

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Stated preferences of adolescents and young adults for sexual and reproductive health services in Africa: a systematic review protocol
AUTHORS	Alemu, Melaku; Norman, Richard; Dantas, Jaya; Belay, Daniel Gashaneh; Pereira, G.F; Tessema, Gizachew

VERSION 1 - REVIEW

REVIEWER NAME	Zepro, Nejimu
REVIEWER AFFILIATION	Swiss Tropical and Public Health Institute, Public Health Epidemiology
REVIEWER CONFLICT OF INTEREST	No competing of interests
DATE REVIEW RETURNED	26-Sep-2023

GENERAL COMMENTS	Thank you for your work on this important protocol. However, the primary outcome "stated preferences for sexual and reproductive health services" is not entirely clear to the reader. What does stated preference mean? Will you review all SRH components/indicators? Also, your secondary outcomes are too vague and need more precise operational definitions. Any plan for subgroup analysis? Why studies published after 2010 would be included?
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REVIEWER NAME	Marimirofa, Mercy
REVIEWER AFFILIATION	Zimbabwe National Family Planning Council , Evaluation and Research
REVIEWER CONFLICT OF INTEREST	No competing interests to declare
DATE REVIEW RETURNED	29-Dec-2023

GENERAL COMMENTS	The author needs to add more objectives of the systematic review as the in-depth content of the reviewed studies and outcomes have been clearly highlighted. Instead of just focusing on the general objective more can be achieved from this systematic review
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REVIEWER NAME	Sidamo, Negussie
REVIEWER AFFILIATION	Arba Minch University, Public Health
REVIEWER CONFLICT OF INTEREST	I do not have Conflicts of interest
DATE REVIEW RETURNED	11-Feb-2024

GENERAL COMMENTS	Dear editorial thank you very much for your invitation to review this important protocol. Dear authors thank you being interested in such public health important issue. However, the authors not clearly
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	<p>report any planned or ongoing studies. As clearly indicated in the guideline the authors' needs to clearly report any planned or ongoing studies with dates of the study should be included in the manuscript. I ready repeatedly the protocol I did not get why the authors submit this protocol. As the authors clearly show that under the role of investigators (MBA and DGB) will screen the articles. Any disagreements will be resolved consultation with a third reviewer (GAT). If so, what would be the role of other authors (RN,JD, and GP)</p> <p>Do you have any ongoing studies? Is this baseline? What do you have any exclusion criteria? You said studies with overlapping age categories will be excluded. I am sure you cannot get any studies. What about previously published systematic review? Protocols, gray literature You need to have detail search strategies for each data base, but you don't have?</p> <p>How your protocol will be used by policymakers such as African Union, ministries, Intergovernmental organizations to priorities interventions to meet the expectations of AYA in Africa. What do you think the contribution of your protocol for your field of study? Generally you protocol need to detail, but your protocol was written in shallow.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer #1

Q1: Thank you for your work on this important protocol. However, the primary outcome “stated preferences for sexual and reproductive health services” is not entirely clear to the reader. What does stated preference mean?

R1: Sorry for the confusion. Stated preference is an economics concept that allows us to elicit the preferences of respondents for a service based on respondents' values, tastes, and experiences. We have included an explanation in the introduction (Please see page 4, lines 6-11).

Q2: Will you review all SRH components/indicators?

R2: While SRH services comprise broader health services, considering our study population, we plan to explore the following SRH-related outcomes: sexual education, family planning and contraception, safe abortion care; sexually transmitted infections (STI); sexual violence services; screening and treatment for cancers of the reproductive system. Please see the search strategy in the supplementary file.

Q3: Also, your secondary outcomes are too vague and need more precise operational definitions.

R3: Sorry for the confusion. We have added more explanations for the secondary outcomes. We have provided the revised statements on page 5 lines 10 to 12.

Q4: Any plan for subgroup analysis?

R4: From our preliminary search, we anticipate that there will be limited studies and hence there is no plan for subgroup analysis. If the data allows us, we aim to undertake subgroup analysis with different regions.

Q5: Why studies published after 2010 would be included?

R5: Given that individuals' preferences could be determined by the value, taste, and experience of respondents, we believe that people's preferences may vary over time. Thus, we aimed to include studies which have recent data on the preferences of adolescents and young adults for sexual and reproductive health services in Africa.

Reviewer #2

The author needs to add more objectives of the systematic review as the in-depth content of the reviewed studies and outcomes have been clearly highlighted. Instead of just focusing on the general objective more can be achieved from this systematic review.

Thank you for your suggestions. We have now included the specific objectives of the systematic review on page 4 and presented below:

"1) Identify the attributes used to measure the preferences of AYA for SRH services in Africa. 2) Identify the relative importance of attributes for AYA to use SRH services in Africa. 3) Mapping of preferences studies on SRH among AYA based on service type and country."

Reviewer #3

Q1.1: The authors not clearly report any planned or ongoing studies. As clearly indicated in the guideline the authors' needs to clearly report any planned or ongoing studies with dates of the study should be included in the manuscript. I read repeatedly the protocol I did not get why the authors submit this protocol.

Q1.1. As indicated in systematic review guidelines such as Joana Briggs Institute guidelines (1), systematic review protocol will help outline the process of systematic review in a clear and transparent manner to reviewers and readers. This protocol is prepared to guide our planned, systematic review to synthesise the evidence base to explore adolescents' and young adults' stated preferences for SRH services. Publishing a systematic review protocol reduces research bias, duplication of effort, and resource waste and provides greater transparency. As described in the methods section on page 4, lines 30-31, we followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) 2015 statement (PRISMA-P) (2)

Q1.2. As the authors clearly show that under the role of investigators (MBA and DGB) will screen the articles. Any disagreements will be resolved consultation with a third reviewer (GAT). If so, what would be the role of other authors (RN, JD, and GP).

R1.2. While MBA, DGB, and GAT will be directly involved in screening process, all authors MBA, DGB, GAT, RN, JD, GP contributed to the conception or designing of the study. We have highlighted the author's contribution under 'contributions' sections on page 8 from lines 1-3 and provided as follows:.

"MBA, RN, GP and GAT conceptual study. MBA wrote the original draft. RN, JD, DGB, GP, and GAT critically revised the draft document and provided their feedback. All authors contribute to the conceptualisation of the review. All authors approved the final protocol."

Q2: Do you have any ongoing studies? Is this baseline?

R2: This manuscript is a study protocol that presents the gap in research, study aims, and phases of the systematic review we plan to undertake.

Q3: What do you have any exclusion criteria? You said studies with overlapping age categories will be excluded. I am sure you cannot get any studies. What about previously published systematic review? Protocols, gray literature

R3: We will exclude studies that were not published in English and published before 2010. For the age, if we find a study that includes participants aged 15 to 45 and does not have a separate subgroup analysis for adolescents and young adults (15-24), we will exclude the study from the analysis. We will search grey literature in Google Scholar, and we have now reflected this in our search database description on page 5, lines 25 -26 and presented as follows.

“Google Scholar search targeting the first 100 results will be included to identify grey literature.”

Q4: You need to have detail search strategies for each data base, but you don't have?

Thanks for the concern. While we will develop a customised search strategy for each database, following the usual approach in the systematic review protocol, we present a sample search strategy for the database in the supplementary file 1.

Q5: How your protocol will be used by policymakers such as African Union, ministries, Intergovernmental organisations to priorities interventions to meet the expectations of AYA in Africa. What do you think the contribution of your protocol for your field of study?

R5: Since this is a systematic review protocol, it is not meant to provide policy advice. However, we believe the actual systematic review will inform policies and programs in Africa and other similar context.

VERSION 2 – REVIEW

REVIEWER NAME	Sidamo, Negussie
REVIEWER AFFILIATION	Arba Minch University, Public Health
REVIEWER CONFLICT OF INTEREST	I do not have Competing Interests
DATE REVIEW RETURNED	04-May-2024

GENERAL COMMENTS	<ul style="list-style-type: none">♣ In the introduction section, would you further elaborate why this study is focus on stated preferences for sexual and reproductive health services? As you know that there a lot systematic review study using discrete choice experiments, what research gaps do you real fill?♣ Do you have any continues studies?♣ Data synthesis section, lack detail how you will analysis the finding.♣ Under Eligibility (inclusion and exclusion) criteria section, please elaborate more about types of studies you will include. Cross-sectional, experimental studies, qualitative studies, mixed methods study.....♣ Also clear show about exclusion criteria.♣ Clearly show how you will assess the quality of each included article.
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VERSION 2 – AUTHOR RESPONSE

Reviewer

We would like to thank you for your constructive feedback. We have revised the manuscript and addressed the comments. Please find the point-by-point response below.

Q1: In the introduction section, would you further elaborate why this study is focus on stated preferences for sexual and reproductive health services? As you know that there a lot systematic review study using discrete choice experiments, what research gaps do you real fill?

R1: We have revised the introduction to reflect on why we focused on stated preference methods.

“Stated preference methods are preferred for eliciting preferences when direct observation of real-life behaviours is challenging. Given the sensitivity of sexual and reproductive health services for young people, stated preference methods can effectively estimate preferences and the trade-offs between various attributes.” (page 4 lines 8 to 13)

We acknowledge that systematic reviews of stated preference research exist; however, these studies have not been conducted in an African context, nor have they focused on young people or sexual and reproductive health services. To our knowledge, the review will be the first study aiming to assess the stated preferences of adolescents and young adults for sexual and reproductive health services in the African context.

While young people's preferences have been explored using qualitative, quantitative, or mixed methods, the relative importance of attributes (i.e., the most and least important factors) has not been

studied. Our study will address this gap by presenting the relative importance of attributes that influence young people's uptake of sexual and reproductive health services in Africa. Furthermore, it will present the mapping of studies in Africa. For example, our preliminary search revealed a lack of studies assessing the relative importance of attributes for sexual and reproductive health choices among young people in Ethiopia, the second most populous country in Africa.

In resource-limited countries, prioritising resources for interventions is crucial. Our findings will assist policymakers in ranking factors for resource allocation, ultimately informing strategies for better resource rationing and enhancing the effectiveness of sexual and reproductive health services for young people in Africa.

Q2: Do you have any continues studies?

R2: We are working on the final systematic review by considering the feedback from the reviewers and the editor. The systematic review will provide a detailed explanation of the search strategy, analysis, and reporting.

Q3: Data synthesis section, lack detail how you will analysis the finding.

R3: Thank you for your comment. We have revised the data synthesis section.

Q4: Under Eligibility (inclusion and exclusion) criteria section, please elaborate more about types of studies you will include. Cross-sectional, experimental studies, qualitative studies, mixed methods study. Also clear show about exclusion criteria.

We have now added a table to clearly show the inclusion and exclusion criteria. Please see Table 1 on page 6.

Q6: Clearly show how you will assess the quality of each included article.

We have explained the quality assessment checklists. Please see page 7, lines 26 to 31.

“The ISPOR checklist comprised ten sections: 1) research question, 2) attributes and levels, 3) construction of choice tasks, 4) experimental design, 5) preference elicitation, 6) instrument design, 7) data collection, 8) statistical analysis, 9) results and conclusion, and 10) study presentation (1). The PREFS checklist consisted of five components: 1) the study's purpose, 2) respondents' characteristics, 3) explanations of the methods, 4) findings, and 5) the study's significance (2).” Page 7, lines 26 to 31.

References

1. Bridges JF, Hauber AB, Marshall D, Lloyd A, Prosser LA, Regier DA, et al. Conjoint analysis applications in health—a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. *Value in health*. 2011;14(4):403-13.
2. Joy SM, Little E, Maruthur NM, Purnell TS, Bridges JFP. Patient Preferences for the Treatment of Type 2 Diabetes: A Scoping Review. *Pharmacoeconomics*. 2013;31(10):877-92.

VERSION 3 – REVIEW

REVIEWER NAME	Sidamo, Negussie
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REVIEWER AFFILIATION	Arba Minch University, Public Health
REVIEWER CONFLICT OF INTEREST	None
DATE REVIEW RETURNED	01-Aug-2024

GENERAL COMMENTS	<p>Thank you for submitting the revised version of your manuscript. I appreciate the effort you have put into revising the document. However, I still did not find any information about ongoing studies based on this protocol. It is essential to provide a clear rationale for developing this systematic review protocol and to explain why you are publishing it as a protocol paper rather than presenting the results. Specifically, please address the following points:</p> <ol style="list-style-type: none"> 1. Purpose and Rationale: Explain the main objectives and the significance of this systematic review. Why this is review necessary, and what gap in the literature does it aim to fill? 2. Study Status: Provide details about ongoing study. Is the study already underway, or is it in the planning stages? Include the dates or timeline for the study. 3. Relevance of Protocol Publication: Justify the decision to publish this protocol paper. How will this protocol contribute to the scientific community? What benefits will it provide to other researchers? 4. Study Design and Methodology: Include a brief overview of the study design and methodology. How will the ongoing study be will be conduct, and what methods will be used for data collection and analysis? <p>Addressing these points will help to provide a clearer understanding of the relevance and importance of your protocol paper. I look forward to your detailed responses.</p>
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VERSION 3 – AUTHOR RESPONSE

Reviewer

Q1: Purpose and Rationale: Explain the main objectives and the significance of this systematic review. Why this is review necessary, and what gap in the literature does it aim to fill?

R1: As we have described in the previous version of the manuscript the main objective of the review was “to systematically synthesise the available evidence on the stated preferences research to assess the preferences of adolescents and young adults (AYAs) for sexual and reproductive health services in Africa”. While the cursory search of the literature undertaken to inform this protocol identified some primary studies, there was no previous systematic or narrative review that synthesises the available evidence. Therefore, this review will be significant by collating the available evidence to identify the key attributes of preference for SRH services and thereby allowing health programs to prioritise areas of improvement to improve AYAs update for SRH services. We have now added the following statements to strengthen the significance of the study on page 4 lines 15-22.

“Accounting for AYAs preferences and perspectives in policy decisions could facilitate better policy adoption and translation (26, 27), thereby informing the efficient allocation of resources to provide SRH services. Moreover, SRH service catering to the needs of youths could foster services’ acceptability and improve SRH service uptake (26). Recently, notable preference studies have been conducted in the area of HIV testing, treatment, prevention, family planning and general SRH services among AYAs in Africa (28, 29, 30, 31, 32). However, the collective preference of AYAs for SRH service and the extent of heterogeneity in Africa are not well explored.”

Q2: 2. Study Status: Provide details about ongoing study. Is the study already underway, or is it in the planning stages? Include the dates or timeline for the study.

R2: We would like to clarify to the reviewer that reporting the actual systematic review is not within the scope of the review protocol, nor required by the PRISMA-P checklist. Therefore, while we will report the implementation timelines in the actual review, we can report that we have finalised searching and preliminary analysis. As part of this process, we have benefitted from the reviewers' comments on our protocol. We anticipate that the full review will be completed by mid-September 2024.

Q3: Relevance of Protocol Publication: Justify the decision to publish this protocol paper. How will this protocol contribute to the scientific community? What benefits will it provide to other researchers?

R3: As noted, the aim of publishing a systematic review protocol includes the following but is not limited to. First, by outlining the methodology and planned analyses before the actual review begins, the protocol promotes transparency and rigour in the research process, minimising the risk of bias. Second, the peer-review process during protocol publication allows researchers to receive constructive feedback, which can be incorporated into the actual review. Thirdly, by sharing our protocol, we enable other researchers to replicate or build upon our work and create a collaborative environment. Additionally, it provides a framework that can be adapted or modified for similar studies in other contexts, making it a valuable resource for the scientific community before the main review gets published. As a result, systematic reviews informed by pre-defined protocols are considered as high quality. Following this, there are guidelines in the literature to inform systematic review protocol publication. This included PRISMA-P guidelines which have been followed in our manuscript.

Q4: Study Design and Methodology: Include a brief overview of the study design and methodology. How will the ongoing study be will be conduct, and what methods will be used for data collection and analysis?

R4: As detailed in the Methods section on page 8, we have thoroughly described the review methodology. It is important to note that this manuscript reports a 'protocol for a systematic review.' While it does not require the same approaches and terminologies used in primary study reporting, such as data collection and analysis, we have employed terms that are appropriate for systematic reviews, such as 'information source' and 'synthesis.' Specifically, we referred to databases (e.g., MEDLINE, EMBASE, PsycINFO, CINAHL, Scopus, Global Health) in the context of 'data collection' and data analysis, in alignment with systematic review reporting guidelines.