Reviewer's report

Title: Why do adult women in Vietnam take iron tablets?

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Reviewer: christian breymann

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General
The manuscript by Aikawa et al refers to a very interesting question namely why are iron supplement programs worldwide failing in considerably decreasing anaemia frequency. To my knowledge it is one of the few reports concerning the question why pregnant women are or are not taking iron tablets in a developing country and area.
In general it would be interesting to see differences in pregnancy outcome (maternal and fetal) between short and long takers because this would be an argument for or against tablets, ie. does it really matter in these women how long they took the tablets ? Are there any data available concerning Hb at term or postpartum, birth weight, rate of prematurity etc.? based on these results it might be easier to convince health authorities to change information politics.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Background, page 3, second paragraph: "This could be due to........."
what about failed programs due to missing compliance due to side effects ? this should be mentioned too.
Concerning statistics it is difficult to follow correct calculations since in the odds ratios to numbers of patients are given in the groups. For example nearly 50% of patients in the short group realized side effects, p< 0.01 ! but this is not reflected by the OR which I don't understand. It would be logic that experience of side effects is highly correlated with short intake....
also the first sentence in the discussion: is it sure that side effects was not a reason for not taking tablets ? (page 10)
page 11, first sentence: which improved system ? what do the authors recommend ?
page 11, line 11: side effects are a risk factor for taking short term not long term, I don't understand the sentence. Ref. 19 is not really related to iron intake....
Table 1: The socio-demographic characteristics are described but poorly discussed, so what is the impact ?
Table 3: despite knowledge of: difficult pregnancy due to anaemia, small babies etc. these women take shorter tablets >> discussion ?
westerne medicine preferred >> what is different in western medicine concerning iron tablets ?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Page 4 , methods: line 5: purposively- correct term ?, line 9: "were collects...", wrong grammatics
commune leaders: Is it important what they are ? leaders, secretary etc.
pages 5,6: should be condensed, complicated description
page 8, line: 6: I have problems to understand the meaning of the sentence ?
page 9, last para: what about magazines, no information written, nobody reads ?
page 14: Tables and Figures: usually on separate page (Figure legends)
Discretionary Revisions (which the author can choose to ignore)

Background, page 3, line 4: while IDA is surely linked to maternal morbidity I do not know a study that can clearly show the impact on mortality. Mortality in anaemic women is multifactorial, e.g. if blood loss is not controlled.

Page 7, results: I would postpone first paragraph since this has not priority, i.e. use of toilet etc., also it is not discussed so why show it?

Figures 1& 2: for me these are not really figures but rather tables also; personally I am not sure whether these are necessary (already described in the text....)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes

Declaration of competing interests:

No competing interests