Author's response to reviews

Title: Medium and longterm adherence to postabortion contraception among women having experienced unsafe induced abortion in Dar es Salaam

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Author's response to reviews: see over
Comments to reviewers report

**Reviewer 1 (Johanne Sundby)**

- The introduction has been shortened and made more focused on unsafe abortion and postabortion contraception.

- The description of the quantitative part of the study has been shortened and the analytical approach for the qualitative analyses elaborated.

- The reviewer is right - Safari means travelling in Kiswahili, however in a Tanzanian context it also includes when people are away from home for various reasons e.g. attending a job elsewhere or visiting relatives or attending a funeral. This has been made clearer in the text.

- We do not agree with the reviewer in this respect. Close initial contact to postabortion women who accept to use contraception is important and well in line with the Tanzanian family planning program which recommends a first visit after 1 month and then visits every 3 months. When the woman feels confident in her contraceptive use the time span between visits may be increased. As the reviewer indicates when implementing postabortion care on a programmatic level, the follow up should naturally be performed at primary health facility and not in a hospital setting. Our approach of inviting the women to come back to the hospital was only used for research purpose. This has been made clearer in the discussion.

- We did not use grounded theory as an analytical approach. The qualitative part of the study was designed to shed light on the women’s concerns in relation to contraceptive use, their possible motives for not using contraception, their perceived HIV risk and motives for using or not using condoms. Aspects of postabortion care which we find are important. The data were analyzed according to these themes and the quotes have been sorted according to these themes. This approach has been explained more explicitly in the method section.

- To make the presentation of the qualitative findings more focused and easy to read, subheadings have been added.

- The discussion section has been revised and a paragraph discussing service delivery constrains in relation to postabortion contraceptive service has been added.

- A discussion of the limitations of the study has been given priority together with a discussion of service delivery constraints.

- Based on the experience from the study a number of recommendations on how to improve postabortion contraceptive service and make it a sustainable activity has been included in the discussion.
- We have attempted to delete those parts of the discussion where the results are repeated.

- As indicate in comment no 4, we believe that postabortion women’s contraceptive priorities and concerns may differ from general contraceptive users and have included this point of view in the discussion.

**Reviewer 2 (Suneeta Mittal)**

1. To our knowledge this is the first study which has provided postabortion care services to women identified as having experienced unsafe abortion and which have followed the women for 12 months to assess their long-term contraceptive adherence. We do therefore not agree with the reviewer that the question posed is not new and well defined.

2-4 No need of commenting.

5. The discussion has been made more focused on limitations of the study and point more on challenges when implementing postabortion contraceptive service.

6. The follow up rate has been included in the abstract.

7. Typos and grammar errors have been identified and revised.

*Minor suggestions for revisions*

1. Abstract has been modified as indicated above.

2. We have updated the references and made the introduction more focused on unsafe abortion and postabortion contraceptive service. Postabortion care is considered an important means to address maternal deaths from unsafe abortion, we have therefore decided to keep a sentence about maternal mortality in the introduction.

3. The conclusion has been revised according to reviewer 1’s suggestions.

**Reviewer 3 (Amy Tsui)**

1. - The reviewer raises an important issue and we have included a sentence about the legal status of abortion in the description of the study setting: “The study was conducted in Tanzania which is a country where abortion is only legally available if the pregnancy is a threat to the woman’s life”.

- The information on number of maternal death has been deleted.
- A reference to David Grimes article has been made.

2. The eligible women for the study were women who had acknowledged having had an unsafe induced abortion (n=392), not all women admitted with abortion complications (n=760). The fact that we identify women having unsafe induced abortion, provided them with contraceptive services and followed them for 12 months, is what makes our study novel. Previous PAC studies have focused on all women admitted with incomplete abortions, however these women comprise two distinct different groups; women with spontaneous abortion and women with unsafe induced abortion. These two groups of women are likely having quite different concerns and priorities regarding contraceptive use. We therefore decided to include only women who admitted having had an unsafe induced abortion.

- A more thorough discussion of loss to follow up and its implication has been included in the discussion section.

3. A statistical comparison between pre and post abortion contraceptive use and condom use has been included in table 2 and 3.

- Survival analyses were not applied; we find that such rather advanced statistical method is beyond the scope of the paper.

- The women where interviewed when they were in the 12 months after the abortion and they were asked about their contraceptive use at the time of the interview. This has been made more explicit in the method section.

- The women were asked about reasons for not using contraception, however the replies were few (n=36) and not very nuanced. We have therefore decided not to include these findings in manuscript.

4. The safeguards used to protect the women were that they were all asked whether they would accept to be visited at home and only women who accepted this were attempted visited. Further, in relation to the home visits the women’s abortion procedure were kept strictly confidential, the interviews only focused on the women’s health and their contraceptive use and no reference were be made to the fact that they had an unsafe abortion. This point has also been included in the section “Ethics”.

- The high attrition rate among the young women and how it may have been associated with fear of their abortion experience becoming public has been raised in the discussion.

5. The study aimed at evaluating the impact of postabortion contraceptive service. In that relation; contraceptive use, barriers for not using contraception and condom use were found more relevant than the women’s health. This has been explained more explicit in the method section.
6.
- The discussion of the findings and the conclusion has been made more focused on limitations of the study and point more to challenges in relation to the implementation of postabortion contraceptive service.