

### Review Form 3

Journal Name:	<a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>
Manuscript Number:	Ms_IJTDH_127585
Title of the Manuscript:	Accessibility on utilization of contraceptive methods among youths: an analytical cross-sectional study in Westlands Sub County, Nairobi County.
Type of the Article	

#### **General guidelines for the 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 guidelines for the Peer Review process, reviewers are requested to visit this link:

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#### **PART 1: Review Comments**

<b>Compulsory</b> REVISION comments	Reviewer's comment	Author's Feedback <i>(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.		
Is the title of the article suitable? (If not please suggest an alternative title)		
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.		
Are subsections and structure of the manuscript appropriate?		
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.		
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.		
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<p>Minor REVISION comments</p> <p><b>Is the language/English quality of the article suitable for scholarly communications?</b></p>		
<p><u>Optional/General</u> comments</p>	<p><b>REVIEW AND COMMENTS</b></p> <p><b>Title</b></p> <ul style="list-style-type: none"> <li>• <b>Comment:</b> The title is clear, but consider specifying the age range of "youths" in the title itself. This provides a clearer scope for your study.</li> </ul> <p><b>Abstract Content</b></p> <p><b>Background</b></p> <ul style="list-style-type: none"> <li>• The background is clear and introduces the topic well.</li> <li>• <b>Comment:</b> The first sentence defining youth is helpful but could be integrated more naturally with the rest of the context. For example: "Youths, defined as individuals aged xxx to xxx years, often face ....."</li> <li>• <b>Comment:</b> The phrase "<i>spacing of pregnancies</i>" could be rephrased for clarity.</li> </ul> <p><b>Methods</b></p> <ul style="list-style-type: none"> <li>• The description of the study design is concise and informative.</li> <li>• <b>Comment:</b> Provide more detail on how the sample size (398 participants) was calculated and why it is statistically significant. For instance, mention if it was based on population size, prevalence rate, or confidence interval.</li> <li>• <b>Comment:</b> Simplify "13 health centers in Westland's Sub County were randomly selected" by clarifying the method.</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>• The results highlight key findings and statistical significance.</li> <li>• <b>Comment:</b> Consider specifying the strength of correlation to provide more detail on the quantitative relationship.</li> <li>• <b>Comment:</b> Instead of "the number of children did not significantly add to the model," specify the model type for clarity.</li> </ul> <p><b>Conclusions</b></p> <ul style="list-style-type: none"> <li>• The conclusions summarize the key findings well.</li> <li>• <b>Comment:</b> Reframe "have continued to greatly affect and lower overall contraceptive utilization prevalence" for grammatical consistency and precision.</li> </ul> <p><b>Keywords</b></p> <ul style="list-style-type: none"> <li>• <b>Comment:</b> Expand the keyword list to include terms like "youth," "family planning," "accessibility," and "health services." This improves searchability</li> </ul> <p style="text-align: center;"><b>1. INTRODUCTION</b></p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• The introduction covers a broad background, linking youth, contraceptive use, and public health challenges effectively.</li> <li>• It ties the global issue of youth contraceptive use to local challenges in Westlands Sub- County, Nairobi, providing clear justification for the study.</li> <li>• Cites relevant data and statistics, which strengthens the argument.</li> </ul>	

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	<p><b>Comments and Suggestions for Improvement:</b></p> <ol style="list-style-type: none"><li><b>1. Definition of Youth</b><ul style="list-style-type: none"><li>○ The definition of youth as "the time between childhood and adulthood and the person is considered young" is vague. Use a more precise, universally accepted definition. This would also align with the age range specified in your study.</li></ul></li><li><b>2. Statistics and Citations:</b><ul style="list-style-type: none"><li>○ Some statistics (e.g., "52% of youths aged between 15 to 25 years are sexually active") lack context or references. Ensure every statistic is properly cited to maintain credibility.</li></ul></li><li><b>3. Problem Statement:</b><ul style="list-style-type: none"><li>○ The problem statement is scattered. Consolidate it into a cohesive paragraph emphasizing the issue of limited access to youth-friendly health services and the consequences of low contraceptive uptake in Westlands.</li></ul></li><li><b>4. Global vs Local Context:</b><ul style="list-style-type: none"><li>○ Balance the discussion between global trends and local relevance. For instance, expand briefly on why Westlands Sub-County, specifically, was chosen for this study.</li></ul></li><li><b>5. Grammatical Edits:</b><ul style="list-style-type: none"><li>○ Replace <i>"To effectively ensure that health services reach the young people youth youth-friendly services should be established..."</i> with: "To ensure effective delivery of health services, youth-friendly services must be established..."</li><li>○ Correct minor errors like repeated words (e.g., "youth youth-friendly services").</li></ul></li></ol> <p><b>MATERIALS AND METHODS</b></p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"><li>• The section is well-organized with clear subheadings.</li><li>• Sampling methods, ethical considerations, and data collection processes are described comprehensively.</li><li>• The inclusion of a statistical analysis plan (descriptive statistics and chi-square test) is a strength.</li></ul> <p><b>Comments and Suggestions for Improvement:</b></p> <ol style="list-style-type: none"><li><b>1. Study Design (2.1):</b><ul style="list-style-type: none"><li>○ Add a sentence explaining why a cross-sectional descriptive design was suitable for this study.</li></ul></li><li><b>2. Sampling Technique (2.2):</b><ul style="list-style-type: none"><li>○ Clarify the sampling process for participants at health centers. Did the systematic random sampling start with a random point, and how were intervals determined?</li><li>○ Rephrase "The possibility of bias from human selection was minimized by using systematic random sampling."</li></ul></li><li><b>3. Study Population (2.3):</b><ul style="list-style-type: none"><li>○ Provide more detail about the inclusion and exclusion criteria for participants. For example, were only those accessing contraceptive services included?</li></ul></li><li><b>4. Sample Size Determination (2.4):</b><ul style="list-style-type: none"><li>○ Explain Sloven's formula briefly for readers unfamiliar with it.</li></ul></li><li><b>5. Data Collection (2.5):</b></li></ol>	
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	<ul style="list-style-type: none"><li>○ Provide more details on questionnaire design.</li><li>○ Mention how the questionnaire was validated or pretested to ensure reliability.</li></ul> <p><b>6. Data Analysis (2.6):</b></p> <ul style="list-style-type: none"><li>○ Expand on the chi-square test. Specify if it was used to assess associations between categorical variables like gender, marital status, and contraceptive use.</li><li>○ Consider adding: "All statistical tests were conducted at a 5% level of significance (p&lt;0.05)."</li></ul> <p><b>7. Ethical Considerations (2.7):</b></p> <ul style="list-style-type: none"><li>○ The section is comprehensive, but some sentences are verbose. Simplify for clarity. For instance: "Participants' anonymity was ensured by assigning identification numbers instead of using names."</li><li>○ Specify how consent was obtained from emancipated minors.</li></ul> <p><b>8. Grammatical Edits:</b></p> <ul style="list-style-type: none"><li>○ Replace "<i>Permissions from the Westlands sub-county health department were also acquired.</i>"</li><li>○ Correct minor grammatical issues, such as "<i>discretion was maintained.</i>"</li></ul> <p><b>Results</b></p> <p><b>Strengths:</b></p> <ol style="list-style-type: none"><li>1. The response rate of 92.3% is commendable and adds credibility to the study findings. This high rate is indicative of a well-planned data collection process.</li><li>2. Tables summarizing statistical findings (e.g., education and contraceptive use) are well-organized and make the results easy to interpret.</li><li>3. The use of chi-square tests to assess relationships between variables is appropriate and effectively identifies statistically significant factors.</li><li>4. The inclusion of regression analysis to explore the combined effects of demographic factors adds depth to the analysis.</li></ol> <p><b>Areas for Improvement:</b></p> <ol style="list-style-type: none"><li><b>1. Clarity on Key Findings:</b><ul style="list-style-type: none"><li>○ Some descriptions of results are repetitive and could be condensed for clarity. For example, the narrative regarding the percentage of youths using contraceptives across different education levels could be more succinct.</li><li>○ Simplify statistical reporting by focusing on the most relevant figures instead of reiterating percentages unnecessarily.</li></ul></li><li><b>2. Accessibility Results:</b><ul style="list-style-type: none"><li>○ The findings regarding the lack of association between accessibility and contraceptive use could explore possible reasons for this unexpected outcome. The comparison to the Ethiopian study is useful but does not fully explain the difference.</li></ul></li><li><b>3. Presentation of Logistic Regression Results:</b><ul style="list-style-type: none"><li>○ The logistic regression table needs a clearer explanation, particularly the meaning of <b>Exp(B)</b> values (odds ratios). For instance, "Youths of female gender were 3.47 times more likely to use contraceptives" could be expanded to interpret its practical implications.</li><li>○ Consider merging or summarizing regression results in a simpler format for better reader engagement.</li></ul></li></ol> <p><b>Discussion</b></p> <p><b>Strengths</b></p> <ol style="list-style-type: none"><li>1. The discussion effectively compares study results with prior studies from Ethiopia, South Kivu, Senegal, Nigeria, and Uganda. This</li></ol>	
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	<p>strengthens the findings by placing them within a broader research framework.</p> <ol style="list-style-type: none"><li>2. The association between education levels and contraceptive use is well-analyzed and aligns with findings from other regions, which adds reliability to the study.</li><li>3. The discussion rightly emphasizes how service quality influences contraceptive uptake among youths, consistent with previous research findings.</li></ol> <p><b>Areas for Improvement</b></p> <ol style="list-style-type: none"><li>1. While comparisons with other studies are valuable, some discrepancies (e.g., Uganda's focus on contraceptive benefits over quality) could delve deeper into cultural or contextual reasons for variations.</li><li>2. The discussion section sometimes reiterates the results unnecessarily instead of focusing on their implications or underlying reasons.</li></ol> <p><b>Conclusion</b></p> <p><b>Strengths</b></p> <ol style="list-style-type: none"><li>1. The conclusion succinctly ties together the study's main results, emphasizing the factors impacting contraceptive use among youths.</li><li>2. The focus on factors like service quality, education, and demographic variables provides clear directions for improving youth contraceptive prevalence.</li></ol> <p><b>Areas for Improvement:</b></p> <ol style="list-style-type: none"><li>1. The conclusion could be more specific in explaining how these findings can be practically applied, especially regarding service delivery models.</li><li>2. Since accessibility was not a significant factor, the conclusion should address why this might be the case and propose further research to clarify this unexpected outcome.</li></ol> <p><b>Recommendations</b></p> <p><b>Strengths</b></p> <ol style="list-style-type: none"><li>1. The recommendations provide actionable steps, such as improving confidentiality, privacy, and counseling services, which are crucial for youth-friendly contraceptive services.</li><li>2. Emphasizing targeted campaigns for underserved youth populations demonstrates a thoughtful approach to addressing disparities.</li></ol> <p><b>Areas for Improvement:</b></p> <ol style="list-style-type: none"><li>1. While the recommendations highlight quality improvements in service delivery, they could also address potential systemic barriers such as societal stigma or policy constraints limiting youth access to contraceptives.</li><li>2. Suggestions could include specific strategies for implementing youth-friendly services, such as training programs for healthcare providers or community outreach initiatives.</li><li>3. Recommendations should propose mechanisms for evaluating the impact of improved services on contraceptive uptake among youths.</li></ol> <p><b>Overall Assessment</b></p> <p><b>Key Strengths</b></p> <ol style="list-style-type: none"><li>1. <b>Relevance:</b><ul style="list-style-type: none"><li>○ The focus on youths in an urban Kenyan context addresses a critical public health issue with local and global significance.</li><li>○ Findings on education, service quality, and demographic factors are insightful and align with previous studies.</li></ul></li><li>2. <b>Methodological Rigor:</b><ul style="list-style-type: none"><li>○ Clear explanation of ethical considerations and statistical techniques.</li><li>○ High response rate (92.3%), which supports the credibility of the findings.</li></ul></li><li>3. <b>Presentation of Findings:</b><ul style="list-style-type: none"><li>○ The use of tables to present data enhances readability.</li></ul></li></ol>	
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	<ul style="list-style-type: none"> <li>○ Logistic regression adds depth by analyzing multiple factors simultaneously.</li> </ul> <p><b>Areas for Improvement</b></p> <p><b>Clarity in Statistical Results</b></p> <ul style="list-style-type: none"> <li>• Some descriptions of statistical findings (e.g., chi-square and logistic regression results) are either repetitive or lack sufficient interpretation.</li> <li>• Focus on the most relevant statistical figures and interpret their practical implications. For example, instead of only presenting odds ratios, explain what these mean for public health practice (e.g., "Females are 3.5 times more likely to use contraceptives, indicating gender-focused interventions are necessary").</li> </ul> <p><b>Accessibility Findings</b></p> <ul style="list-style-type: none"> <li>• The lack of association between accessibility and contraceptive use is surprising but inadequately explored.</li> <li>• Discuss potential reasons, such as unmeasured variables (e.g., cultural or informational barriers) or the relatively uniform urban access. Highlight the need for qualitative research to explore this further.</li> </ul> <p><b>Consistency in Tone and Language</b></p> <ul style="list-style-type: none"> <li>• Phrases like "it is against this background" appear informal and disrupt the formal tone of an academic report.</li> <li>• Replace such phrases with concise, professional alternatives.</li> </ul> <p><b>Example:</b> "Given this context, the study seeks to..."</p> <p><b>Recommendations for Practical Implementation</b></p> <ul style="list-style-type: none"> <li>• Recommendations are actionable but lack specificity on how they can be implemented.</li> <li>• Include strategies such as:             <ul style="list-style-type: none"> <li>○ Training healthcare workers in youth-friendly service delivery.</li> <li>○ Using peer educators to overcome stigma and build trust.</li> <li>○ Establishing mobile clinics for hard-to-reach youth populations.</li> <li>○ Proposing evaluation frameworks to measure progress (e.g., indicators of youth satisfaction with services).</li> </ul> </li> </ul> <p><b>Visual Aids</b></p> <ul style="list-style-type: none"> <li>• Sampling and data collection processes are described but may be difficult for readers to visualize.</li> <li>• Add a flowchart or table summarizing the sampling steps, from the selection of health centers to participant recruitment.</li> </ul> <p><b>Uniform Citation Formatting</b></p> <ul style="list-style-type: none"> <li>• Inconsistent citation formatting reduces the report's professionalism.</li> <li>• Use a standard referencing style (e.g., APA, AMA, or Vancouver) consistently. Include full citations in the bibliography and ensure all in-text citations match.</li> </ul>	
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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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