Author's response to reviews

Title: Delays in seeking an abortion until the second trimester: a qualitative study in South Africa

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Version: 2 Date: 31 July 2007

Author's response to reviews: see over
31 July 2007
Editor BMC-Reproductive Health

Dear Editor,

Please find the revised manuscript enclosed: Delays in seeking an abortion until the second trimester: a qualitative study in South Africa, as well as a detailed response to the reviewers comments (below). We have accepted all of the reviewers’ suggestions and have revised the manuscript accordingly. Thank you for your continued consideration of our manuscript.

We look forward to hearing from you.

Yours sincerely,

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July 27, 2007

Reviewer's report

Delays in seeking an abortion until the second trimester: a qualitative study in South Africa

Version: 1 Date: 1 March 2007
Reviewer: Kelly Blanchard

Reviewer's report:

General

I was very pleased to have the opportunity to review this manuscript and congratulate the authors on tackling an important research question. I think the data from this project will make an important contribution to the literature.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I have four main overall comments that I think would provide useful additional information to readers:

1. Could the authors please provide more detail on recruitment? I would find it useful to read an explanation of why recruitment was limited to services that provide D&E since many second trimester abortions in South Africa are done using misoprostol alone. In addition, I would like more information on how women were approached and by whom.

Response to reviewer: Agree with the reviewer and have provided more detail on recruitment and why recruitment was limited to services that provide D & E. The section now reads:

In the Western Cape Province, most second trimester abortions performed in the public and NGO sector use the D & E method. A few tertiary hospitals provide the medication method of abortion using misoprostol- alone which requires a hospital admission of several days. These hospitals were not considered suitable for several reasons. The small numbers of second trimester abortions performed at these facilities made recruitment
difficult. In addition, interviewing women while they were aborting, in discomfort and with limited privacy, was not deemed appropriate.

**Response to reviewer:**

More information has been provided on how women were approached and by whom, the section now reads.

The study interviewers visited the three facilities on the days that women either made an appointment for an abortion or on the day of the abortion. Women presenting for a second trimester abortion were identified by the facility staff as all women had an ultrasound to determine gestational age prior to making an appointment. Women seeking a second trimester abortion as confirmed by ultrasound were then approached by the study interviewers and invited to participate in the study.

2. The authors call the 20% figure for proportion of abortion in South Africa performed in the second trimester "high" throughout the paper. I was left wondering high compared to what? The authors' point about complications at later gestational ages is a good one, but the two references for why this is high are to data from Russia and a WHO publication. The Russian context to me seems very different, and abortion has been widely available there for much longer than it has been in South Africa. Perhaps the authors could provide additional data on other countries, particularly other developing countries. I would also suggest refraining from calling this figure "high" in places in the manuscript other than in comparison to other figures.

**Response to reviewer:**

We agree with the reviewer’s comments. The proportion of second trimester abortions have been compared to other countries with legalized abortion including developing countries. The Russian example has been replaced by Vietnam another developing country where abortions have been legal for a long time yet also has a continued need for second trimester abortions. The term high has been removed from the manuscript and the South African figures have been compared to another developing country and the USA. Figures from other developing countries were more difficult to obtain.

**The section now reads:**

In recent years the number of abortions performed nationally and in each of the provinces, including the Western Cape has increased substantially, indicating increased availability and accessibility to TOP services [7]. Second trimester abortions account for over 20 % of abortions performed in South Africa [7], which is greater than other countries with legalized abortion such as the United States and Vietnam, where 12 % or less of abortions occur in the second trimester [8,9]. Abortions performed after 12 weeks of gestation pose greater risks of medical complications than abortions performed during the first trimester [9, 10].
3. Along similar lines, the authors at the end of the paper state that despite the need for interventions to encourage earlier abortions, it is important to ensure that second trimester services continue to be available. I wholeheartedly support this point, and suggest that it be reinforced throughout the paper. In addition, the authors may want to add that coming in earlier in pregnancy might mean women have more options for their abortion method--although medication abortion is not yet available in public sector in South Africa, is it available in the private sector. Did the NGO services included in this study offer medication abortion?

**Response to reviewer:**
The NGO services did not provide medication abortion for second trimester abortions nor is it available for first trimester abortions in the public sector. Delays in introducing medical abortion into the public sector has occurred and the authors were mindful of this.

The notion that second trimester abortion services continue to be available and accessible has been reinforced in the paper and is mentioned in both the introduction and conclusion.

**This has been added in the introduction to read:**
Yet, despite the need for interventions to encourage earlier abortions, it is important to ensure that second trimester abortion services continue to be accessible and available to all women in South Africa.

4. In the results section the authors provide a great deal of detail on personal issues that led to abortion at a later gestational age, and fewer details, examples or quotes about service delivery issues. It would be useful for me as a reader to know whether this is because overall women cited fewer of these issues, or whether the authors believed the personal issues were more important? In the discussion section it would be useful to explain this and provide some thoughts about why there were fewer service issues described (some believe the proportion of later abortions is largely due to services issues) and whether this has bearing on the focus on addressing the quality of services and availability of second trimester services.

**Response to reviewer:**
Further explanation has been provided in the discussion section to read:

Most women described multiple barriers to obtaining an abortion before the second trimester and did not necessarily identify one reason as being more important than another. Women tended to relate more to social and personal issues than service related barriers. However, with further probing it did become clear that many women had reservations about judgmental and negative attitudes displayed by health care providers at public sector facilities and overall concerns about being further stigmatized for seeking an abortion.
Abstract:
1. In the background I would recommend not using the descriptor "high" for the proportion of second trimester abortions, but rather just state the figure (20%).

Response to reviewer:
Authors agree and the term “high” has been removed from abstract to read.
Second trimester abortions, an inherently more risky procedure, continue to occur at over 20%.

2. There appears to be a word missing in the final sentence of the methods section (area?).
Response to reviewer:
This has been corrected to read greater Cape Town area.

3. In the results section it might be helpful to provide some more detail of the findings--main themes etc.
Response to reviewer:
Broad categories of the findings have been added to the results section to read:

Reasons why women delayed seeking an abortion were complex and often interrelated and in turn affected the timing of accessing an abortion. Broad categories to emerge for reasons for experiencing delays in obtaining an abortion were linked to personal circumstances leading to uncertainty and indecision, difficulties in detecting a pregnancy in the first trimester, and health service related barriers that hindered access to TOP services. Almost all women described multiple and interrelated factors that influenced the timing of seeking an abortion.

Background
4. It might be useful in the second paragraph to explain that the Act allows for abortions up to 12 weeks to be provided by nurse midwives/nurses since this is a unique feature of the law.

Response to reviewer: The authors agree:
The Act has been explained to include the provision of first trimester abortions by nurse midwives and now reads:
The CTOP Act allows for first trimester abortions (up to 12 weeks gestation) to be performed by trained nurse midwives, whereas second trimester abortions are provided by doctors.

5. The language "why women delay" suggests to me that women know they are pregnant yet wait to come. From the results described it seems that in many cases women do not know or do not confirm they are pregnant until later. Would it perhaps be more accurate to say "why women attend later in pregnancy"?
Response to reviewer:
The wording has been changed per reviewer’s suggestion to read:
Exploring the reasons why women attend later in pregnancy for an abortion is important for informing interventions to reduce the proportion of second trimester abortions in South Africa.

Methods
6. Did each of the sites actually provide ethical approval or just approval to conduct a study?

Response to reviewer:
Overall ethical approval was obtained from the Research Ethics Committee at the University of Cape Town. Approval to conduct the study was obtained from the Provincial Department of Health and the particular public hospital. Approval to conduct the study at the other two NGO clinics was obtained from the National Director of the NGO.

This has been clarified and the section now reads:
Ethical approval was obtained from the Research Ethics Committee, Faculty of Health Sciences at the University of Cape Town. Approval to conduct the study was obtained from the Western Cape Provincial Department of Health and from the two NGO clinics.

7. Please provide more information about coding—how many people conducted coding and was it conducted by at least two independent coders? The authors state that coding discrepancies were resolved by discussion but it is not clear between whom or how coding discrepancies were identified.

Response to reviewer:
Two senior research members (the PI and Co-PI) conducted the coding. Coding discrepancies that arose were identified by both researchers and resolved through discussion. This has been expanded on in the paper to read:

The data was coded manually by two senior members of the research team. Trends and crosscutting themes were identified and issues for further exploration were prioritized for final analysis. Any coding discrepancies were resolved through discussion and consensus between both research members.

Results
8. In the first paragraph, you might consider rephrasing the sentence about contraceptive use to say, "Two (7.4%) of respondents reported contraceptive use..." Please also provide more information here on whether this means at the time of conception of the current pregnancy, or ever.

Response to reviewer: The sentence has been rephrased as suggested and contraceptive use has been clarified to time of conception and reads:
Two (7.4%) of respondents reported using a hormonal contraceptive method at the time of conception.

9. The second paragraph does not seem to fit under the socio demographic characteristics heading—should there be a new heading above it?

Response to reviewer:
Agree with reviewer – the second paragraph has been moved to before the socio demographic characteristics heading under results.

10. The authors state that almost all women confirmed pregnancy with a home pregnancy test. Were they all purchased from a pharmacy privately?

Response to reviewer:
Yes, almost all women purchased a home pregnancy test from a pharmacy privately. This has been clarified to read:
Almost all women confirmed their pregnancy by administering a home pregnancy test which they bought privately from a pharmacy or drugstore, and whilst experiencing difficulties in initially suspecting a pregnancy, were cognizant of ways to independently confirm a pregnancy.

11. In the second paragraph under contraceptive use the authors say method failure or inconsistent use might have prevented women from identifying their pregnancy earlier. Do the authors mean they believed they were protected? Presumably this applies only to the two women who reported contraceptive use?

Response to reviewer:
This has been clarified in the text to read:
It would appear that the two women who had used contraception, however inconsistently, thought they would be protected and might have prevented them from identifying their pregnancy earlier.

Discussion

12. In the discussion the authors report that partners, family and friends played an important role in the decision to have an abortion, but no data on this issue is included in the results section. It would be useful to include more information on this, particularly given other data that a substantial proportion of women do not involve others in the decision (Cooper et al.).

Response to reviewer:
We agree and more detail has been placed in the results section under Personal.

Family, friends and partners played a role in women’s decisions around either continuing or terminating a pregnancy. Responses ranged from support to being afraid to discuss their intention to terminate a pregnancy.
Some women were able to discuss their decision to have an abortion with their boyfriends, yet others were afraid to discuss their decision for fear of being abandoned.

I went back and told my boyfriend I was pregnant and we discussed it and made a decision no, I don’t want this baby. He already has two kids from a previous relationship and he’s in a divorce situation… and that’s already not a very nice situation so I said I didn’t want to. He was going through some stress of his own, but obviously I made it quite clear that it’s my choice.

Another respondent described how she was unable to tell her boyfriend about coming for an abortion but was supported by both her mother and a close friend.

I didn’t tell my partner about coming for an abortion, because he wants a baby and I don’t want a baby at this time, so I didn’t tell him…I told one of my friends…she said, I can’t tell you what to do, but if you feel it’s the right thing to do then you must do it… She supports me because she knows my reason. I also told my mother where I am going and I what I’m going to do. She didn’t shout at me because she knows that I have a child and I’m not going to afford another because I’m not permanently at work, I’m still on a contract.

13. The authors recommend encouraging women to keep diaries of their menstruation. I would recommend putting this in the larger framework of more information about pregnancy, reproductive physiology and reproductive health generally.

Response to reviewer:
The author agrees and this recommendation has been expanded to include more information about pregnancy, reproductive physiology and reproductive health in general.

Discretionary Revisions (which the author can choose to ignore)
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: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Reviewer's report
Title: Delays in seeking an abortion until the second trimester: a qualitative study in South Africa

Version: 1 Date: 8 June 2007
Reviewer: Justus Hofmeyr

Reviewer's report:
General
Delays in seeking abortion till the second trimester: A qualitative study in South Africa
This is an interesting study seeking to address an important problem faced by providers of pregnancy termination services in South Africa (and presumably elsewhere)
1. Is the question new and well defined?
This is not a new question, but the data presented add new information to our knowledge
2. Are the methods appropriate and well described and are sufficient details provided to replicate the work?
The methods are appropriate and well described. I am not an expert on qualitative methodology, but would have like to have seen a more specific detail as how the themes were extracted.

Response to reviewer:

Initial codes were developed based on the interview guide and key questions explored in the objectives of the study. Themes were then extracted from the codes and key issues to emerge.

3. Are the data sound and well controlled?
The data are sound. This was a descriptive study so there is no control group (it would have been interesting to compare the findings with that from a group who access abortion services early)

Response to reviewer:
The authors agree that it would have been useful to compare the findings with a group who accessed abortion services earlier and we have referred to this as a limitation in the paper.
Now reads under Limitations of study:
We also did not explore whether there were differences between women seeking abortion services earlier compared to those seeking a second trimester abortion [13] but focused more on the circumstances as they related to delays in obtaining an abortion in the second trimester.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition.
I am not sure of the conventions for qualitative data, but the reporting appeared adequate.
5. Are the discussion and conclusions well balanced and supported by the data?
Yes
6. Do the title and abstract adequately convey what has been found?
Yes
7. Is the writing acceptable.
The prose is of a high standard.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

It would be useful to have more concrete suggestions to the health authority as to how to address the issues (eg, given the difficulty of providing client-friendly services in the public sector where inevitably a large number of staff are opposed to abortion, might it be better to contract more of the abortion services to NGO’s?)

It may be useful to refer to our paper in which we found that many women terminated pregnancy not because they did not want the baby, but because of overwhelming financial adversity (which was alluded to in the current paper). It would be interesting to know whether women in the study had an ultrasound scan, and how they felt about it (this data may not have been collected).


Response to reviewer:
The authors agree with the suggestion that it might be better to contract more abortion services to the NGO sector and this appears to be occurring in the Eastern Cape.

This suggestion has been added to the discussion and reads:

The possibility of NGO’s supporting the public sector in providing client centred, supportive abortion care services in areas where TOP services are not available should be further explored.

The authors have reviewed the insightful article: Bamigboye AA, Nikodem VC, Santana MA, Hofmeyr GJ. Should women view the ultrasound image suggested by the reviewer. Women in this study routinely received an ultrasound to determine gestational age. They were not routinely shown the ultrasound image. Women did not comment on the ultrasound image, nor was data collected on their response to the ultrasound image. It has been stated in the methods section that all women received an ultrasound to determine gestational age..

What next?: Accept after discretionary revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.