Author’s response to reviews

Title: Acceptability, Feasibility and Utility of a Mobile Health Family Planning Decision Aid for Postpartum Women in Kenya

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Dear Editors/Reviewers,

Thank you for your careful review of our manuscript entitled "Acceptability, Feasibility and Utility of a Mobile Health Family Planning Decision Aid for Postpartum Women in Kenya" (REPH-D-19-00003).
We greatly appreciate your comments and have revised the manuscript and have detailed responses to each of the points below.

Reviewer 1

A. Indeed, the utility and impact of the iMACC is potentially significant. Missing from this article however is any concrete discussion of who the participants in the study were, how they were recruited, did they self-select into the study, a distinction between the study sites and other clinics (and potentially differences in sample populations). This would provide the reader with greater insight as to 'who is likely to use this technology', both on the provider and beneficiary side.

We have revised the manuscript to describe that the participants were recruited by study staff and that study sites were co-located within the same facility of the clinics. As this is a qualitative study with small sample sizes we did not make statistical comparisons as we lacked power to do so. In addition, we kept descriptions of study facilities intentionally vague as to protect confidentiality of FP providers; i.e. we did name the facilities.

B. In the reporting of results, no quantitative figures were provided around the responses. While it was mentioned that the participants found the application acceptable, for example, what proportion responded this way?

Thank you for this comment. Since, this is a qualitative study with a small sample size we did not summarize responses quantitatively as the point estimates are based on small sample size. However, we did the % of adolescents who did find this acceptable and commented that all providers found it acceptable as suggested.

C. Finally, the sample size of this study is very low and brings into question the generalizability of the study findings. There is no explanation of why the sample size was so low, and what the future plans are to further pressure test the validity of the application.

We appreciate the reviewer's point about the generalizability of the study findings because of the small sample size.

We described that the sample size was guided by thematic saturation, which explains why the sample size is small. This is typical for qualitative studies. We have also added an additional sentence to reflect this on page 9: "A range of 20-30 interviews has previously been reported to be adequate for sampling among a homogenous population (Boddy, 2016)."
We concur with the reviewer about the need for further research to confirm findings of acceptability and have added this to the end of our discussion.

Reviewer 2

A. The methods and rationale for this paper are clearly described. However, at times there seems to be a conflation on whether this tool and research study focused on the women or the health workers, particularly as it seems like more questions were asked to health workers than the women themselves.

Thank you for this comment. We have added a more thorough discussion in the study objective to clarify.

B. The feasibility of FP mobile decision aids on health workers has been studied previously, and the key added value of this paper seems to be the client/woman facing aspect of the decision support tool (at least the title only mentions for PP women). I think the results section should emphasize more clearly that this research is primarily on the client/woman side perspectives.

Thank you for this comment. It is important to consider provider perspective as well as this would be designed to complement the services they provide, so it is important that they find it acceptable and potentially useful. We have revised the discussion to reflect this as follows on page 23:

Inclusion of providers allowed us to explore whether the decision-aid had perceived usefulness and addressed common problems with current counseling practices. While the decision-aid was designed for postpartum women, our findings that the decision-aid was found to be acceptable by women and providers lends support for integrating this type of counseling support into routine clinical care.

C. The authors may consider separating the results section so that the differences in the client/woman perspective vis a vis health worker is clearly detailed. It otherwise just seems to be a decision support tool for health workers that takes into account their client's preferences for shared decision making, but not necessarily a "patient facing decision aid."

We appreciate the suggestion and believe that the earlier additions from the prior review of the rationale for including the providers will help it become clearer why the results are integrated rather than separate. We found the manuscript read too duplicative when separated.
D. It should also be emphasized within the results and discussion whether the iMACC is to be used at the facility when a woman comes in or if this is something that women can operate at home to look up information, etc.

On page 10 we state: "iMACC was developed for self-administration for women to use while waiting to see a FP provider; however, if women were unable to use it on their own they could elect to have study staff assist." We have modified the language to be clear it is waiting at the facility.

E. This point of who is the primary user needs to be clarified (is it a decision aid tool that is used during a consultation with a health worker, in which case the health worker will also be operating it), or is this something that women do on their own?

We appreciate the reviewer's comment. We believe the prior revisions based on the other reviewer's comments above have already addressed this; we have clarified who the primary user is.

F. The process by which women access and interact with the iMACC should be made clear, especially if the selling point is that this is a patient facing tool.

Thank you for this recommendation. The following statement has been revised on page 10.

"iMACC was developed for self-administration for women to use while waiting to see a FP provider; however, if women were unable to use it on their own they could elect to have study staff assist".

G. Consider including the following publications as these have already studied the use of FP mobile decision aid among health workers, and I didn't see them referenced.


Thank you for this recommendation. We have included the suggested publication to this manuscript on page 24 with a given below statement:

"While a mobile job-aid in Tanzania was an effective tool to provide FP counseling, it was designed as a tool to support community health workers (CHWs) in the delivery of services rather than helping women in making decisions."
H. If possible, it would be good to describe the standard practice how were women previously obtaining FP counselling material and what is the added value of digitizing this content/interaction since it seems they have to come to a facility to use the iMACC.

Thank you for this comment. We have added a statement under the discussion section (page 24) that might reflect on the standard practice of FP counseling in the clinics of Kenya.

"Currently, providers offer individual counseling on FP, sometimes with the assistance of flip charts or charts. However, the quality of counseling is provider dependent. iMACC offers an opportunity to automate counseling and ensure key topics are uniformly discussed with all women, as well as focusing on methods and concerns women have about using specific methods."

I. Just a point of semantics the FP world prefers not to refer to people seeking contraception as "patients." Authors may consider saying "clients" or "women" instead of patient.

The authors agree with this comment. The edit has been added to the manuscript.

The thoughtful comments and guidance of the RH reviewer is greatly appreciated. The authors feel that the reviewers’ revisions as well as other small clarifications have strengthened the focus and content of this manuscript submission. We look forward to the RH decision or further comments.