Reviewer’s report

Title: Induced abortion, pregnancy loss and intimate partner violence in Tanzania: a population based study

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Reviewer: Sia Msuya

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REVIEWERS COMMENTS

Journal: BMC Pregnancy and Childbirth
Title: Induced abortion, pregnancy loss and intimate partner violence in Tanzania: a population based study

General:
The study looking at factors associated with pregnancy loss or induced abortion is timely and relevant for developing countries where 98% of the 2.65 million stillbirths occur. Intimate partner violence is also a major public problem in these settings and it is the topic which is not properly addressed in sexual and reproductive health programs. There are however some queries the authors need to address before the manuscript is accepted for publication.

Major Revisions

• The main outcome of the study was looking at association between pregnancy loss and induced abortion with several socio-demographic factors including history of intimate partner violence among ‘ever partnered’ and ever pregnant women. The definition of ever partnered women included women reporting ‘ever married or lived with or having a steady regular male sexual partner’

What was the time period a woman needed to have lived with a partner to be considered she was in regular partnership considered in the data collection? Did the authors take this into consideration? E.g. a woman could have lived with a partner for 2 weeks, another for a month and another for 6 months and all may report the partners are regular partners. This definition is important for replication of research by other researchers.

• The study sites are not well elaborated for the reader. For example the authors reported that 22 wards were selected from all the districts in Dar es Salaam and Mbeya. It would be clearer if they can elaborate how many districts and wards are in Dar es Salaam and in Mbeya regions.

• The authors also reported that women were selected from ‘rural province town of Mbeya’ page 5. What do they mean by that statement?

To my understanding administratively Tanzania is subdivided into regions which are further subdivided into districts, wards and streets. By province do the
authors mean Mbeya region?
Further down the authors wrote that women were selected from urban and rural district in Mbeya. Which districts???

• ‘The two-stage cluster sampling procedure was used to select the participants’. Can the authors elaborate the sampling in more detail?

• The authors reported that to get independent predictors of pregnancy loss (stillbirths/miscarriage) they controlled for ‘commonly recognized explanatory factors such as age, education, socio-economic status, marital status, and parity’

However literature shows that the main causes of stillbirths (pregnancy loss) are; complications associated with delivery (intrapartum causes), maternal infections during pregnancy, women medical condition during pregnancy for example hypertension, maternal nutrition status and prior history of stillbirths or adverse pregnancy outcomes [Lawn JE et al, 2011; Bhutta ZA et al, 2011 & McClure EM et al, 2009]. Was this information collected to be able to control for in the multivariable analysis?

• The first paragraph of the result section is difficult to understand. The numbers do not tally up.

  o There is a mismatch between what is presented in Table 1 and what is presented in the 1st paragraph of the results section. For example the authors reported that 2501 of the participating women had been ever been pregnant and reported to ever had regular partners. Yet in the Table the number presented is 2492.

  o The authors reported 568 women reported a history of pregnancy loss; out of those 448 reported a history of miscarriage and 145 reported a history of stillbirths the total which is 593. Why is there a discrepancy in numbers?

  o Looking at Table number 1 it depicts that women of low socio-economic status have a higher prevalence of pregnancy loss (71.9%) and induced abortions (63.9%) compared to women with medium (19.1% & 22.3%) or high (9.0% & 13.9%) socioeconomic status (SES) respectively. Is that so? If that is a case it conflicts with the discussion on page 10, 2nd paragraph.

It would clearer to the reader if the authors put unadjusted Odds Ratio with their 95% confidence intervals in Table 1 instead of only showing the p-values.

• The second paragraph describing the association between intimate partner violence with pregnancy loss or induced abortion is not clear, there are repetitions

• Regarding Table 2, what is the difference between any IPV in column 2 and both physical and sexual IPV in column number 5?

• In Table 3 the authors have introduced new terms i.e. involuntary and voluntary pregnancy loss, the terms which were not introduced in the definition of key measures used in analysis. What do they mean by these?

Discussion

• There is lack of flow in this section.

• In the first paragraph of this section the authors reported that the prevalence of intimate partner violence is over one third and this is higher than prevalence of 36% in Namibia, 37% in Brazil and 47% in rural Thailand. What is one third in this population?

In the same paragraph the authors reported that the proportion of induced abortion and pregnancy loss are comparably high compared to other countries in the WHO multi country study. Can you show the proportion in other countries??

• ‘The results of this study clearly show that intimate partner violence (IPV) is a MAJOR factor in explaining pregnancy loss and induced abortion in this population’ This is a very strong statement given that important factors associated with pregnancy loss were not controlled for in the analysis of this paper and the design of the study.

• The statement about induced abortion and socio-economic status is contradictory in page 10 if compared to results in Table 1.

• In page 10 the authors explained that fewer women of low SES reported induced abortions compared to others because they might feel less safe to report an induced abortion or are less likely to afford an induced abortion. Is there any literature supporting this finding? Perhaps women with low SES resort more to unsafe abortion compared to others thus they may end with more complications and mortality??

• I find there is conflicting information in the discussion. In page 11 the authors are reporting that childlessness is stigmatized in Tanzania especially among married/cohabiting women. Yet in page 10 the authors reported that the general societal attitude is that pregnancies should be concealed. Are pregnancies concealed even among women in stable partnership like in this population or is it an observation among the adolescents and probably unmarried women??

• Limitations of the study did not address major factors associated with pregnancy loss

Minor Revisions

• Please do not start a sentence with a number

• In page 7 the authors reported that is difficult for Tanzanian women to differentiate between miscarriage and stillbirths and the term pregnancy loss was used to combine the two concepts. So from this point onward the reader is expecting to see the term ‘pregnancy loss’ being used but the authors are using miscarriage and stillbirth in results and discussion.

• Use the word ‘association’ when discussing about IPV and induced abortion instead of ‘link’

• Use proportion or prevalence instead of a rate when giving results

• Repetition in some references e.g. 14 and 19

• Tables:

• In Table 1 what does province mean?? In Tanzania you have regions and districts or rural and urban setting.
• Be consistent with decimal places
• Table 3: The title should indicate that the results are of logistic regression for independent factors associated with pregnancy loss and induced abortion