



SDI Review Form 1.6

Journal Name:	<u>International Journal of TROPICAL DISEASE &Health</u>
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

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	There is a lot of missing information from the methods section, mainly how concepts described in the results were measured. A few of these are: • Awareness of methods (was this asked open- or closed-ended?) • Demand for contraception • Partner approval • Perceived risk of pregnancy • Perceived effectiveness of contraception • Perceived side effects of contraception • Perceived availability of contraception Also missing from the methods section is information about how the qualitative data were analysed. The paper states that there are themes, but how were these determined? Also, those themes are not presented in the results section. Further, it is stated in the discussion section that “some facility heads discourage use of modern contraceptives in their facilities.” This information is never presented in the results and new results should not be presented for the first time in the discussion section. My other main comment has to do with the definition of unmet need. It is stated that women were purposively sampled for the interviews if they were defined as having an unmet need in the survey. However, some of the quotes make it seem that these women do not want to use contraception, even if they have “10 children”. Is our definition of what unmet need sensitive enough to classify those women? It feels paternalistic to say a women who has no desire to use contraception has an unmet need. If she determines that she has no desire for contraception, how can we tell her she has a need for it? Next, how is “majority” determined in the qualitative data. I do not see anywhere where the n for the qualitative component is described (how many FGDs with how many people? And how many interviews?), and I tend to shy away from describing qualitative data in quantitative terms, as qualitative data are not usually designed to be representative and therefore using these quantitative terms is not quite appropriate. Finally, there is a lot of causality implied by the words used to title the tables (and the manuscript itself) as well as talk about the results. As this is a cross-sectional study, while it is possible to determine factors which are associated with the outcome variable, it is not possible to determine if those factors cause the outcome. It is safer to say that factors are associated than to say that one factor predicts the other. On another note, the authors make both a population control and public health argument for why access to and use of contraception is important. However, what is missing is the human rights lens. Women have a right to high quality comprehensive reproductive health care so that they can make decisions and act on their preferences.	Thank you for your review. Because of the limited permissible number of words for this journal, basic key terminologies widely used in family planning were not defined. The questionnaire was semi-structured and interviewer administered. Content analysis of the qualitative data was done using atlas.ti software for qualitative data analysis and the information obtained were applied in various parts of the result to complement and give deeper insight to the findings of the quantitative study. Kindly see last paragraph of section 3.2 The term “unmet need” was coined in the late 1970s, to describe the seemingly discrepant behaviour of women who want to avoid pregnancy but are not using any contraceptive method. However because of inconsistencies in its evaluation and problems with comparability across populations, this definition was revised in 2012 in the DHS program report. This revised definition by Bradley et al using the algorithm was applied to this study for standardization and comparability. The FGD was conducted among current non-users of contraception (as women's unmet need status were determined at the analysis stage of the study.) The code-primary document cross-tabulation analysis of the qualitative data was done (section 2.7) Causality was never implied in the manuscript. This will entail applying the 9 Bradford Hills criteria for establishing causation and an experimental study. The study only identified factors that predict unmet need for contraception and this is a probability event depending on the strength of association. Noted for further research.



SDI Review Form 1.6

Minor REVISION comments	Why were only married women sampled? Surely it is important to investigate factors associated with unmarried women's unmet needs for contraception (as they are generally found to have even higher levels of unmet need). Table 3 needs to be re-formatted.	Although unmet need can be calculated for a diverse group of individuals, the standard unmet need indicator is applied to currently married women of reproductive age for consistency of calculation and comparability across populations.
Optional/General comments	It is not stated anywhere in the paper what the full definition of unmet need is being used. While the authors reference the definition, it would be helpful to have that definition written out. "Data" is plural.	Corrected. Noted.