Dear editor,

I am writing to you about our manuscript MS: 2110652287238958, titled "Induced abortion and effecting factors in Souteast Anatolian project region, Turkey: a cross sectional study". We have examined the reviewer's report and revised our manuscript according to the comments. We have listed the revisions at the bottom of the paper. Looking forward to your reply soon, We remain,

With our best regards

Assist. Prof. Dr. Saime Sahinoz

Revisions:

Background:
We have added more details about abortion in Turkey such as legal situation and current situation of abortion in Turkey.

Paragraphs 3 and 4 in discussion section have been moved to methods section by the comments of the reviewer.

Methods:
A description of the study population was added (The two first paragraph in the results section have been moved to methods section by the comments of the reviewer.).

In the reviewers report the induced abortion rate found in our study (9.0% of the women who were ever married) was evaluated to be low. It has been stated and shown with various references that Turkey has a high abortion rate. It has been stated that the low number may be caused by severe
underreporting and such underreporting may lead to selection bias. In studies like ours there may be some underreporting. But, we do not think that there is severe underreporting in our study. The questionnaire was applied to women by a female nurse at a separate place (at a separate room, at the kitchen, at the garden etc.) where there was no body else. With giving enough time and with organizing a proper and separate place we have tried to minimize underreporting and selection bias and we think that our results are reliable.

When we evaluate the references shown by the reviewer about this subject it has been found out that different rates have been compared with each other. The reason of the difference between our induced abortion rates and the rates of the references shown by the reviewer and the reason of not including all of the references shown by the reviewer is as the follows:

1. The rate declared in the study conducted by Akadli B. (1985) does not indicate "induced abortions" but indicates total abortion rate. But, our study indicates only induced abortions. When we examine this reference it is seen that the rate declared by Akadli B.-whose study is very important-(33.6%) covers both induced abortions and spontaneous abortions and it is for the whole of Turkey. Induced abortion rate is only 16% in the same study as a whole of Turkey. Also, this study was conducted in 1978. In our study we have compared the induced abortion rates with the rates of Turkish Demographic and Health Survey-1998 which is one of the widest studies recently conducted on this subject. Besides, when we examine the study conducted by Akadli B. it is seen that the same rate is similar at the East Anatolian and Southeast Anatolian Regions (16.1%) (These regions were evaluated together as one region in the study conducted by Akadli B. and in the Turkish Demographic and Health Survey-1998.) Our study has been conducted in Southeast Anatolian Region. The general features and health conditions of the Southeast Anatolian Region is worse than the East Anatolian Region. So, this data clarifies our rate (9%).

2. The rate declared in the study conducted by Guldal S, Semin S. (1999) does not indicate "induced abortions" but indicates total abortion rate. But, our study indicates only induced abortions. The methodology of this study is also different from our study. The high induced abortion rate (55.3%) have been estimated among women who have applied to a family planning clinic for induced abortion (only 85 women). So, this study is not a population based study. It will be wrong to compare the rate declared by Guldal S, Semin S. (55.3%) with our rate (9%).

3. The study conducted by Marston C, Cleland J. (2003) is a review which evaluates data obtained from many countries as a whole (including Turkey). But, our study is conducted in a region which has many different features from the general of Turkey. It will be wrong to compare this studies data with the data of our study.

4. The study conducted by Huntington D, Dervisoglu A.A, Pile J.M, Bumin C, Mensch B is a study which evaluates the quality of abortion in Turkey's public sector hospitals using multiple research methods. It will be wrong to compare this studies' data with the data of our study, because this study is not a population based study.

5. In the study conducted by Magnani R. J, Rutenberg N, McCann H.G. (1996) the World Health Organization classification scheme for pregnancy terminations was modified to evaluate the accuracy of pregnancy terminations as spontaneous or induced abortion in Demographic and Health Survey calendar data. It will be wrong to compare this studies data with the data of our study.

6. In our study we have compared the induced abortion rates with the rates of Turkish Demographic and Health Survey-1998 (TDHS 1998). TDHS 1998 is conducted to collect data on subjects such as fertility, infant and child mortality, family planning, and maternal and child health on a representative sample of Turkey through the interviews conducted with women at fertility age and is one of the widest studies recently conducted on this subject. In TDHS 1998 the induced abortion rates of East Anatolian Region were given. Southeast Anatolian region provinces were evaluated in this region. But, our study has been conducted in Southeast Anatolian Region. The general features and health conditions of the Southeast Anatolian Region is worse than the East Anatolian Region. So, this explains why our rate (9%) is lower than TDHS 1998. Also, in TDHS 1998 data about induced abortion was obtained from 942 ever married women living in East and Southeast Anatolian Region. But, in our study we have evaluated the data of 1266 ever married women in Southeast Anatolian Region who had at least one pregnancy story in their life. This also explains why our rate (9%) is
lower than TDHS 1998.

Results:

Our study is a population based study which was conducted in 9 provinces in Southeast Anatolian Project Region. It focused on many different health related problems. So, a large team from three universities studied in the study. This is the reason why many authors were involved in the data evaluation. It is an ethical obligation in this phase.

Discussion:
The comments of the reviewer concerning discussion has been made and some references has been added. The discussion has been revised and focused.

Quality of Written English:
The manuscript has been edited.