Reviewer’s report

Title: Demand for long acting contraceptive methods among married HIV positive women attending care at public health facilities at Bahir Dar City, Northwest Ethiopia

Version: 2 Date: 6 June 2015

Reviewer: Gezahegn Tesfaye

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Reviewer comments

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1. Major compulsory revisions

1.1. Title

The title should reflect what was stated in the objective in terms of “Subject of study” and “Scope of study”

1.2. Abstract

The background should be as brief as possible and better if it matches with the objective of the study, i.e long acting contraceptive rather than focusing on the general role of contraceptives on PMTCT.

1.3. Background

In the third paragraph, remove or find the appropriate place for the second sentence to describe the prevailing situation of unintended pregnancy based on an Ethiopian study. Instead you better put figures or statements regarding the magnitude of unintended pregnancy among HIV positive women in Ethiopian context.

In your background I expect to see how low or high the prevalence of LACMs among both the general reproductive age group women and that of the HIV positive women based on evidence, to enable us judge whether your study is worth enough to be undertaken.

Again, in your background, you have interchangeably used “Long Acting Contraceptive Method=LACMs “and “Long Acting and Permanent Method=LA/PMs”. Is your research focus only on LACMS or both LA and PMs? If not, use only one of the two based the focus of study consistently across the whole document.

In addition, the rationale behind undertaking the study is not well depicted at the end of the background.
1.4. Method

Re-write it as “Methods and materials”

Follow the usual way (Study area and period, Study design, Source population…etc) or simply remove all the subheading alternatively.

Is the study period from “March to April, 2015” or “March to May, 2015”? Be consistent.

Clearly stipulate the inclusion and exclusion criteria. Have you included those who are not volunteered, the deaf or not able to speak, the infertile, etc?

Don’t you think sample size correction formula is appropriate in your case? What is the total number of reproductive age women clients under ART or Pre-ART in the study area? If you know that, you can decide whether to use reduction formula or not. Again, writing the details of sample size calculation formula is not common in scientific manuscript writing.

How did the authors treated those pregnant mothers who have a PMTCT service in another unit of the health facility but eligible for this study in their selection to the study?, as they are selecting the study subjects from those mothers who are attending care at ART clinic in public health facilities?

Would be good, if you clearly show the proportion of study subjects allocated to each service delivery points, based on their monthly Pre-ART and ART clients flow.

Have you considered factors associated with demand for your sample size calculation? I have seen only P=50% for demand to calculate the sample size.

The study variables (Outcome and predictor variables) are not shown clearly in this section and their measurement.

In the explanatory variable, have you considered “Duration on ART” for those who are on ART?

How do you develop the study tool or from where did you adapt it? Or if you used a standardized one adapted from any source please cite.

In how many clients do you perform pretesting of questionnaire and where?

Five nurses versus four health facilities? How do you see this, is the data collectors one per each health facility or two?

There is lack of clear and separate “Data quality” maintenance mechanisms employed to keep the quality of the collected data. Other subheadings such as “Ethical clearance” in the method part are not labeled.

How did the authors keep the participants confidentiality and privacy during the data collection?

For those mothers who need to get LACM right away, how have you managed them, as part of the ethical considerations?

Put your operational definition at the end of the method section and make them concise and make it short & informative.

8.4. Result
The way LACM demand stated was clear but it would have been better if you first write the findings in each components including percentage of “Unintended pregnancy” among HIV positive women as unmet and number of women who desire to use LACM but not, in addition to those are using LACMs. Then end up with the figure for “Demand of LACMs”

In your outcome variable (Demand for LACMs) computation, who is the denominator for the met need (28.4%)? To my understanding, from the denominator you have to exclude those women who don’t want to use contraceptive at all, in which case the percentage may rise. However from your findings it is observed that the denominator for “Demand for LACMs” is the total study participants 654.

The ever use and current use of LACMs in particular and other contraceptive in general was not shown in the result. This could have an implication on the definition of the outcome variable as well. E.g is the 497(76%) contraceptive utilization, current or life time use?

In the result section, in factors associated with LACMs part, paragraph 1&2 are not cited to Table 2.

Where is the p value for the association table (in Table 2) for bivariate analysis?, as you have used it to decide which variable to be included in the final model.

Were there no personal or socio-cultural reasons that are mentioned by the participants for not preferring or demanding LACMs, or for demanding or preferring LACMS?

8.5. Discussion

The first paragraph of the discussion should summarize the principal findings of the study, in your case 'demand of LACMs' and 'associated factors'. Then, subsequently comparison with several other studies and interpretation of the findings will be done.

The discussion should focus on interpretation of the meaning of the most important findings of the study, not mere comparison between different studies.

Most of your explanations for the discrepancy in findings from other studies is not satisfactory and strong, specially the second paragraph.

The implication of the study should be written at the end of the discussion (at least one paragraph).

The strength and limitation of the study should also be addressed in the discussion, probably at the end of the discussion separately.

8.6. Conclusion and recommendation

You have recommended that there should be demand creation by IEC, however the finding from your study showed that majority (98%) of them had heard and know about LACMs, how do you see this two contrasting ideas? Your recommendation is a bit diverted from your findings. Therefore try to tailor it to the study findings (one example may be, dealing with myths).

Avoid unnecessarily long, irrelevant and repeated sentences from this part,
especially in the issues related to recommendation.

Minor revisions

1. The title seems good but has few problems in use of prepositions.
2. In the abstract, method section (ART clinics at Bahir Dar city-----ART clinics in public health facilities...), again 4th line “transferred to SPSS” …”exported to SPSS”
3. In the background, in the first paragraph, 7th line, edit the bracket. 5th paragraph, 4th line (punctuation (\.)).
4. Write acronyms in full when you first use them in the document and you can use them thereafter, e.g ART, PMTCT, LACMS….etc
5. Rephrasing of many sentences is required in the method section to make them more plausible.
6. Consider editorial work on grammar and punctuations across the document.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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 interest.