Author’s response to reviews

Title: Compliance with Iron Folic Acid and Associated Factors among Pregnant Women through Pill Count in Hawassa City, South Ethiopia: A Community Based Cross-Sectional Study

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Version: 1 Date: 25 Dec 2018

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To: BMC Reproductive health

Subject: Submitting a revised version of the manuscript

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Manuscript ID: REPH-D-18-00467

We would like to thank the reviewer for sharing their view and experience. The comments are very important which will improve the manuscript. Point-by-point responses for each of the comments and the revised manuscript are provided here.

Author response

Reviewer 1

A. abstract:

1. Please avoid the use of abbreviations in the abstract.

Author response: comments accepted and revision has been made. We avoided abbreviations on abstract.
2. Remove "All ethical procedures were considered" from the method.

Author response: comments accepted and revision has been made. We avoid all ethical procedures were considered from the method.

3. The conclusion part mentions three factors as predictors but the result part did not point out the two factors (had complications during a previous pregnancy, experiencing side effects in a previous pregnancy) and corresponding Odds ratio.

Author response: All predictors mention in the abstract part is there in the result part.

4. The conclusion should focus on the main findings and the way forward should also be succinct. So, please avoid descriptive findings from the conclusion.

Author response: comments accepted and revision has been made.

B. Introduction

1. I suggest focusing on Folic Acid deficiency than other forms of anemia. So, try to limit the points on others type of anemia in the introduction.

Author response: comments accepted and revision has been made.

2. Please give reference to "According to WHO's compliance with IFA cut off among pregnant women is expected to take ≥90 IFA tablets on daily basis."

Author response: comments accepted and revision has been made. The reference is given.

3. Please paraphrase this sentence for clarity "Studies done different parts of the country revealed that Mecha woreda of Western Amhara 20.4 %, and North Western Zone of Tigray 74.9%, and SNNPR 37.1% of pregnant women compliance with IFA".

Author response: comments accepted and revision has been made.
4. I suggest the authors summarize factors that were associated with IFA compliance from prior studies and how this study fill the gaps.

Author response: comments accepted and revision has been made.

5. Line 114 to 119 needs re-arrangement and citation with reference. For instance, line 114-115 can be moved to the last part of the paragraph.

Author response: comments accepted and revision has been made. We rearrange it.

C. Method

1. Move the "Study design" next to "Study area and period" and 2. add km to (273)

Author response: comments accepted and revision has been made.

3. Could you provide some more information about health infrastructure in the study area in Hawassa as a background to international readers.

Author response: comments accepted and revision has been made. We gave detail explanation about Hawassa city.

4. You can move the exclusion criteria "Women in the third trimester of pregnancy who were critically ill during data collection period, psychiatric problem, and on treatment of anaemia were excluded" from the Sampling sub-section to study population sub-heading where you can provide the inclusion criteria and description of the specific population of the study. Did you exclude women with hearing disability as this is an interviewer-administered survey?

Author response: comments accepted and revision has been made. We did not exclude women with hearing disability.

5. Cite "WHO recommends, IFA is dispensed for 6 months, where anemia is high prevalence"

Author response: comments accepted and revision has been made.

6. If the measurement of IFA compliance is done in two ways (Self-reported pill consumption within 90 days and Pill count), why do the Title of the study reads "with pill count"? you could take out "pill count" from the title.

Author response: mainly the measurement of compliance done by pills count.

7. Please cite: "Questionnaire was prepared from EDHS, WHO ANC guideline and other literature"
Author response: the Questionnaire was developed by reviewing different existing literatures.

D. Results

1. What factors were tested in the bivariate analysis and which factors were dropped from the multivariate analysis? (That means which variables did reveal a p-value of greater than 0-25, as this is your cut off to include the variables in the final model). I wonder if some educational status were included in the analysis. None of the socio-demographic variables appeared in the model.

Author response: All variable checked by cross tab and assessed chi square assumption. If greater than 0.25 into multivariable analysis. Unfortunately there is no sociodemographic variable to fit this.

2. What is the (n) for the final multivariate model? I assume you used a List wise deletion system in the SPSS

Author response: I think 10

3. Predictors: (Experience of side effect in the previous pregnancies) is this t mean side effects from any medications or particularly from IFA supplementation?

Author response: yes

E. Discussion

1. The first paragraph should be dedicated to summarizing the main findings and subsequently followed by interpreting these main findings with respect to the literature and providing policy or program implications.

Author response: comments accepted and revision has been made.

2. Line 205 to 214 (paragraph 1 to 4) is repetitively comparing the magnitude of IFA compliance of the study with other previous studies. It is adequate to tight it up in one paragraph and provide explanations.

Author response: comments accepted and revision has been made.
3. You don't need to write the CI (confidence intervals) of your study and other studies in the discussion.

Author response: comments accepted and revision has been made.

4. Would you please add some explanations on the factors associated with IFA compliance in this study? The mere comparison does not help us understand the interpretations.

Author response: comments accepted and revision has been made.

5. Mention also about the strength of the study

Author response: comments accepted and revision has been made.

Declarations

1. Add ethical approval reference numbers from the ethics committee.

Author response: comments accepted and revision has been made.

Reviewer 2

1. Methodology & results This section needs a re-write to explain in detail the methodology.

Author response: comments accepted and revision has been made.

2. The study needs operational definitions other than compliance…..what do we mean complication, what do we mean side effect

Author response: comments accepted and revision has been made.

3. Show properly the study population, the total # of pregnant women eligible for the study and the sample drawn from?

Author response: comments accepted and revision has been made.
4. * Inclusion and exclusion criteria...it seems it has but not properly put in the methodology section

Author response: comments accepted and revision has been made.

5. The formula used to determine the population, why 50% prevalence chosen? It needs explanation

Author response: my knowledge so far there is no study through pills count in Ethiopia, I took 50% and determined each specific objective the total sample size is less than to P –value 50% .that why I took.

6. The type of supplement the women been using ...generic, coated, brand? The detail of the process of identifying pregnant women...whether health facility reference used or just verbal question, whether a house has a pregnant woman or not kind of questions

Author response: fefol uncoated which is freely available in health center.

7. Why pill count to other methods to understand and estimate compliance?

Author response: To minimize recall bias and correctly used or not

8. * Reason for IFA taking .... The variables are mixed up and the way results summarized in this table (Table 3); what do we mean complication at previous pregnancy, experienced side effect?

*This section needs more elaboration, and I feel it is incomplete

Author response: comments accepted and revision has been made.

It is good the researcher set a p-value for analysis. The analysis used statistical means to minimize confounding factors on the predictors for adherence. The researcher tried to discuss the result with reference to the relevant variable of interest. Nonetheless, the results are not well discussed as the questions used here to illicit responses were not adequate to justify or what to be discussed. For example, the rural vs urban disparity of adherence reasoning and explanation,

Author response: comments accepted and revision has been made.
9. In conclusion: The study doesn't come up with appreciable different findings and recommendations, game changing for adherence to iron folate supplementation in ANC. Rather it helps domestically to advise programs and health managers to reorient the service providers at ANC unit at health facility to strengthening the counselling and adherence process and make the service client-centred than going for pill count kind of compliance checking; which unfortunately clearly come out.

Author response: comments accepted and revision has been made.

Author response: Dear reviewer comments are accepted and made gross revision by track change.