PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Developing a school-based ovulatory-menstrual health literacy
	program for adolescent females: protocol for a quasi-experimental
	mixed method study.
AUTHORS	Roux, Felicity; Burns, Sharyn; Chih, Hui; Hendriks, Jacqueline

VERSION 1 - REVIEW

REVIEWER	Youness EL ACHHAB	
	Laboratory of Epidemiology, Faculty of Medicine and Pharmacy of	
	Fez, Morocco CRMEF Fez-Meknes, Morocco	
REVIEW RETURNED	19-Jul-2018	

GENERAL COMMENTS	This manuscript is a very interesting topic focusing on developing a school-based ovulatory-menstrual health literacy program for adolescent females. It is well designed (triangulation) and presented. I would like to wonder if the intervention (program) will be delivered via Online or In-class. If in-class, this program/course will be integrated independently with regard to the curriculum or
	integrated into the health, physical education, science and religious subjects or will be delivered by school healthcare professionals. I suggest that the authors have more descriptions of how the program will be delivered.

REVIEWER	Ruth Holman
	Ayrshire Central Hospital UK
REVIEW RETURNED	08-Aug-2018

GENERAL COMMENTS	Well written and thorough. A few minor suggestions. I think the abstract introduction should make it clearer that the paper is a protocol . In my opinion Line 5 would be better as "This paper describes the protocol for a study that aims to develop and trial an intervention for 13-16 year old adolescent females which enhances positive attitudes towards OM health, coupled with developing skills to monitor and self-report OM health." Abstract includes term molimina (which is a great word that I have never come across before) but is not used elsewhere in the paper-premenstrual syndrome(PMS) is used, which is the commoner term. I suggest change molimina to PMS for consistency and understandability.
	page 5, paragraph 1, line 4 " This raises questions about girls developing their own OM health literacy": I don't feel this is a logical statement based on the sentence before. I suggest e.g.

"not all teachers may have received this training which could negatively impact on supporting girls to develop their OM health literacy"
page 6 ,paragraph 3, line 7 " The school will be single sex to eliminate study burden that a co-educational school may experience" I don't understand what this means- clarification would be useful to readers like me.
Page 8 . last paragraph, line 4 - what is 'gynaecological age'? Do you mean "will have menstruated for up to three years"?

REVIEWER	Wen-Hsuan Hou	
	School of Gerontology Health Management, College of Nursing,	
	Taipei Medical University, Taiwan	
REVIEW RETURNED	12-Oct-2018	

This is a study aims to develop and trial an ovulatory-menstrual (OM) health literacy intervention for delivery to female students aged 13-16 years. The study will be completed in both development and intervention trial phases from a quasi-experimental mixed method study. Several areas in the paper can be improved as follows: 1. Please address the rationale of authors' using grounded theory approach to qualitatively analyze and evaluate the intervention. 2. Please elaborate the sequence for processing the data analysis for both qualitative and quantitative research, as well as the strategies how this study merging together various data collection and answering the research questions. 3. Pre-consider and mention expected outcomes even from the systematic literature review process will be more specific and practical.

REVIEWER	Moshtagh Farokhi
	University of Texas Health Science Center at San Antonio, Texas,
	USA
REVIEW RETURNED	22-Oct-2018

Rega healt	Overall, this is a very interesting body of research. It is well written. Regarding your: Developing a school-based ovulatory-menstrual health literacy program for adolescent females: protocol for a quasi-experimental mixed method study.
	Perhaps, it is better stated: Developing a school-based ovulatory- menstrual health literacy program for adolescent females: a validated quasi-experimental mixed method approach?
	Page 2 Line 37 instead of consumer-empowered perhaps a consumer-centered will be more appropriate?
	Page 5 line 3, If the teachers cannot express OM literacy one can only imagine how unequipped the parents might be, this pilot is extremely valuable to empower young girls about calibrated learning regarding their body's OM cycles. Do you have any data

about parental OM training or lack of to include in your literature review? Currently there are many forms of online parental advice but there are not any published research regarding OM literacy for the teenage female population. When you succeed at this research, you will contribute greatly to this body of knowledge and more important the female teenage health literacy outcome that is much needed.

Page 7 Line 25, under the primary target; Did you consider asking the teenagers about their social determinant of health barriers regarding OM? The religious, cultural, family aspects that shape a young girl's approach to OM self management? Is this part of the Delphi Study process?

Page 7 Line 48, excellent use of Delphi study with your project

Page 7 Line 40 as the secondary target population: A general comment, have you thought of querying the parents of the young girls regarding their attitudes and beliefs since they are the enabler and/or barrier to the provision of health care as your secondary target population? If not, should that be a component of your exclusion factors or future studies?

Also, are these schools a mixture of private and public single sex schools? Throughout the manuscript, it is not clear if public schools are involved even though the socioeconomic levels are documented? Do you need to conduct a background check prior to accessing these schools? If so, please indicate that as your protocol.

Is this the entire publication or will you report on the finding? The scoring above reflects the planning stage of this protocol or the development of a survey/protocol while the findings are yet to be determined. The indication of NA means that at this stage it was not disseminated.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1 - Youness EL ACHHAB - Institution and Country: Laboratory of Epidemiology, Faculty of Medicine and Pharmacy of Fez, Morocco CRMEF Fez-Meknes, Morocco

This manuscript is a very interesting topic focusing on developing a school-based ovulatory-menstrual health literacy program for adolescent females. It is well designed (triangulation) and presented. I would like to wonder if the intervention (program) will be delivered via Online or Inclass. If in-class, this program/course will be integrated independently with regard to the curriculum or integrated into the health, physical education, science and religious subjects or will be delivered by school healthcare professionals. I suggest that the authors have more descriptions of how the program will be delivered.

FROM Page 10 Line 34

One single sex school in Perth WA will be purposively selected. The trial will run within a complete school year to reduce the risk of participant loss. Both primary and secondary target populations will be recruited from the same school:

 The primary target population will be adolescent females aged 13-16 years.

TO Page 10 Line 34

One single-sex private school in Perth WA will be purposively selected. The trial will be offered in-class at the school's convenience. Whilst the intervention will be mapped to the Australian curriculum for Health & Physical Education, the school's preference for its delivery in other classes will be observed. For the purpose of the trial, the intervention will be delivered by the first

This age range falls in Grade 9, at which the intervention is targeted and which also provides the likeliest opportunity to recruit given curriculum time restrictions in more senior years. All Grade 9 girls will be invited. The intervention will be provided at the school's convenience and delivered by the student researcher.

author who has expertise in the facilitation of RSE programs to 13-16 year old students. It is anticipated that the trial will run for 6 to 8 weekly sessions during one school term which reduces the risk of participant loss. Both primary and secondary target populations will be recruited from the same school:

 The primary target population will be adolescent females aged 13-16 years. This age range falls in Grade 9, at which the intervention is targeted and which also provides the likeliest opportunity to recruit given curriculum time restrictions in more senior years. All Grade 9 girls will be invited.

Reviewer: 2 - Ruth Holman - Institution and Country: Ayrshire Central Hospital UK

Well written and thorough. A few minor suggestions. I think the abstract introduction should make it		
clearer that the paper is a protocol . In my opinion Line 5 would be better as "This paper describes		
the protocol for a study that aims to develop and trial an intervention for 13-16 year old adolescent		
females which enhances positive attitudes towards OM health, coupled with developing skills to		
monitor and self-report OM health."		
FROM Page 1 Line 38	TO Page 1 Line 38	
This study aims to develop and trial an	This paper describes the protocol for a study	
intervention for 13-16-year old adolescent	that aims to develop and trial an intervention for	
females. Enhancing positive attitudes towards	13-16 year old adolescent females which	
OM health will be coupled with developing skills	enhances positive attitudes towards OM health,	
to monitor and self-report OM health.	coupled with developing skills to monitor and	
	self-report OM health.	
	word that I have never come across before) but is	
not used elsewhere in the paper- premenstrual sy		
term. I suggest change molimina to PMS for cons		
FROM Page 1 Line 46	TO Page 1 Line 46	
(namely, dysmenorrhoea, abnormal uterine	(namely, dysmenorrhoea, abnormal uterine	
bleeding and premenstrual molimina)	bleeding and premenstrual syndrome)	
page 5, paragraph 1, line 4 " This raises questions about girls developing their own OM health		
literacy": I don't feel this is a logical statement bas		
all teachers may have received this training which	could negatively impact on supporting girls to	
develop their OM health literacy"	TO Base 511 and	
FROM Page 5 Line 4	TO Page 5 Line 4	
In Australia, RSE training is not mandatory for	In Australia, RSE training is not mandatory for	
pre-service teachers, and so not all teachers	pre-service teachers, and so not all teachers	
may have received this training. ³⁵ This raises	may have received this training. 35 This could	
questions about girls developing their OM health	negatively impact on supporting girls to develop	
literacy.	their OM health literacy.	
page 6, paragraph 3, line 7 " The school will be s		
educational school may experience" I don't under	istand what this means- clanification would be	
useful to readers like me. FROM Page 6 Line 30	TO Page 6 Line 20	
The school will be single-sex to eliminate study	TO Page 6 Line 30 The school will be single-sex rather than co-	
burden that a co-educational school may	educational of mixed sexes in order to eliminate	
experience.	any study burden of occupying male students.	
experience.	Subsequent studies may explore the efficacy of	
	this intervention in a co-educational setting.	
Page 8 last paragraph line 4 - what is 'gypageo	logical age'? Do you mean "will have menstruated	
for up to three years"?	logical age : Do you mean will have mensituated	
FROM Page 8 Line 53	TO Page 8 Line 53	
1 1.CW 1 ago o Ellio oo	1 1 0 1 ago o Elilo oo	

most will have already attained up to three	most will have already been menstruating for
years of gynaecological age	up to three years

Reviewer: 3 - Wen-Hsuan Hou - Institution and Country: School of Gerontology Health Management, College of Nursing, Taipei Medical University, Taiwan

This is a study aims to develop and trial an ovulatory-menstrual (OM) health literacy intervention for delivery to female students aged 13-16 years. The study will be completed in both development and intervention trial phases from a quasi-experimental mixed method study. Several areas in the paper can be improved as follows:

1. Please address the rationale of authors' using grounded theory approach to qualitatively analyze

1. Please address the rationale of authors' using	grounded theory approach to qualitatively analyze
and evaluate the intervention.	
FROM Page 12 Line 35	TO Page 12 Line 35
Using a grounded theory approach, ⁸⁰ the data will be analysed by constant comparison, whereby	A grounded theory approach has been selected because it aims to make theoretical assumptions that can be verified. ⁷¹ ⁸⁰ This systematic approach accentuates the mixed methods approach. ⁸² The theory developed should explain variations in behaviour while representing the main concerns and ideas of the participants. ⁸³ Accordingly, the data will be analysed by constant comparison, whereby ⁸² Bluff R. Grounded Theory: The Methodology. In: Holloway I, editor. Qualitative Research in Health Care. Berkilli page.
	Press, McGraw-Hill; 2005.
	83 Glaser B. Basics of Grounded TheoryAnalysis. Mill Valley, CA: Sociology Press;1992.
2. Please elaborate the sequence for processing	the data analysis for both qualitative and
quantitative research, as well as the strategies had	
collection and answering the research questions.	
FROM Page 12 Line 47	TO
Using a mixed-method approach gives depth and breadth to findings using the above qualitative and quantitative instruments. A triangulation of data sources cross-check to inform the refinement of the intervention.	In summary, the qualitative and quantitative instruments used in this study's mixed-method approach offers a triangulation of data sources to cross-check and inform the development and trialling of the intervention. Each step in Phase One will inform the next step in order to progress the intervention's development and to validate the questionnaire as the measurement tool. In turn, Phase One provides the intervention and its validated questionnaire for trial in Phase Two. The final outcome expected at the end of Phase Two is a more nuanced and refined intervention for wider testing. A subsequent large intervention-based trial would include focus on generalisability and sustainability.
3. Pre-consider and mention expected outcomes process will be more specific and practical.	even from the systematic literature review
FROM Page 7 Line 45	TO Page 7 Line 45
delivery in school-based settings,	delivery in school-based settings,
dissemination and program evaluation.	dissemination and program evaluation.

is that it will inform the draft development of the

	intervention which will then be submitted to the Delphi panel for further development.
FROM Page 9 Line 48	TO Page 9 Line 48
The key findings based on the SLR, Delphi	The key findings based on the SLR, Delphi
Panel and COREQ-32 will inform the refinement	Panel and COREQ-32 will inform the refinement
	1
of the intervention in preparation for its trial.	of the intervention. The expected outcomes are
	improvements in the intervention's feasibility
	and acceptability for its delivery in Phase Two.
FROM Page 10 Line 7	TO Page 10 Line 7
The research team will use the findings of the	The research team will use the findings of the
test-retest process to refine the questionnaire	test-retest process to refine the questionnaire.
for use in Phase Two.	The expected outcome is established validity
	and reliability for the questionnaire to be
	administered in Phase Two.
FROM Page 11 Line 37	TO Page 11 Line 37
Statistical significance will be achieved at 0.05.	Statistical significance will be achieved at 0.05.
Data will be analysed using STATA version 14	Data will be analysed using STATA version 14
(StataCorp LP).	(StataCorp LP). The expected outcomes are
, ,	that the OM health knowledge and attitudes of
	participants will have improved, and they will
	have gained confidence in communicating OM
	cycle health by being able to recognise OM
	cycle phases.
FROM Page 12 Line 46	TO Page 12 Line 46
interpretations of the qualitative studies. ⁷²	interpretations of the qualitative studies. ⁷² The
	expected outcome is that the qualitative findings
	will provide a richer understanding of the
	intervention from the perspective of the
	students, teachers and school healthcare
	professionals. These data will be triangulated
	, ,
	, ,
	with the quantitative findings to further refine the intervention.

Reviewer: 4 - Moshtagh Farokhi - Institution and Country: University of Texas Health Science Center at San Antonio, Texas, USA

Overall, this is a very interesting body of research. It is well written. Regarding your: Developing a school-based ovulatory-menstrual health literacy program for adolescent females: protocol for a quasi-experimental mixed method study. Perhaps, it is better stated: Developing a school-based ovulatory-menstrual health literacy program for adolescent females: a validated quasi-experimental		
mixed method approach?		
FROM Page 1 Line 5 and Page 3 Line 3 TO Page 1 Line 5 and Page 3 Line 3		
Developing a school-based ovulatory-menstrual health literacy program for adolescent females: protocol for a quasi-experimental mixed method	Developing and trialling a school-based ovulatory-menstrual health literacy program for adolescent females: a quasi-experimental mixed	
study.	method protocol.	
Page 2 Line 37 instead of consumer-empowered perhaps a consumer-centered will be more appropriate?		
FROM Page 2 Line 37	TO Page 2 Line 37	
A consumer-empowered study that engages multiple stakeholders.	A consumer-centred study that engages multiple stakeholders.	
Page 5 line 3, If the teachers cannot express OM literacy one can only imagine how unequipped the parents might be, this pilot is extremely valuable to empower young girls about calibrated learning regarding their body's OM cycles. Do you have any data about parental OM training or		

lack of to include in your literature review? Currently there are many forms of online parental advice but there are not any published research regarding OM literacy for the teenage female population. When you succeed at this research, you will contribute greatly to this body of knowledge and more

important the female teenage health literacy outcome that is much needed.

The authors regret to advise that they do not have any data regarding parental training in OM cycles, or any known published research regarding the OM literacy of adolescent females. An approximation would be an Australian study that showed 87% of women (n=282) motivated to conceive could not identify their ovulatory window (Hampton, Mazza, & Newton, 2013). Page 7 Line 25, under the primary target; Did you consider asking the teenagers about their social determinant of health barriers regarding OM? The religious, cultural, family aspects that shape a young girl's approach to OM self management? Is this part of the Delphi Study process? TO Page 8 Line 57 (in response to Page 7 Line FROM Page 8 Line 57 (in response to Page 7 Line 25) Personal information will not be solicited, but Personal information will not be solicited, but rather what the participants believe to be rather what the participants believe to be important for adolescent OM health in general. important for adolescent OM health in general. Each of the five socio-demographically diverse This creates the opportunity to explore socioschools will be asked ... ecological influences⁶⁶ that may shape an adolescent's approach to OM self-management. Each of the five socio-demographically diverse schools will be asked ... ⁶⁶ Bronfenbrenner U. The Ecology of Human Development. Cambridge, MA Harvard University Press; 1979. Page 7 Line 48, excellent use of Delphi study with your project The authors thank A/Prof Farokhi for this affirmation. Page 7 Line 40 as the secondary target population: A general comment, have you thought of querying the parents of the young girls regarding their attitudes and beliefs since they are the enabler and/or barrier to the provision of health care as your secondary target population? If not, should that be a component of your exclusion factors or future studies? TO Page 8 Line 57 (in response to Page 7 Line FROM Page 8 Line 57 (in response to Page 7 Line 40) Personal information will not be solicited, but Personal information will not be solicited, but rather what the participants believe to be rather what the participants believe to be important for adolescent OM health in general. important for adolescent OM health in general. Each of the five socio-demographically diverse This creates the opportunity to appreciate any socio-ecological influences⁶⁶ that may shape an schools will be asked ... adolescent's approach to OM self-management. Exploration of girls' parents or guardians as enablers or barriers to OM health literacy lies however outside the scope of this study. Each of the five socio-demographically diverse schools will be asked ... Also, are these schools a mixture of private and public single sex schools? Throughout the manuscript, it is not clear if public schools are involved even though the socioeconomic levels are documented? Do you need to conduct a background check prior to accessing these schools? If so, please indicate that as your protocol. FROM Page 6 Line 21 TO Page 6 Line 21 The study will be based in Perth, Western The study will be based in Perth, Western Australia. In Phase One, five schools will be Australia. In Phase One, five schools will be approached to offer female students, teachers invited to offer female students, teachers and school healthcare professionals the opportunity and healthcare professionals the opportunity to participate in focus groups. Representation ... to participate in focus groups. Both private and public schools will be approached. Representation ... Representation across various sociodemographic backgrounds will be sought based on schools' Index of Community Socio-

Educational Advantage values.⁴³ Both private and public schools will be approached. The setting for Phase Two will be one purposively

selected single-sex school in the Perth metropolitan area. Only private schools will be approached in this phase because there are no single-sex public schools in Perth.
 The state of the s

Is this the entire publication or will you report on the finding? The scoring above reflects the planning stage of this protocol or the development of a survey/protocol while the findings are yet to be determined. The indication of NA means that at this stage it was not disseminated.

This paper describes the protocol for an intended study. A series of publications at key milestones are planned once the study is underway: a systematic literature review, findings from the Delphi panel, validation of the OM health literacy questionnaire and mixed method findings from the final pilot.

VERSION 2 – REVIEW

REVIEWER	Wenhsuan Hou
	School of Gerontology Health Management & Master Program in
	Long-Term Care, College of Nursing, Taipei Medical University,
	Taiwan Department of Physical Medicine and Rehabilitation,
	School of Medicine, Taipei Medical University, Taipei, Taiwan
	Department of Physical Medicine and Rehabilitation, Taipei
	Medical University Hospital, Taipei, Taiwan
REVIEW RETURNED	14-Dec-2018

GENERAL COMMENTS	1. Please provide the trial registration number after completing the
	registration.
	2. In the section of Systematic Literature Review (SLR) of OM
	health programs for adolescent, please add the search date,
	included time period, and search databases plan to use in this
	research.

REVIEWER	Moshtagh Farokhi
	University of Texas Health San Antonio, USA
REVIEW RETURNED	29-Nov-2018

GENERAL COMMENTS	Upon the current revisions and clarifications, this manuscript is
	now more cohesive and to the point as a protocol centered at the
	adolescent females OM health literacy. School-Based Prevention
	Programs are effective approaches to address social determinants
	of health and student empowerment. Additionally the response to
	questions 7, 9, 10, and 13 were NA since the manuscript is at the
	protocol stage where results will be reported upon the completion
	of the project and survey development.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 3 - Wen-Hsuan Hou - Institution and Country: School of Gerontology Health Management, Taipei Medical University, Taiwan

1. Please provide the trial registration number after completing the registration.

This project is registered with the "Australian and New Zealand Clinical Trials Registry". The trial registration number is ACTRN12619000031167.

2. In the section of Systematic Literature Review (SLR) of OM health programs for adolescent, please add the search date, included time period, and search databases plan to use in this research.

FROM Page 8 Line 7-22

The SLR will include an assessment of previous reviews of OM health programs and primary studies published in English using the PRISMA flow diagram and check list.⁴⁴ The inclusion dates extend from the present back to 1980, which is when a mainstream book that used Odeblad's findings⁴⁵ to describe OM cycle phases was published.⁴⁶ The key search words will include: [adolescen* OR teen?age*] AND [menstrua* OR menarch*, ovulat* OR fertil* OR reproduc*] AND [educat* OR teach* OR school*] AND [chart* OR record* OR track* OR diary] AND [knowledge OR aware* OR "health literacy"] AND [attitude OR opinion OR "body image" OR confidence]. Initial databases to be used are CINAHL, Informit, Ovid, Proquest, Science Direct, Medline and Web of Science.

TO Page 8 Line 7-22

The SLR will include an assessment of previous reviews of OM health programs and primary studies published in English using the PRISMA flow diagram and check list.⁴⁴ The search time period spans 39 years, dating from 1st January 1980 to 31st December 2018. The year 1980 marks the publication of a mainstream book which used Odeblad's findings⁴⁵ to describe OM cycle phases.⁴⁶ The key search words will include: [adolescen* OR teen?age*] AND [menstrua* OR menarch*, ovulat* OR fertil* OR reproduc*] AND [educat* OR teach* OR school*] AND [chart* OR record* OR track* OR diary] AND [knowledge OR aware* OR "health literacy"] AND [attitude OR opinion OR "body image" OR confidence]. The databases to be searched are CINAHL, Informit, Ovid, Proquest, Science

Direct, Medline, Web Scopus. of Science and

Reviewer: 4 - Moshtagh Farokhi - Institution and Country: University of Texas Health Science Center at San Antonio, Texas, USA

Upon the current revisions and clarifications, this manuscript is now more cohesive and to the point as a protocol centered at the adolescent females OM health literacy. School-Based Prevention Programs are effective approaches to address social determinants of health and student empowerment.

The authors thank A/Prof Farokhi for this feedback. We look forward to contributing to adolescent health literacy.

Additionally the response to questions 7, 9, 10, and 13 were NA since the manuscript is at the protocol stage where results will be reported upon the completion of the project and survey development.

The authors understand that the changes to items on pages 7, 9, 10, 11 and 12 (from the original manuscript) could be interpreted as not applicable since results will only be reported once the project is finished. However, we were mindful that another reviewer requested explicit mention of expected outcomes on these pages. Their continued inclusion were subsequently agreed to in the previous manuscript resubmission.