Reviewer's report

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

Version: Date: 25 July 2014

Reviewer: Dana Greeson

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- Major Compulsory Revisions

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.)

- Minor Essential Revisions

1. The intro can probably be condensed. Please provide examples of adolescent friendly services earlier in the intro.

2. 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.

3. 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].

4. 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.

5. 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.

6. Up to what age was assent versus informed consent required?

7. 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.”
8. How long did FGDs last? What was the range in number of participants in the different FGDs?

- Discretionary Revisions

1. You include the average age of first sexual experience for women and men – it would be interesting to also see the average age of marriage for both groups since early marriage is a big contributor to adolescent pregnancy.

2. You report that policies in Uganda are favorable for adolescent health and development – are they typical of policies in the region or do they stand out as being more/less protective, etc? Can you provide some examples of what is in Uganda’s Adolescent Health Policy Guidelines – and how the policies are tailored to adolescents?

3. What are examples of sound adolescent health policies that are not well translated into practice effectively?

4. Were there any major differences in what was reported by males versus females and those in or out of school? Might be interesting to briefly address in the intro or discussion whether adolescents in or out of school are at higher risk for STIs, etc.

5. What are the cultural norms around parents discussing sex with their children?

6. It might be worth discussing realistic ways of meeting the unmet needs mentioned by the adolescents. You touch on this at the end of the discussion when you mention the adolescent corner, however—since adolescents are not health systems experts—many of their suggestions are unrealistic. They mention separate health centers for adolescents, which would require substantial resources – a teen corner is a more context appropriate approach. Instead of making services available 24 hrs and by same sex health providers—unrealistic given human resource constraints—strategically timed adolescent clinics and peer support groups could be low cost alternatives. Are there any successful models that would be worth replicating? Are there studies showing improved health outcomes among adolescents once these unmet needs are addressed?

7. Also, you could highlight which health care needs are unique to adolescents and which overlap with those of adults. Several of the items that participants mentioned are also commonly cited by adults, i.e., unfriendly providers, long queues, not enough health care workers, inadequate post-abortion care.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests