



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_39886
Title of the Manuscript:	Predictors of Unmet Need for Contraception among Urban and Rural Women in Anambra State, Nigeria: A Mixed Method Survey
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Abstract -Methodology: State clearly the study participants, inclusion and exclusion criteria -Results: Change 'the overall contraception prevalence rate in the state...' to contraceptive rate among participants was...." Methodology -Did you include both married, puerperal, lactating, non-pregnant, single and married women? If yes, the analysis is incomplete as it should reflect these diverse groups to allow more meaningful deductions. Results -line 213: the statement is not correct; how did you come to this conclusion? Male condom was the highest in both groups. -Lines 236 & 237- how was the calculation made? -Figure 1: Post-partum ammenorhoeic should not be in both arms. I suggest it should stand alone since it is an entity in itself. This is clearer as the next boxes became redundant compared to the boxes before. What do you mean by fecund and non-fecund? Did the women know the meaning of these terms? How was it assessed? What were your definitions of 'unwanted', 'mistimed' and 'intended'? How were participants able to interpret this in the self-administered questionnaires? How did you manage those unable to read and write in English language? -Where were the representations of the statements on lines 354 to 357? -table 4 is not a bivariate analysis please- you were comparing Yes or no for each group separately with different p-values. Kindly discuss with the statistician.	Thank you for your review. Done Done The standard unmet need indicator is calculated with a denominator of currently married women of reproductive age. It also takes into account the unmet need status of non-pregnant, pregnant and post-partum amenorrheic women as revised by Bradley et al and this was applied in this study. Although unmet need status can be determined for single women and other diverse groups, the standard indicator is used for consistency and comparability across populations and settings. Corrected The total number of respondents using any form of contraception (modern or traditional) expressed as a percentage of the total number of participants (married women 15-49 years). (This was done for urban and rural strata and then overall) Corrected to Non-postpartum amenorheic on right arm. Fecundity was assessed using the criteria stated in the "Revised unmet need DHS report 25" by Bradley et al. The questionnaires were interviewer administered. A vernacular version of the questionnaire was prepared for the uneducated respondents to reduce inter-observer variation in interpretation during the interview. The terms were applied as defined in the revising unmet need document. Unwanted = not wanted at all at the time of conception (unmet need for limiting) Mistimed = wanted but much later (unmet need for spacing) Intended = wanted at the time of conception (no unmet need for contraception) These responses were obtained from the Focus group discussion sessions among current non-users of contraception. The FGD and KII done in the study were explanatory qualitative surveys, done to complement, explain and give deeper insight to the findings of the quantitative study. Corrected.



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	Table 5: What is your definition of 'women's decision making autonomy'? What is women approval? What is ½ times- like half times? Spousal communication about what? Your deduction of lines 394 to 395 is incorrect. The p-value is for the whole subheading of religion not specifically Roman Catholicism. The tables are too many- authors to review to a maximum of 6. Figures 1 & 2 must be reviewed in view of the earlier suggestions- can be merged into one flow chart effectively. I expected your tables to compare unmet needs in rural and urban dwellers, rather you were doing intra-group comparison of 'yes' and 'no' separately for each group rather than inter-roup compatritions. The results so stated are not relevant to your study which is a comparative study of rural and urban dwellers. Discussion Will require a major review based on the corrections required in the tables i.e. only after inter-group comparisons can we make scientific deductions. Let the first paragraph be a summary of important points- positive and negative that you plan to discuss. Be careful not to repeat the results here- no need for figures and numbers/ percentages. Then, take each point one after the other in paragraphs and address them. Conclusion We have always noted in all previous research that there is a disconnect between knowledge and uptake of contraception. I was expecting that the qualitative section of your study will help to answer this. References -You have materials for a robust discussion but this was not maximised. There are recent reports on male partner influence on contraception as well as other areas of interest identified even from Nigeria as well as other Sub-Saharan Africa countries. You need to conduct more search.	Women's decision-making autonomy in the household was assessed based on a composite variable developed as described in section 2.6 of the manuscript. Corrected ; women's approval of contraception Corrected ; 1-2 times. Corrected Corrected. This was done in a bid to avoid publication bias as both positive and negative findings of studies are applied to systematic reviews and meta-analyses. Figures 1 and 2 have been merged into one effective flow chart. The aim of the study is to determine factors that influence unmet need for contraception in urban and rural sub-populations of married women in the state as these factors have been shown to be area-specific due to the influence of socioeconomic and demographic factors; for more targetted interventions. The study showed that there is no statistically significant difference in unmet need between the two groups (P = 0.054), however the level of unmet need was influenced by varying factors in the 2 groups of women. The discussion was summarized because the permissible word limit for this journal has by far been exceeded in the manuscript. The article in its entirety (quantitative and qualitative) pointed out the reasons for the knowledge-practice gap and went ahead to identify the varying predictors in the 2 sub-populations of women, which if targeted for intervention, can address unmet need for contraception in the 2 strata. This is because the journal limit for maximum number of words has been exceeded by far. The fact that male perception of contraception was not addressed in this study is one of the limitations of the study as the study population is women 15-49 years. This is an area for further research. Thank you for your kind review.
Minor REVISION comments		
Optional/General comments		