Review of: "Factors associated with contraceptive use among migrant female porters in the Kumasi Metropolis"

Method Kazaura

Potential competing interests: No potential competing interests to declare.

Dear Dessah and Tuolong,

Thank you for deciding to write about contraceptive use and associated factors among female head porters in the Kumasi Metropolis, Ghana. I have read your write up and I think the following could improve your intention about the subject matter.

(1) The title should specifically say ‘modern’ contraceptive use and add Ghana for people to understand where the Kumasi Metroplis is.

(2) There is a difference between ‘factors’, 'determinants' and 'proximate determinants. These three should not be used interchangeably.

(3) Re-write the abstract based on the comments included herewith

(4) In the Introduction, high CPRs are not only in the stated areas (Islands), better to say especially in Northern Africa

(5) You have NOT introduced fully (a) rates of contraceptive use (b) known factors - in general.

(6) At the end of the introduction, show the gap…. the research problem and its justification

(7) The methodology looks weak. The results from this study will be questionable because of the ‘convenience’ sampling which may be a source of bias. Although you targeted 12-49 age group, you ended up with 12-40 years. You also have the selection bias (only participants available and willing to participate). At least this setback must be reported under the limitation of the study

(8) Ethical consideration: How did you include the minors (12-17)?? Did you get a special permission (consent) from their parents/guardians and then the assent from themselves?

(9) In the Results…. Table 1, does NOT include important variables like the number of living children, parity, religion, marital status, reported social economic status, ethnicity, etc (only background variables).

(10) Please note that there is a missing category in monthly income (101-109). The percent of 110-399 is NOT 71.3 but 73.0%

(11) One needs to see the clear description of the study participants (Table 1), for example, average age. Table 2 should

describe matter related to modern contraceptive use (use and reasons for not using, etc)

(12) There is not a single sentence that tells the reader how many study participants were (currently or ever) using modern contraceptives. This is very important because it seems EVERY STUDY PARTICIPANT WAS USING CONTRACEPTIVES. From Table1, 118 (59.0%) were limiters and 82 (41.0%) were stoppers. Therefore, every study participant was a user. If so, how did you run the binary logistic regression model when the dependent variable had only users?

(13) In Table 2, where did you place an individual with 101-109 cedis? “The variable ”HIV status" must probably be “Knowledge of HIV status” and categories should be “Knows” and “Does not know”

(14) It is not clear what was the ‘event of success’ in the logistic regression analysis, was it ‘use’ or ‘not use’? It is important because the interpretation of results will defer.

(15) I am suspecting that the dependent (outcome) variable was NOT a rare event. Therefore, it was NOT appropriate using a logistic regression model, rather you should have used a (modified) Poisson regression analysis model.

(16) The interpretation of the Odds Ratio (crude or adjusted) was wrong. We use “times more likely” when the measure of association is ‘Relative Risk’ (RR) and we use 'Increased/Decreased Odds" for ORs.

(17) This reviewer is doubtful with results because, in principle, at 5% level of significance, the p-value MUST be less that 0.05 when the 95% Confidence Interval does NOT include 1. In Table 2 and its description, some of the categories with small p-values (<0.05) have 95%CI that include 1; for example knowledge of HIV status, having multiple sexual partners.

Based on these results, the discussion and conclusions will greatly change.

Why do you use bullets in the list of references???

Wishing you,

Professor Method Kazaura