Author's response to reviews

Title: Contraceptive use and associated factors in Afghanistan: A secondary analysis of Afghanistan Mortality Survey (AMS) data

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Author's response to reviews: see over
Dear Editor in Chief,

Please find enclosed our revised manuscript “Prevalence and associated factors of contraceptive utilization in Afghanistan: A Review of data from the Afghanistan Mortality Survey 2010” by Mohammad Hafiz Rasooly et al which we would like to submit for publication as an original research article in BMC’s Women Health. We have incorporated all reviewers’ comments, please see below all changes made point by point according to the reviewers’ comments.

All authors have approved the revised manuscript and agree with its submission to BMC’s Women Health

Please address all correspondence to dochafez@yahoo.com. We look forward to hearing from you at your earliest convenience.

Sincerely,

Mohammad Hafiz Rasooly, MD, MSc
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Response to reviewers’ comments

1. Both reviewers requested that further analysis be added to the paper reporting data on the type of contraceptive method used, both nationally and for different geographic regions. While some data the national level has been added on this topic, regional data has not. The policy and programmatic implications of the contraceptive method mix should also be discussed in the paper.

Response:

(line number 164-165) Current contraceptive method used, overall and by place of residence, zone, region, and woman’s characteristics are presented in table 3,16 of the main report of AMS (page 57). So we have referred it as “further details of the method used by region can be found in the main report of AMS” (ref 4).

(line number 214-218) The overall share of method mix for injectable contraceptive in Afghanistan rose from 2% in 2003 to 9.6% in 2012, while the share of other methods were remained unchanged during the same period[4,7-9]. The increase in use of IUD can have major public health impact including reducing unplanned pregnancy and maternal mortality. Despite the proportion of contraceptive use was increased at the national level, the reliance on the traditional methods remained constant during last decade.

2. Is sterilization (tubal ligation or vasectomy) available as a method of family planning? It was striking that no women reported use of sterilization. Can the authors explain the low use of sterilization in the results and discussion section?

Response:

(line 218-222) We have added the new text as “The proportion of women reported female sterilization was low at the national level. Number of reason could be lead to low utilization of female sterilization. First, this method is not part of National Family Planning Program in Afghanistan. Secondly, access to female sterilization service is limited and mainly available in the major cities. Finally, given the conservative nature of Afghan society, this method was considered as a mean for the birth control and rejected in the Islam.”

3. Did the authors have any hypotheses that guided the analysis, for example, did they expect to find regional difference in the CPR? How did they decide which variables to include in the analysis? This needs to be mentioned in the introduction.

Response:

Thank you. We have responded as bellow in the text (line 91-94 page 4)

“Previous literature suggests that higher education is associated with greater use of contraception but this has not been assessed in detail in Afghanistan. We sought to test this and other socioeconomic relationships using routinely collected and robust data”.


4. There is no mention of the role of men in shaping women’s contraceptive decisions. Reviewer 2 noted the importance of men’s roles. This should be discussed in the discussion section.

Response:

(Line 204-206 page 9) Thank you for raising this important point, we have added the text: “This findings about the trend and use of male condom indicates that the family planning information and services in Afghanistan are not targeted towards men, conventionally these services are provided in the context of maternal and child health.”

5. In the introduction, the authors need to report findings from previous studies on contraceptive prevalence in Afghanistan, including those at the national level, and the study dates.

Response:

(Line 77-79 page 3) Thank you, we have corrected it as: “Use of modern contraceptive methods has increased steadily, from 10% in the 2003 [8] and 15% in 2007[7] to 20% in 2010[4], and the 2010–11 MICS indicates a similar estimate of 21% [9]”

6. There is limited information in the methods section about the measures used in the analysis. Question wording from the survey should be added for the key outcome measures. The authors should also describe the other variables included in bivariate and multivariate analysis and how these were coded.

Response:

(144-151 page 6) Categorical and ordinal variables (place of residence, region, level of education, and experience of child death) were used as coded in the survey questionnaire, the two latent class variables (wealth quintiles and remoteness) were computed from a set of variables collected in the household questionnaire using factor analysis and incorporated in the final survey dataset as categorical variables with five groups 1-5, however, in our analysis we have grouped the three continuous variable current age, age at first marriage and number of living children using standard categories presented in most DHS surveys and other published studies, to ensure that there are enough numbers in each category for the model-based standard errors to be stable and produces plausible CIs.

7. In the results section of the abstract, the authors need to mention the comparison groups when reporting on odds ratios. The methods section of the abstract should mention that logistic regression was used.

Response:

The result portion of the abstract has been revised under the line 46-51 page 2.

8. The national family planning program in Afghanistan should be described in the introduction. It would also be helpful to readers to know more about what contraceptive methods are available in the country, and the places where women can access contraceptive services and methods.
The National Family Planning Program has been established since 2002 under the Reproductive Health Directorate of the Ministry of Public Health. Since then the family planning related activities have been integrated into the primary health package called Basic Package of Health Service (BPHS) and secondary and tertiary health package called Essential Package of Hospital Services (EPHS) through more than 2000 public health facilities in all over the countries. In addition, family planning methods are also available through number of charities organization, private sector and social marketing initiative such as Marie Stops International, Afghan Family Guidance Association, Future Group and pharmacies. Currently, oral contraceptive pills, Intra-Uterine Device (IUD), male condom, and Injectable contraceptive are widely available throughout the country. In addition, in some main cities female sterilization and implant are also accessible.

9. Throughout the paper, the authors have framed the findings as causal. The study design was a cross-sectional survey, so it is not possible to determine causal relationships. Terms implying causal relationships, such as ?determinants? ?predictors? and ?influences? should be avoided. It would be better to use terms such as ?correlates? or ?associations.?

Response:
Thank you for pointing this out. This is a cross sectional study so causality cannot be inferred. We have replaced the terms determinants and predictors by association throughout the text.

10. The limitations section in the discussion should mention the fact that some areas could not be included in the sample because of the security concerns and the cross sectional nature of the study.

Response:
Line number (248-254 page 11) additional limitations were added as "because of the security concern, one third of the South region was excluded from the sample; it might affect the representativeness of the study for this region. Also, being a cross-sectional survey, it is hard to determine causal relationship between the outcome measure and the exploratory variables."

11. The results section should include a sub-heading for the bivariate analysis.”

Added.