

Review of: "Factors Associated with Contraceptive Use Among Migrant Female Head Porters in the Kumasi Metropolis"

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Potential competing interests: No potential competing interests to declare.

Qeios, Cornelius Dassah, and Justine Guguneni Tuolong,

Thanks for inviting me to review this research article—“Factors Associated with Contraceptive Use Among Female Head Porters in the Kumasi Metropolis.” This paper is important for promoting reproductive health and young women’s health. The objective of the research was clear and highly relevant for research, policy, and health promotion. The paper adds knowledge, as articulated by the authors, to the scarce literature on the use of contraception among female head porters in Ghana. Overall, I recommend major changes to this article. My comments and recommendations are as follows:

1. Ghana should be included in the title for easy identification by the global audience and readers.
2. Consider adding p-values to the reported statistics in the abstract.
3. The use of both text and figures for numbers is not needed. E.g., “two hundred (200)” and “five (5)”
4. The word “older” is generally ambiguous, and its use was very vague in this article. What and who is older? Authors, kindly clarify or use different vocabulary. For example,
 - a. “Older women portray sexual inactivity as menopause sets in and perhaps because they have achieved their desired family size.” *Older* here seems to imply age. Although menopause is associated with a decline in sexual activity, it does not “portray sexual inactivity,” and a decline in sexual activity is not the same as sexual inactivity (Thornton et al., 2015).
 - b. “Older Kayayei who are familiar with the business, use that advantage to lure young girls from their villages and exploit them financially by serving as chaperones to them.” *Older* here seems to imply experience rather than age. Or could it also mean age?
5. Using convenient sampling is fine. However, a sampling frame and sampling strategy are important to get a sample representative of your population. Saying there is “no data” on female head porters is hard to believe. Perhaps, saying “no national surveillance system or database” is more appropriate. Again, a *well-regulated association* with authority and leadership structure may have information about its members, so that may be an excellent place to get information about your target population, hence a sampling frame.
6. How was the questionnaire administered, in person? How was the questionnaire developed, or was it an already existing tool? Kindly clarify.

7. How were the variables measured, e.g., ethnicity, NHIS subscription, and HIV status, through self-report, medical records, proof of documentation, etc.?
8. How were the open-ended questions handled, as this study used a quantitative design? Kindly clarify.
9. Feminine language (female, girls, women, she/her-president of the Kayayei Association of Ghana) was used most of the time, and it would be helpful to be consistent. So, it makes me wonder if “chairman or chairmen” were really men. Kindly clarify or, better, use a gender-neutral word like chairperson.
10. The reporting of the odds ratio was difficult to read. It needs to be revised.
11. I had difficulty pinpointing the outcome or dependent variables and how they were defined. The authors mentioned *multivariate logistic regression*, so meaning there is more than one dependent or outcome variable in the model. What are the dependent variables? Multivariate and multivariable logistic regression are different ([Kalan et al., 2021](#); [Hidalgo, & Goodman, 2013](#)). I assumed “contraceptive use” as one of the outcome variables, but I could not tell how it was measured. From Table 1, there is only information about the “reason for contraceptive use.” Kindly define all variables or relevant variables used in the analysis.
12. The abstract mentioned “AOR,” and Table 2 mentioned “OR” it would be helpful to make clear the type of odds ratio (crude vs. adjusted) reported in the results section.
13. Was there a reason for using this particular categorization of monthly income? Why was income level GHS101-109 not captured? Income groups GHS400-599 and above GHS600 were not presented in the Table 2, were they not included in the analysis?
14. This statement– “An overwhelming number (97%) of respondents affirmed they have had unprotected sex in the past month”–and the results or information from the Table 1 are confusing, “ever had unprotected sex before” and “Over the past month, have you engaged in sexual activity.” Was there a separate question or data on “unprotected sex within the past month?” Kindly clarify.
15. It was unclear whether the authors were talking about modern, traditional, emergency, or all kinds of contraceptives. Kindly clarify the type of contraceptive discussed here.
16. The article needs to be well organized and edited. E.g., the use of “migrant” while “migrate” was appropriate in the last but one paragraph of the introduction.
17. Some points and ideas lacked clarity and were confusing. For instance, although the entire fourth introductory paragraph [excerpt below] conveyed a message about the demand for female head porters in the big cities in Ghana, the introduction and flow of ideas, and organization of sentences were confusing and not coherent. Obviously, not all young women from Northern Ghana come to the big cities for the reasons articulated by the authors in the paragraph; some come for education. The context or sentences make it seem all young female migrants from Northern Ghana are Kayayei.

Young girls between the ages of 12 and 30 from northern Ghana evade major cities in a bid to accumulate money to learn a trade to acquire property for marriage. These female migrants are popularly referred to as Kayayei in local Ghanaian parlance are engaged in the business of head load carrying (portage) to earn a living. The congestion and uncontrolled traffic in the major cities of Accra and Kumasi impede vehicular movement (Afriyie et al., 2015; Baah-Ennumh et al.,

2012). *This makes the head porter business highly patronized* (Agarwal et al., 1997; Boateng et al., 2013; Dassah et al. 2021).

18. Double-check all the references throughout the manuscript and use a consistent reference style. Some in-text references were not on the reference list. E.g.,

- a. “Contraceptive prevalence in Ghana according to the Demographic Housing Survey (2014) is 22% (Aviisah et al., 2007)” – is not coherent; simply cite the 2014 GDHS.
- b. Anarfi (2005), Anarfi and Kwankye (2005), Anarfi & Adjei, 2009, Edwin et al., 2016 were cited in-text but were not in the reference list rather, “Adanu, R. M., Seffah, J. D., Hill, A. G., Darko, R., Duda, R. B., & Anarfi, J. K. (2009). Contraceptive use by women in Accra, Ghana: results from the 2003 Accra Women's Health Survey. *African Journal of Reproductive Health*, 13(1)” was in the reference list but not in-text.