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:

1. The manuscript needs to be reviewed for English language. Please see the attached resources above for editing.

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

2. Please review the abstract and plain language summary - some parts of the plain language summary is better suited for the abstract. Please keep in mind the plain language summary is for lay people.

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

3. In the abstract, the following is unclear "availability of unit for preconception care " - what is meant by "unit" for preconception care

Answer – It’s already putted in the operational definition “Unit for preconception care: is a unit or room where women's received preconception care before being pregnant.”

4. The introduction needs to be revised and shortened- it is redundant at times. It should be focused on LMICs [although you can contrast it with high income settings like PRAMS]
Answer – we accept your comment, we already corrected and highlighted in the manuscript

5. The paper would benefit from a brief description of what preconception services are available in the study region and in Ethiopia in general

Answer – As the very beginning the paper is only focused on the preconception care services available both in Ethiopia and study area. In the operational definition we included only the preconception care components that are available in the country as well as in the study area “Preconception care: Any interventions either advice or treatment, and lifestyle modification women received regarding components of preconception care before being pregnant [24].(Preconception care components in this study is HIV testing and counseling, STI screening and treatment, Infertility/sub-fertility treatment, Nutrition, Ferrous supplementation, Immunization, Advice on cessation of alcohol, Advice on cessation of cigarette smoking).”

6. The methods section needs to be revised and condensed. For example, the sample size calculation does not need a qualitative section. It would be better to consolidate the sections rather than going back and forth between quantitative and qualitative.

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

7. The qualitative section needs more detail:

-Why did you choose to interview health professionals?

Answer – The reason why we select health professionals is to assess knowledge and services related questions in health professional’s point of view. Because they are responsible persons to provide the service and near to know their customers problem. Also 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.

-what themes did you interview on? How did you determine them?

Answer – There are a pre-determined themes which focuses on knowledge and health facility related factors. The themes are determined depending on the purpose of the qualitative study, that means the qualitative data is designed to support the quantitative finding, especially to gather information regarding the knowledge and service related questions in the health professional’s point of view. So after the data collection, the data was transcribed and coded. Then categorized and thematized in line with this Pre-determined thematic areas.

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

8. The operational definitions seem out of place- please integrate them within the body of the text in the methods section

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

9. Results

- please combine socio-demographic and obstetric/gynecologic characteristics into one section. Consider titling it "Participant characteristics"

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

10. In the discussion, why do you start by comparing your findings to Sudan?

Consider restructuring to:
- summarize findings
- compare and contrast between studies
- strengths and limitations

Answer – in the discussion part we started from Sudan because our study finding is only higher than study conducted in Sudan from our literatures that’s why we want to put it first.

- why are the two sections in italics in the discussion? Please integrate this in to the main text.

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