Author’s response to reviews

Title: Husbands' involvement in family planning use and its associated factors in pastoralist communities of Afar, Ethiopia

Authors:

Mebrahtu Chekole (kmebrahtu1990@gmail.com)

Znabu Kahsay (hadiszinabu@gmail.com)

Araya Medhanyie (araya.medhanyie@gmail.com)

Mussie Gebreslassie (mossalex75@gmail.com)

Afework Bezabh (afework.mulugeta@gmail.com)

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Author’s response to reviews:

Reviewer #1

This is a paper of interest. The paper needs to be revised as to allow better ways of communicating the results. It is written in the format more close to a thesis or report and thus substantial changes are needed to make it in the shape of an article. I thus encourage major revision.

Response: - authors were committed to addressing the concern of reviewer #1 and majorly revised as the standard of manuscript writing.

Reviewer #2

Abstract

1. line 14-15 re-write

Response:- The study showed that it improves family planning uptake; however, there is little evidence regarding husband involvement in family planning service among pastoral communities who possess special lifestyle and need attention to reproductive health services. So the study aimed to assess and to determine the determinants of husbands’ involvement in family planning in Afambo district, Afar, North Eastern Ethiopia.

2. Line 16 it would be better to specify that the study was conducted in Ethiopia.

3. Lines 32-36: this sentence is not clear. I suggest reviewing the interpretation of the results.

Response: - The study showed that husbands' involvement in the district is low. Source of family planning, ever used of family planning, Knowledge and community participation were the determinants of husbands' involvement in family planning utilization in the community. Therefore, the district health office and other stakeholders should strengthen the health extension program to address the misconception regarding family planning; to reach the unreachable community by community settlement and continuous advocacy and awareness creation about family planning among couples and to empower women by men's involvement.

4. Lines 7-12: these reasons were not mentioned in the abstract

Response: - Accepted and edited.

5. Line 12: Could explain this impact?

Response: - It has a positive impact on the health of the mother and the children as well. As you know low and middle-income nations, especially Sub Saharan Countries faced lack of access for family planning and due to this maternal and under-five mortality is high among these countries. So that family planning is a best and effective intervention for. When they do become mothers they remain healthier and raise healthier children. They earn more money to support their families and contribute.

6. Lines 14-19: I suggest including a rights-based approach to family planning not only reducing poverty and hunger.

Response: - Anyways accepted, but it is listed also family planning is meant for women empowerment and to achieve their equality. So family planning use is also considered as the right of the women in the reference.

7. Line 22: Where were these programs implemented? (Globally, Africa, Ethiopia?)

Response: - Before the ICPD 1994 family planning was focused only on women globally, the ICPD 1994 of Cairo addressed the gap and ratified to all nations to give a focus for male involvement in family planning and to intervene early and Ethiopia is one of the nations.

8. Line 35: you should define the abbreviation before using it
9. Line 46: could you describe the findings of this evaluation?

Response: - Even poor nations with low education levels have succeeded in reducing birthrates where influential leaders promote FP programs. We may have or believe we have more know-how, and we may become impatient with primitive local systems. But in communities where anti-Western feelings prevail, FP initiatives may achieve better acceptance when promoted by local leaders and all are men. Social media which deal with the importance of male involvement in FP use. Re-directing the focus of FP in both sexes is very crucial in utilization.

10. I suggest using the term low- and middle-income countries instead of developing countries.

Response: - Accepted and used it

11. Lines 15-17: I suggest rewriting this sentence

Response: - Women often lack autonomy, in decision-making regarding birth control and related issues.

12. Lines 56-58: I suggest rewriting the aim of the study. You did not include that you are investigating factors associated with husbands' involvement.

Methods.

Response: - To assess the magnitude of husbands’ involvement in family planning utilization and its associated factors in Afar region, North East Ethiopia.

13. I suggest adding more information about the population (religion…)

Response: - The study area is almost all Muslim and Afar by ethnicity…98 % the community speaks Afar AF and with the pastoral lifestyle that means they move from place to place for grazing of their cattle.

14. HEWs------Health Extension Workers

15. Line 31: You need to add citations.
Response: - Accepted and I referenced it

16. Line 33: There is an incomplete sentence

Response: - Ten female data collectors were recruited to collect the data and get trained for two-day training with all concerns of the data collection process.

17. I suggest merging the operational definitions and the study variables.

Response: - Accepted

18. Line 41: you need to add the citation for the software used

Response: - Accepted and knowingly SPSS is the standards for analysis

19. Table 1 includes a description of the study population and the proportion of husbands' involvement. The husbands' involvement was not described in this section. The description of the table should correspond to the table content. You need also to report p values.

Response: - 85 % of the participants are unable to read and write in educational status and about 81 % of them pastoralist by a job. And above 86% of the educational status of their husbands' is unable to read and write.

20. Lines 28-31: this sentence is not clear.

Response: - It all about participants’ socio-demographic status.....we tried to explain participants’ religion and ethnicity and their educational status as well.

21. The results reported in the paragraph are not found in Table 2, while the table’s content was not described.

Response: - The table has explained the questions asked to assess knowledge of the participants, it may seem to differ, but the description all about the table.

22. You need to report p-values in Table 2
Response: - we have assessed the knowledge of participants by sum up of all the items listed in the table and then the final result was analyzed with the outcome variable. so I have put the P-value for in the multivariate analysis.

23. Lines 5-11: those results are not reported in Table 3.

Response:- If so, no matter to do, but the list in the table are in consideration of the ever user of family planning and current users with regard to what they used the methods.

24. You need to report p-values in Table3

Response: - we don’t think so it is important to put p-value here because I have put all in bivariate and multivariate analysis of the manuscript.

25. You need to review this section to make sure that the results are also reported in Table 4. For example, the side effects are not found in Table 4, also there are discrepancies between the percentages reported in the paragraph and those reported in the table.

Response: - we have re-write it now.

26. You need to report p-values

Response: - the issue of P-value is already addressed in the above

27. Lines 4-10: I suggesting reviewing the interpretation of the results.

Response: - In bivariate analysis; monogamy relationship and community settlement (COR=2.12; 95%CI: 1.13-3.90, COR= 1.88; 95%CI: 1.22-2.95,) respectively was significant association with husband involvement in FP use…..

28. Lines 10-15: The interpretation is not clear.

Response: - Health care providers as information about family planning were nearly 3 times (COR=2.5; 95%CI: 1.46-4.61) and those who knew where FP could get were 6.8 times higher odd of (COR: 6.8, 95% CI: 3.24-14.35) have better male involvement than their counterpart.

29. Lines 20-24: I suggesting reviewing the interpretation of the results
Response: - The odds of women who ever used family planning were 8 times (COR=8, 95%CI: 4.74-13.79), and the odds of women who knew Implanon as a type of family planning were nearly 3.3 times (COR=3.3, 95% CI: 1.82-6.32) (table 5) more likely to involve their husbands’ in the issue of family planning than their counterpart.

30. Lines 33-37: Could you explain more the reasons for the discrepancies in the results?
Response:- In addition to listing reason and there is a basic difference among the community by a culture of hierarchy and decision making due to their difference in religion and lifestyle, pastoral community husbands' are more involved in every issue of the family than the agrarian positively or negatively.

31. Lines 49-51: This sentence is not clear
Response:- The odds of women who knew the health center as family planning were almost 6 times more likely to be involved in their husbands' in family planning use than their counterparts.

32. "This might be due to there was myth and misconception among religious leaders that they believe the religion prohibited the use of family planning and leads to the negative effect":
Response: - Accepted and I have referenced with qualitative research we have done before

33. I suggest rewriting the recommendations. They are not clear.
Response: - we address it

Reviewer #3:

Abstract

1. Under results lines, 3-6 are not clear.
Response: - The magnitude of husbands’ involvement in family planning was 42.2% in the study area. Source of family planning (AOR: 5.56; 95%CI: 1.92-16.07), ever used of family planning (AOR: 7.21; 95%CI: 3.58-14.67), knowledge (AOR=1.31; 95% CI: 1.16 –1.58) and Community participation/one to five networks (AOR=0.26; 95%CI: 0.09-0.58), statistical significant to Husbands’ involvement in family planning use
2. There are several grammatical errors and wrong use of tenses. The authors should for better understanding define what they mean by the term pastoralist population in the context of their study.

Response: - The grammatical errors are addressed

A place or a set up where mobile patriarchy dominated community is living with a lot of difficulties and challenges such as lack of access to water supply, inaccessibility for health care services, hard to reach areas and limited grazing land.

3. Page 2 lie 7-12 are not clear

Response: - Family planning use is effective in reducing maternal and child mortality, when there is male involvement in family planning use better than else. As pastoralist lifestyle differ from the agrarian community and there is the hierarchical style in decision making with all issue of the family is handled by men, then his involvement gets it a good result.

4. HEW-----Health Extension Workers

5. Page 4 lines 22, what do the authors mean by lottery method, this may be referenced. Several GRAMMATICAL ERRORS AND WRONG USE OF TENSES.

Response: - Since data collection was proceeding with the house to house and if we get two or more mother in the same house to select one of the mothers from is used by lottery method to minimize bias and Issues of grammar and tense are addressed.

6. RESULTS: SEVERAL GRAMMATICAL ERRORS

Response: - Addressed and corrected

7. Page 7, lines 49-53 are not clear

Response: - The prevalence or magnitude of husbands’ involvement in family planning.

8. page 8 ,lines 4-8…response ….associated factors

9. 9 lines 41-48 are not clear.
Response: - Page 9 line 41-48 is not part of the result section, it includes in the discussion part and addressed.

10. DISCUSSION: Wrong use of punctuation marks thereby creating the impression that some sentences are too long.

Response: - This study aimed to assess the level of husband involvement in FP use and its associated factors among married reproductive age women in Afambo district of Afar, Ethiopia.

The overall magnitude of husbands’ involvement in Afambo district was found to be 42.2% in the study area. This finding was in line with a study done among married male in Gedo Town (40.80, But different from a study done in Amhara region, at Debre-Markos and Bahir-Dar (8.4%, 25.5%) respectively, this discrepancy may be due to the time difference in these study and the socio-cultural difference of the community.

11. Page 1 of the discussion, lines 39-45 are not clear and should be fragmented and re-casted

Response: - However, the magnitude was higher in the study done in a Semi-Urban area of South-West region of Cameroon (57.2%) and this could be due to differences in the study setting.

12. Page 2 of the discussion, lines 9-14 are not clear.

Response: - The odds of male involvement among women whom their husbands were the religious leader was 0.3 times less likely than those women whom their husbands were not religious leaders.

13. LIMITATIONS OF STUDY: Not clear should be re-casted.

Response: - omitted and incorporated into a discussion

14. REFERENCES: Numbers 6,7,8,10,11,12,19,22,23,24,25,27 should be crosschecked as they are not well cited. Some seem to be missing the journal name, other pages.

Response: - we have crosschecked and corrected it. Thank You.