ~line 300, including to underscore that multiple sessions of counseling in ANC are likely more effective than single sessions and that we were unable to distinguish within our study. We have also addressed the issue that many women are likely receiving only one session of PPFP counseling (see response to 5 below).


The above citation has been included, although we have kept the original citation as well as it demonstrates that PPFP has historically been of central interest and considered an important practice on the global scale. Thank you for the suggestion.

5. Coverage of ANC and postnatal care provide an upper bound of PPFP coverage (lines 108, 169, 203). Also, please draw attention to when in ANC PPFP is supposed to be covered since the number of visits is not noted in this study and the large group of women covered by ANC likely
span a diverse group - from those receiving just one visit (when PPFP not likely to be covered?) to those receiving 4+. Thank you for this suggestion. We have included the recommended timing for PPFP counseling in ANC in the background section (line ~115) and expanded upon the results to include the % of women who report 4+ ANC visits (Table 2 and ~line 250). We have expanded the discussion section (~line 306) to acknowledge that as almost half of women receive fewer than 4 visits and guidance suggests PPFP counseling at the 3rd and 4th visit, many women are likely receiving only one counseling session on PPFP which has been shown to be ineffective. This was an important suggestion from the reviewer and we hope the expanded discussion meets with approval.

6. To what degree can the authors label PPFP as "integrated" with ANC and postnatal care if half of women who receive this type of care do not report receiving PPFP? (lines 249, 272) We appreciate the reviewers concerns and agree that integration of FP services in MNH services is lacking. However, the Ethiopia MOH promotes FP services and counseling as an integral part of focused ANC and institutional delivery and postpartum care (reference: National Guideline for Family Planning Services in Ethiopia, Federal Democratic Republic of Ethiopia, Ministry of Health, February – 2011. Health Extension Workers (HEW), are also mandated to provide both maternal and family planning services and counseling as a part of HEW service packages to women in rural areas (Bilal NK, Herbst CH, Zhao F, Soucat A, Lemiere C. Health extension workers in Ethiopia: improved access and coverage for the rural poor. Yes Africa can: success stories from a dynamic continent; 2011. p. 433–43.). Though it is clear that integration of FP services is falling short of the goal, the purpose of our paper was not to define what constitutes successful integration but to demonstrate the reality of how well services are being integrated in the field.

Minor points:

7. Note date/time text in text (line 311).

8. Reference #8 is incomplete.

Thank you. These have been updated.

Reviewer 2

Table 1-This is not very clear, can the authors explain it a bit further.

We appreciate the reviewer’s concern, however, we are not sure how best to respond to this without more detail of what is unclear. We added additional information to line ~200 to clarify what is presented in the table but are not sure if this satisfies the reviewer. The references are not complete in some cases. Authors must go through all the references and complete them.

The references have been reviewed and updated.