Author’s response to reviews

Title: UTILIZATION OF PRECONCEPTION CARE AND ASSOCIATED FACTORS AMONG REPRODUCTIVE AGE GROUP WOMEN IN DEBRE BIRHAN TOWN, NORTH SHEWA, ETHIOPIA.

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Author’s response to reviews:

Reviewer 1

Thanks a lot for your coming with this nice study. This is a very interesting area to research with lots of studies worldwide. I have tried to look your study and I have given my comments on my point of view below.

Abstract

1. Line 6-8 says "Preconception health refers to things women can do before and between pregnancies to increase the chance of having a healthy baby and being a healthy mother." Do you think that this is definition of Preconception health? I think this is definition of Preconception care. Please look it again and modify.

   Answer – I accept your comment, I already corrected and highlighted in the manuscript

2. Line 11-13 says "Therefore Addressing this important topic and coming up with necessary information is helpful to improve maternal and child health in our country." I recommend you to say addressing significant gap rather than saying addressing this important topic because topic cannot be addressed but gaps can be and should be addressed.
3. Line 16-18 says "Community based cross-sectional study with both quantitative and qualitative method of data collection was employed from March 1st to 30, 2017." Both quantitative and qualitative method of data collection, didn't you analyze quantitative and qualitative data separately? I think you didn't use qualitative and quantitative data for only collection. I recommend you to say "a mixed method of community based cross-sectional study was employed from March 1st to 30, 2017."

4. Line 20-22 says "The data was collected using pre-tested and structured questionnaire and eight in-depth interviews were done using interview guide." Why did you include only eight persons?

   Answer – it’s known that the qualitative data is collected until saturation, but in my case, the qualitative finding is used to support the quantitative one, that’s why I selected my study participants purposefully and limit their number. Actually, I achieved my goal and get what I want.

5. Line 25-31 says "Factors with pvalue < 0.25 in bivariate analysis were entered to multivariate logistic regression and statistical significance was considered at p-value < 0.05. OR and 95% CI were used to show the strength and significance of the association." 1) to make clear for all readers, say variables with pvalue < 0.25 instead of saying factors with pvalue < 0.25.

   Answer – I accept your comment, I already corrected and highlighted in the manuscript

6 In conclusion part you didn't write about your second objective. As identifying factors associated with utilization of PCC is your second objective, you have to show the predictors.

   Answer – I accept your comment, I already corrected and highlighted in the manuscript

7. "Debre Birhan Town" has to be included in your key words as it is the most important one.

   Answer – I accept your comment, I already corrected and highlighted in the manuscript

Background
1 Line 35-42 says "Preconception care has a positive impact on reduction in mortality and improvement in health outcomes for the mother, offering long-term benefits for the woman; improved health outcome for the neonate/child, which will lead to health benefits in later life as an adolescent and adult; reduction in the incidence of too-early and too frequent pregnancies and abortions; and improvement in the nutritional status of mothers and women." It is too long sentence; it has to be rephrased.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

2. Page 2 of background section Line 14-18 says "In low-income countries, Preconception care has not been widely implemented because its aims and objectives are not widely understood and accepted (8). Due to that premature deaths caused by infectious diseases, maternal and perinatal conditions and nutritional deficiencies is high(12). Are you sure that these problems were happened due to low utilization of PCC. And when I check the reference 12, it is not related to what you have written. Please look it again and modify it.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

3. And on this section I recommend you to add;

1) how many percent of mother and/or child were died/faced different complications due to low utilization of PCC or to what extent PCC decrease maternal and child morbidity and mortality(if possible).

Response – I accept your comment, I already corrected and highlighted in the manuscript

2) Components of preconception care

Response – I accept your comment, I already corrected and highlighted in the manuscript

3) Factors affecting utilization of PCC.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

Methods

1 Line 8 says “The study was conducted in Debre Birhan Town, North Shoa Zone, Amhara Region, Ethiopia;" but your title says "utilization of preconception care and associated factors
among reproductive age group women in Debre Birhan town, north Shewa, Ethiopia." Try to use words consistently i.e. chose the right word and use consistently.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

2. You have written the study design for quantitative method of research but you haven’t written the study design for qualitative method of research. What type of study design did you use for qualitative method of research.

Answer – The design is cross-sectional study design. According to (Mingying Zheng, 2015) one of the rationale to merge or combine both quantitative and qualitative data complementarily in cros-sectional study was to enhance, explain, support, verify quantitative results, or to clarify specific quantitative issues. So we used qualitative data to support the quantitative finding, especially to gather information regarding the knowledge and service related questions in the health professional’s point of view.

3. Line 32-34 says "Study populations was all selected reproductive age (15-49years) women who lived in Debre Birhan town." = are they samples or study population?

Answer – I accept your comment, I already corrected and highlighted in the manuscript

4. Line 56-58 says “Eight health professionals seven from health institution and one from Woreda health office were included in the study.” Why did you use only 8? Why did you select health professionals? Sample size for qualitative is depends on the design, so what design did you use?

Answer – The reason why we select eight health professionals is that the qualitative study is aimed to support the quantitative findings, especially to assess knowledge and services related questions in health professional’s point of view. We select purposefully the health professionals that were working on maternal, sexual and reproductive health services and related issues because preconception care is provided by integration with other maternal and reproductive health care services, so they are near to know the gaps.

Are you sure that health professionals know the community well?

Answer- Yes, they are a part of the community and responsible persons to provide the service and near to know their customers problem.

5. Line 27-30 says "The purpose was health professionals that were working on maternal, sexual and reproductive health services and related issues." Do you have another reason to select those health professionals especially regarding to whether they know the community or not?
Answer – As I mentioned earlier preconception care is provided by integration with other maternal and reproductive health care services, so they are near to know the gaps. Also, they are a part of the community and responsible persons to provide the service and near to know their customers' problem.

6. Line 41 says "and three (Bsc) holder supervisors ……" Add their profession.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

7. On abstract section there is a sentence "OR and 95% CI were used to show the strength and significance of the association." But you didn’t write about the strength of association here. So, what measure of strength association did you use? And at what cut off point did you determined the level of strength?

Answer – I accept your comment, I already corrected and highlighted in the manuscript

8. Line 59 and 60 says “The validity of the tool was also approved by experts. How about the reliability of the tool?

Answer – In methodology part Line 101 -104 talks about pretest, which ensures the reliability of the tool.

“The questionnaire was pre tested on 5% of the calculated sample size to familiarize enumerators with the administration of the interview process and for ensuring consistency. The pre-test study covered 22 eligible reproductive age group women who are living in Shewarobit town, which become out of the main study two weeks before the commencement of the main data collection. Debriefing sessions were held with the pre-test field staff and the questionnaires were modified based on lessons drawn from the pre-test”.

Result

1. Line 14-16 says "One hundred and sixty seven (40.7%) of respondents had a monthly household income of 1000-3000 ETB and 141(34.4%) were educational level of more than secondary school." ETB has to be converted to US dollar.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

2. Line 41 and 42 says "Level of women's knowledge on preconception care were measured based on correct response using six preconception care knowledge …." When we say level it
seems ordinal type of measurement of scale, but you have categorized the dependent variable in to good and poor knowledge that is nominal type of measurement. So, avoid saying level.

Answer – I accept your comment, I already corrected and highlighted in the manuscript

3. In line 14 and 15 availability of adequate laboratory service, availability of adequate medication, and availability of unit for preconception care were listed as a variable which were significantly associated with utilization of PCC. It is well known that if there is no these service there is no utilization of PCC. So why did you analyzed these variables?

Answer – Among the factors that affect maternal health care services, especially during preconception care is the availability and accessibility of the service (reference no 22). In our finding also our aim is to assess the factors that influence women's utilization related to the availability and accessibility preconception care services.

Discussion

1. Line 7-14 says "the overall utilization of preconception care by reproductive age group women in this study was 13.4%, which is significantly higher than study carried out in Nigeria (2.5%) (15).The highest prevalence is due to, in Nigeria the prevalence was done only for folic acid intake with small sample size but in this study different components of preconception care was assessed according to WHO (2012) recommendation with maximum representative sample size which make the study comprehensive." 1) I think it is not comparable because the objective of your study and a study done in Nigeria is different. 2) Do you think that utilization of folic acid is a a components of PCC is low when it compares with other components? If yes based on other different studies, it can be a justification otherwise it can't be.

Answer – I accept your comment, I already corrected as you said.

2. Line 17 says "However, it is significantly lower than the finding from Sudan (40%). Are you sure that the figure of a study done in sudan?"

Answer – I accept your comment, I already corrected and highlighted in the manuscript

3. Qualitative data have to be discussed

Answer – I accept your comment, I already discussed them by supporting the quantitative findings.

4. Avoid repetition.
Conclusion

1. Line 12-14 says "The main Reasons for non-utilization of preconception care is mostly because of didn't know as there was such a servic." As it is not your objective, no need of conclusion.

Answer – I accept your comment, I already corrected as you said.

2. At last you have to write your recommendation, So put your general recommendation here.
Answer – I accept your comment, I already corrected and highlighted in the manuscript Tables and figures

1. Table 1

1. line 25 says "others =6.1%. if other is ≥5%, it has to be specifically written.

Answer – I merge the variables for analysis purpose. If I write them separately, they do not fulfill the rule of cross tabulation that means in cross tabulation 80% of expected frequency should exceed 5 and it’s too difficult to run the multivariable analysis.

2. line 47 similar comment.

Answer – I merge the variables for analysis purpose. If I write them separately, they do not fulfill the cross tabulation rule that means in cross tabulation 80% of expected frequency should become greater than 5. And it’s too difficult to run the multivariable analysis.

3. line 48-51= monthly income have to be converted to US dollar.

Answer - I accept your comment, I already corrected as you said.

2 Table 2

1 Line 10-14 ///the summation of number of pregnancy is 410 i.e all of the participants had history of pregnancy? Didn't you include those who hadn't history of pregnancy? If yse, modify the inclusion criteria.

Answer - I accept your comment, I already corrected and highlighted in the manuscript
Methods part line 13-14 says “All reproductive age group women who had a history of pregnancy and lived in Debre Birhan Town for 6 months and above were included under the study.”

Lines 15 says "Number of live birth (n=399)" how about 3.

Answer – Not only 3, 11 participants were left. Those are woman’s who had still birth and had history of abortion.

Table 3 Is it participants’ response about the availability and accessibility of health facility? If yes, the title has to be modified.

Answer – As I mentioned earlier the availability and accessibility of the services was assessed as one factor that influences utilization of preconception care. I think it’s not mandatory to modify the topic; science the aim is only to identify it as a factor.

4.figures.

1. Figures are not necessary because ideas indicated in figures have already been written in text forms.

Answer - The text part only mentions about the women’s who utilizes preconception care and knowledgeable about PCC. A woman’s who don’t utilize PCC and who don’t have knowledge about preconception care is not indicated under the text, so figures are mandatory to understand the text easily.

Reviewer 2

1. ABSTRACT: The aim of this work is not clear here.

Answer - I accept your comment, I already corrected and highlighted in the manuscript

“The aim of this study was to assess utilization of preconception care and associated factors among reproductive age group women in Debre Birhan Town, North Shewa, Ethiopia.”

2. BACKGROUND: Wrong use of tenses e.g page 4 lines 18-20.

Answer - I accept your comment, I already corrected and highlighted in the manuscript

METHODS: it is not clear where the population of people stated in lines 15-16 are .Are they in the study town or some district? Several spelling and grammatical errors.
Answer - They are from study town that is Debre Birhan town, I tried to paraphrase and make it clear.

“All reproductive age women who lived in Debre Birhan town were the source and study population. All reproductive age group women who had a history of pregnancy and lived in Debre Birhan Town for 6 months and above were included under the study.”

3. The authors have been silent on the issue of consent, was this obtained from the participants, when was this done and what type?

Answer –I accept your comment, I wrote the ethical statement only in the declaration part but know I also put it under methodology part and highlighted in the manuscript

“Ethical clearance and approval letter to conduct study was obtained from Jimma University institutional review board and a letter of cooperation was taken from the Jimma University institute of health to Debre Birhan town health bureau. Written consent was obtained from the study participants after explaining the study objectives and procedures. The right to refuse not to participate in the study any time they want was assured and Confidentiality of the information was ensured by coding. The interview was undertaken privately in separate area. Only authorized person was getting access to the raw data collected from the field.”

4. RESULTS: ETB in page 10 line 15-16 should 1st be written in full. What do the authors mean by < 2 alive children (page 10, lines 28-29)?

Answer - Now ETB is already changed to dollar as the first reviewer commented

< 2 alive children mean ,women who have one child (primiparous) .I already corrected.

5. DISCUSSION Did the study have any limitations?

Answer - I accept your comment, I already corrected and highlighted in the manuscript

“However, this study does have its own limitations. First, the study design makes it difficult to determine the direction of causality and there is a risk of social desirability bias and interviewer bias. In addition, since women’s were asked for the past experience of the service there may be a risk of recall bias.”