Author’s response to reviews

Title: Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso district, Uganda

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Author’s response to reviews: see over
Dear Editor,

MS: 1892833721130857 Understanding sexual and reproductive health needs of adolescents: Evidence from a formative evaluation in Wakiso district Uganda

I take this opportunity to thank you so much for extending us the opportunity to revise our manuscript as per comments. We have had successive discussions amongst ourselves and thus responded to all the comments and questions raised by the 2 reviewers.

Please find attached response to each of the comments.

Yours faithfully,

Lynn Atuyambe, MPH, Ph.D. –Karolinska Institute/Makerere University

Lead and corresponding author
General Comment:

We have re-checked the references made some adjustments, shortened the introduction into 4 paragraphs. Details of the study population have now been included in the methods and the discussion improved.

Response to comments from reviewer 1 - Kelly Kuo

Major compulsory revisions

Comment 1: The Introduction is too broad and should be significantly shortened; in addition, the focus of this section is unclear apart from fact that adolescent reproductive health is important and encompasses a broad variety of issues ranging from teenage pregnancy, contraception, unsafe abortion, sexual violence, inadequate education, and inadequate resources in Uganda, as well as in many other African countries. The lack of clinics that cater to adolescents is specifically mentioned, although it is unclear as to what constitutes “adolescent-friendly”.

Response: Thanks for this question. This section has been shortened to 4 paragraphs and is now focused. We also indicate what constitutes ‘adolescent-friendly’. We have included 2 sentences that read “Service providers should be trained and accessible, respect adolescent sexual and reproductive health rights and be non-judgmental. Besides, the facilities themselves should be conveniently located with adequate space to promote adolescent participation in service delivery with a comfortable environment that offers both visual and auditory privacy with gender sensitive sanitation facilities.”

Comment 2: In the Methods section: the purpose of the focus groups was to broadly solicit adolescents’ thoughts and attitudes. No information is provided on # of participants involved or how subjects were recruited. Unclear as to reason for division between adolescents in school and those out of school, particularly since lack of reproductive health education for both groups is apparent, unless there are other differences not apparent to someone unfamiliar with Ugandan communities

Response: We appreciate this comment. We have now revised the methods section extensively and provided a table on the population and the numbers in each FGD. The groups have actually been seen to be different in earlier studies by Ndyanabangi et al 2004 (Ndyanabangi, B., W. Kipp, and H.J. Diesfeld, Reproductive health behaviour among in-school and out-of-school youth in Kabarole District, Uganda. Afr J Reprod Health, 2004. 8(3): p. 55-67). The justification for separating groups has now been included. Its reads: This selection was to ensure intra group homogeneity since the two groups of adolescents have been shown to exhibit different behaviours regarding health

Comment 3: Results: Authors identify several main areas of focus. Per Introduction there already appears to be data… The results from the focus groups appear to confirm and reiterate the above statements, although what is interesting is the anecdotes, with descriptions
of the clinics and individuals’ reasoning for incomplete utilization or non-utilization of available resources. Although gender violence specifically identified, very little elaboration is provided. Again, although qualitative, some statistics would be nice.

Response: We are grateful for this comment raised. We have now provided as much as possible variations and numbers in the results. We have included the numbers out of the total or a sub total of each category where certain responses were obtained or mainly reported. You will notice now in the results, statements such, “Regarding contraceptive access, the issue of condom availability and cost was highlighted as a main problem especially by **the males in nine out of ten male FGDs and the females in school. Only two out of the five out-of-school female expressed the condom problem**”, as are common!

**Minor essential revisions:**

**Comment 4:** the word "evidence" in the title should be non-capitalized

*We have now changed the word ‘evidence’ to lower case in the title*

**Comment 5:** Methods section of abstract- "moderator" should be non-capitalized

*We have now non-capitalized the word ‘moderator’ in the methods section*

**Comment 6:** first sentence of Results section in abstract contains incorrect use of semicolon

*We have now removers the semicolons in the first sentence of the results in the abstract*

**Comment 7:** methods section, 3rd paragraph - change "run" to "ran"

*Thanks restructured the sentence instead to read ‘We analysed the coded transcripts by running query reports and primary documents tables of codes by objective (theme), carefully teasing out key messages and code counts to explore the magnitude of issues from the various FGDs by category’.*

**Comment 8:** methods section, last paragraph - "interviews" should be non-capitalized

*This has now been changed and ‘interviews’ are not non-capitalised!*

**Response to comments from reviewer 2 - Dana Greeson**

**Major Compulsory Revisions**

**Comment 1:** I would advise starting the results section with a table of participant demographics if available (e.g., % male/female, mean ages, highest level of school completed, in school versus out of school by gender, etc.)

*Response: Thank you so much for this suggestion. The table has been made. We however feel that it is most suitable to be included in the methods section under section ‘Study methods, selection of study participants and data collection’*
Minor Essential Revisions

Comment 2. The introduction can probably be condensed. Please provide examples of adolescent friendly services earlier in the introduction

Response: We have tried to condense the introduction and also provided some characteristics of an adolescent friendly service.

Comment 3: For those unfamiliar with the Ugandan context it would be helpful to add a sentence on whether abortion is legal/illegal and whether post-abortion care is routinely provided and if so, the facility level and/or provider cadre that most commonly provides it.

Response: Thank you so much for this observation. We have included the following sentence to address this comment. ‘In Uganda abortion is legally restricted and post abortion care (PAC) services are provided by doctors, clinical officers and midwives in all facilities (MoH, 2007)’

Comment 4. Make sure to clarify which statistics in the introduction refer to Uganda specifically, i.e., For example, in 2011, 24 percent of adolescents 13-19 years were already mothers or pregnant with their first child [17].

Response. This has been addressed. The sentence now reads- ‘For example, in the year 2011, 24 percent of adolescents 13-19 years were already mothers or pregnant with their first child in Uganda’

Comment 5: The following was reported in the methods section: “The study population included adolescents aged 10 to 19 years and health workers in Wakiso District.”. Was any data from interviews/FGDs with health workers included in the results? If not, can remove health workers from methods?

Response: This was erroneously included. The health workers were not part of this manuscript. We have edited this out.

Comment 6: I’m confused about the breakdown of FGDs – “20 FGDs in the two 2 counties. From each county, 3 sub counties were selected ensuring inclusion of both peri urban and rural sub counties. In each sub county, 4 FGDs were conducted with adolescent girls and boys in and out of school irrespective of whether they were seeking care or not.” Three sub counties in each county makes 6 sub counties, then multiplied by 4 FGDs per sub county equals 24.

Response: We conducted 20 FGDs, the explanation has now been clearly spelt out in the methods section to indicate the breakdown. The text now reads as follows: “We conducted 20 FGDs in the two counties of Kyaddondo and Busiro. We then randomly selected three sub counties from each of the two county ensuring inclusion of both peri urban and rural
localities. In each sub county, we conducted four FGDs with adolescent girls as well as boys (in and out of school) irrespective of whether they were seeking care or not (Table1). This table makes it much easier to understand

Comment 7: Up to what age was assent versus informed consent required?

Response: Assent from parents/ guardians were sought for all adolescents below 18 years that had never had a child. Those who had ever given birth were treated as emancipated minors as the ethics review board guidelines indicate. This has been clearly spelt out in the methods section now.

Comment 8: The following sentence structure is a bit confusing – seems like there are 5 themes, may want to number: “The results are presented in 4 thematic areas originating from the data analysis namely; main adolescent health problems, adolescent SRH needs, health seeking behavior and attitudes towards services, and lastly the preferred services and modalities for their provision.” How long did FGDs last? What was the range in number of participants in the different FGDs?

Response: Thanks, we have now made it clearer and it now reads thus: ‘The results are presented in four thematic areas originating from the data analysis namely; i) main adolescent health problems, ii) adolescent SRH needs, iii) health seeking behaviour and attitudes towards services, and iv) preferred services and modalities for their provision’. Then for the subsequent comment, the sentence in the methods has been restructured this way; ‘The FGD guides were pre-tested in Kampala district. FGDs lasted on average one and half hours and all were audio recorded with consent’.

Discretionary Revisions

Comment 9: What are the cultural norms around parents discussing sex with their children?

Response: Culturally in the central region where Wakiso district is located, the parents do not openly discuss sex with their children. However, the adolescent girls are referred to their aunts traditionally. This unfortunately is now rarely done given the nucleation of families in the modern times. However, a few parents take initiative to discuss sex, but this is not clearly documented.