Author’s response to reviews

Title: Choices and services related to contraception in the Gaza Strip, Palestine: Perceptions of service users and providers

Authors:

Bettina Bottcher (bettina.bottcher@yahoo.co.uk)
Mysoon Abu-El-Noor (maziz@iugaza.edu.ps)
Nasser Abu-El-Noor (naselnoor@iugaza.edu.ps)

Version: 1 Date: 06 Oct 2019

Author’s response to reviews:

Dear Editor and Reviewers,

Thank you for your interest in our manuscript and for your valuable comments. We have carefully considered the comments as well as all suggested changes and have modified the manuscript accordingly. Our responses to the reviewers’ comments are provided below.

The revision based on the reviewers’ comments has improved the manuscript substantially. We hope the revised version of the manuscript is to your satisfaction and that it will be considered for publication in the BMC Women’s Health.

Sincerely,

Dr Bettina Böttcher, PhD

Reviewer reports:

Akin-Tunde Ademola Odukogbe, MBBS (Ibadan), FWACS, FMCOG, MCommH (Liverpool) (Reviewer 1): Perceptions of sexual and reproductive healthcare in the Gaza Strip, Palestine: A mixed quantitative and qualitative study of users and providers

Comments

1. The title is too broad for the study done. There are very many other sexual and reproductive health issues apart from contraception addressed by this study.

New title suggestion:
Choices and services related to contraception in Gaza Strip, Palestine: A mixed quantitative and qualitative study of users and providers

Response:

Thank you very much. The authors agree with this comment and appreciate your suggestion. SRH services in Gaza are mainly concerned with contraception and offer very little other aspects of care. Therefore, this reality was mistakenly transported in the title. We have changed the title to:

Choices and services related to contraception in the Gaza Strip, Palestine: Perceptions of service users and providers

2. The key words are too many.
Suggestion:
Contraceptive choices and services; male involvement in contraceptive use; Gaza Strip; Palestine

Response:

Thank you for this valuable suggestion. We have followed your suggestions and adjusted the key words:
Contraceptive choices; contraceptive service; male involvement in contraceptive use; Gaza Strip; Palestine

3. UNRWA = United Nations Relief and Work Agency.

Response:

Thank you for making us aware of additional ‘and’ we mistakenly added to the term. It was corrected accordingly. The correct term is:

4. The purported removal of bias, by using a mixed method, is negated by the use of a purposive sampling method for the quantitative aspect of the study. Representative selection would have removed the bias. The authors should describe the process of selecting the study sites.

Response:

The authors agree with the reviewer’s comment. This study’s strength is the deeper insight into the views of a frequently overheard or ignored segment of society, by employing a mixed methods approach. Representative sampling has not been possible in this context. The section has been modified, please see methods section pages 4 and 5. Furthermore, the selection of the clinics has been explained in more detail as well in the methods section, page 5. Main factors for selection of the NGO clinic, were that it provides free or very low-cost services to all women,
has a large group of patients and offers, as the only place in Gaza, the hormonal implant as a regular choice at a low or no cost. The government clinics represent the usually available services in the same area.

5. Questions for qualitative study are not semi-structured. They are just topic guides. Participants discuss, not just answer questions.

Response:

This point is true and very important. Thank you for making us aware of the potential misunderstanding by readers in this context. These focus groups were indeed discussions, but questions were put to the group to stimulate discussions and the emphasis with this formulation was meant to say that ALL contributions of the participants were recorded and not just some. We modified this section of the methods to more accurately represent this point and the workings of the focus groups. Please see methods section, page 6.

6. 'transcribed verbatim', not 'transcribed into verbatim'.

Response:

Thank you. This was corrected. Methods section, page 6.

7. Views are not so discreet nor necessarily factual as to be subjectable to statistical analysis.

Response:

Statistical analysis was used on the quantitative sample, whereas the qualitative sample was represented by thematic analysis and illustrated by quotes. It is true that the qualitative sample is a subjective illustration of personal experiences. But in the repetition of similar experiences, certain trends in form of difficulties or facilitators might be identified, at least within the respective sample.

Thank you for making us aware of the apparent confusion. The methods of data analysis have been clarified in the methods section on pages 6 and 7.

The formulations have been modified in order to give a more careful and accurate representation of findings as well as possible conclusions. Please see methods section page 6, results section page 9 and discussion section page 14.
8. In Table 1, what is the frequency of the income?

Response:

This is a difficult topic and we were not sure if we should include the income at all. However, generally income is poor in Gaza and the group of women using NGO and government clinics would belong to the low-income groups, as women with higher household income might be able to use private clinics. Furthermore, the trend of the population in areas highly dependent on ‘hand-outs’ or humanitarian aid, tend to exaggerate their circumstances a bit. At least this is a subjective (not validated or tested) experience made by the authors. Although we could, of course, not verify any incomes, we have added them here, as we felt it adds to understand the general context. The per-capita income reported by the World Bank for the Gaza is only $824 per month. As the high-income group would use private clinics, the quoted incomes are probably a relatively accurate reflection of the patients’ reality.

Due to the high variability of quoted income and the fact that it should only give an idea of their circumstances, we have added the proportion of participants who quoted an income <$300 in order to show the distribution a bit better. See results section page 8.

9. What is/are the denominator/s used for calculating frequencies in the early part of Results and in Table 1? The stated 204 and 51 do not appear to be what were used. Please recalculate.

Response:

Thank you for making us aware of this inconsistency in the representation of the results. This part of the results has been reviewed and modified in table 1, as well as the results where necessary. Please see results section page 8. This discrepancy occurred due to a mistake with the denominator, when 205 was used instead of 204, which was due to erroneously including one additional questionnaire in the sample, when it was spotted late that it had >3 missing values (in fact 4). So the recalculation was not done consistently. The mistake happen with table 3 due to the same questionnaire, where the denominator was 159 and should have been 158. All calculations have been reviewed and corrected as necessary.

10. Recalculate the percentages in Table 3. There are minor discrepancies.

Response:

Thank you for making us aware of this. The figures have been recalculated and adjusted. Please see table 3 results section, page 12. Please also have a look at the response to point no 9.

11. The list of abbreviations is not necessary. Each can be incorporated into the text. MoH is generally Ministry of Health, not only the Palestinian one.
Response:

Thank you for this advice and we agree with you. The list of abbreviations has been amended, as according to your recommendation, but it has been left in the manuscript, following the editorial guidelines of the BMC Women’s Health, which request a list of abbreviations used in the text.

12. Both the Introduction and Discussion should be made more concise and precise.

Response:

Thank you for this valuable and very useful advice. Both sections have been revised and refined to be more concise.

13. The repeated section on Ethical approval should be deleted.

Response:

We agree, that this is a repetition, which might not be necessary. But we were not sure of the editorial policies, as the consent gained might need to be mentioned within the methods as well as again in the declarations section. We have removed the approval section, as this might not be as essential in the methods, but retained the consent section in a shortened version.

14. Minor areas:
- Line 7, page 21. data are

Response:

Thank you. This has been corrected.

Vincent Bamigboye (Reviewer 2):

SUGGESTED CHANGES IN AREAS HIGHLIGHTED
Page 3:- Conflicting figures of contraceptive usages in Gaza Strip and Palestine.
- Strike off 'and'.
- Rephrase - suggestion - 'Worldwide varying obstacles were identified that can hinder women from benefitting from reliable contraception. These include ..................' 

Response:

This has been revised and made more concise. Please see the introduction section on page 4.
Critique: mixing Qualitative and Quantitative methods pose a lot of challenges. The inclusion and the exclusion criteria have to be clear.

Response:

Thank you for this valuable caution. The inclusion criteria were the same for all women in this sample, those taking part in focus groups or the survey. All women who attended for family planning services were eligible, if they had been attending the clinic at least for the second time for this reason. Please see the methods section on page 5. This has been clarified further within this section.

"transcribed into verbatim" - Remove 'into'

Response:

Thank you for making us aware of this mistake. It has been removed.

Page 4

Critique: p value ≤0.05 regarded as significant. What's the POWER of the study to be able to detect this? How many samples are required to detect the changes? Is this sample size good enough to justify this statement? Remember that POWER relates to SAMPLING!

Response:

The sample was a convenience sample and, unfortunately a power calculation was not done prior to data collection. No similar studies were available to help us calculate expected responses or differnces. The findings of this study are not necessarily generalisable for the entire population of the Gaza Strip or even Palestine, but they offer an in-depth look at experiences of users and providers in family planning services, which are not considered ‘essential’ by health officials in an environment of scarce resources and recurrent shortages. Therefore, the strength of this study is not its generalisability, but its look at a section of health services and health service users, which is neglected in practice. We have modified the methods section on pages 4, 5 and 6, the results section on page 9 and added a passage to the strengths and limitations section to make this study limitation clearer to the reader. Please see the strengths and limitations section on page 17.

Under 'Socio-demographic characteristics of study participants' - use commas and semi-colons

Response:

Thank you for this valuable advice and for making us aware of these mistakes. We have inserted semicolons and commas at the appropriate places. Please see results section page 8.

Govern't clinics - such abbreviation is not appropriate. Use Government Clinics
Response:

Thank you for making us aware of this. It has been corrected. It was used initially to save space in the table, but the table format has been adjusted accordingly. Please see table 1, page 8.

Page 5
'they felt that the Staff were supportive'

Response:

Thank you. This has been corrected. Please see results section page 10.

Page 6:
'Healthcare professionals found that re-educating ....................'

Response:

Thank you. This was also corrected. Please see results section page 13.

'There were so many wrong information in the Community about Family Planning.' This is too broad a statement. Please revise this.

Response:

This is a valuable and useful comment. Unfortunately, this comment was a quote by the healthcare staff to underline and illustrate their views and the findings of this study. As this quote was non-specific, it does not really add much to the prior summary of views and description of findings. Therefore, it was removed and the healthcare professionals' views were described in results section 13 with more clarity.

"It was hard to change their attitude. Let's say not to change them, but let's say to correct them and change or correct some behaviours. Always changing behaviour is difficult."
Suggestion: 'It is hard to change their attitude. Changing a long-held believe is difficult. However, with time and the right approach, we may be able to correct some of the behaviours.'

Response:

Thank you for this valuable suggestion. The authors agree and we have modified the manuscript. Please see results section, page 13.
"FP providers reported a major challenge to the provision of reliable contraception to be the periods of unavailability of chosen methods, which requires women to change methods, increasing the risk of unintended pregnancies [15]." Statement is too long as to lose its meaning.

Response:
We agree with the reviewer that the main idea gets lost within the sentence. This has been reformulated and is hopefully clearer now. Please see discussion section page 15.

There are too many repeats about misconceptions e.g. cancer, infertility etc.

Response:
Thank you for making us aware of this repetition and the authors agree with the reviewer on this point. The discussion section has been reviewed and modified to be more concise and precise. Please see discussion section, pages 14, 16 and 17.