Reviewer’s report

Title: Muslim Women's Use of Contraception in the United States

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Reviewer: Xavier Hospital

Reviewer's report:

The authors examine contraception use among American Muslim Women. They identify associations between contraception use and marital status, education, ethnicity, nativity, and Islamic sect, in a sample of women recruited through online social networks, email and online communities. The paper has several shortcomings that should be addressed before it can be considered for publication in Reproductive Health.

A. MAJOR COMPULSORY REVISIONS

1) Abstract

a) Describe the sampling method in the abstract, because it has consequences for the external validity of the results.

b) Provide the same information in both abstract and plain English summary. As it stands the plain English summary contains information that does not appear in the abstract.

2) Introduction

Revise the introduction for clarity, flow, logical sequence and general consistency. The following are examples of issues that authors need to address.

a) Address apparent contradictions. For example, the second paragraph states that contraceptive methods such as OCPs are found to be more popular among ethnic minorities, and the next sentence reports a study where ethnic minorities are more likely to use injectable contraceptives and emergency contraceptive pills compared to OCPs. In the same paragraph, the authors describe OCPs as both "highly effective forms of contraceptives" and "Contraceptive methods that have lower efficacy".
b) Provide rationale for unusual links. In the last paragraph of the introduction, the link between the healthy migrant effect and contraceptive use is not clear. As alternative, remove the reference to the healthy migrant effect.

c) Consistently introduce variables under study. The introduction mentions a range of theories and factors to explain contraceptive use, from ethnicity to psychological factors and the healthy migrant effect. While this is interesting, the authors do not indicate why they addressed some of the factors and excluded others in their own questionnaire. Conversely, some of the variables that are in the questionnaire, such as health insurance and education, are not introduced in the background. As a result, the theoretical approach remains incomplete and confusing.

d) Separate justifications to undertake a study on American Muslim women from predictors of contraception use. While variables such as stigma or culture explain why a study on American Muslim women adds to the literature, the researchers do not address them in their own study and they should be treated separately in the background.

e) Remove conceptual confusion. The introduction reviews factors and theories as if they were on the same level.

3) Methods

a) Study design and participants. In snowball sampling, participants help identifying new participants among their acquaintances. This does not seem to be the case in this study and the use of the term is incorrect (second paragraph).

Specify what is meant by "standard order" (second paragraph).

b) Outcome measures. Specify whether the researchers developed the questionnaire for this study (in which case they should describe the precautions taken to pretest or validate it), or it is an already used and validated questionnaire.

c) Statistical analyses. Explain the value of performing bivariate followed by multivariate analyses or remove bivariate analyses.

4) Results

a) Bivariate associations presented in Tables 2-5 are largely redundant with multivariate regression results and do not factor in confounding variables. They should be removed unless a strong justification is provided. Discussion should be based on multivariate analyses.
b) In Table 6, specify the entry method (e.g. simultaneous, stepwise, etc.) A method that leads to a model with a reduced number of variables would be preferable. Avoid choosing "other" as referent for Ethnicity because it has no specific meaning.

c) The text should not repeat numbers provided in the tables. It should focus on the meaning of these numbers instead.

d) In all tables, note that N = total number of cases, n = number of cases in a subsample. Symbols that are repeated in all columns or cells (e.g. %) should appear in headers only to avoid repetition.

e) In Table 1, provide only N and percentages. Readers can deduce numbers of participants for each cell from the other two parameters. Alternatively, if there is a different number of participants in each cell, provide the frequency in one column and n in a separate column (with percentage as header).

It might be worth reporting frequency of the next, less frequent, contraceptive method (diaphragm, subdermal implant?) as the authors discuss the issue in the next section.

5) Discussion

Specify what is meant by "validated predictors" (first paragraph).

The authors state that "the effect of education, income, and health insurance outpaced any anticipated countervailing effects of religiosity". However income was not significantly linked to contraception in multivariate regression results. Ethnicity was significantly linked to birth control, OCP and condom use. Education was only linked to use of OCP. In addition, withdrawal had a positive association with being US born, and a negative association with private insurance. The discussion needs to be reviewed in light of these results (or the results stemming from an analysis based on a different entry method as suggested above).

Provide data to illustrate the "gap between contraceptive methods employed in minority and non-minority women". The authors need to provide frequencies of less usual contraceptive methods for both minority and non-minority women to justify this claim.

6) Conclusions

Provide references for second sentence: "Barriers to effective… regarding illness causation".
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