Author's response to reviews

Title: Client preferences and acceptability for early pregnancy termination in Northwest Ethiopia

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Version: 2 Date: 17 April 2011

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The authors are very grateful to the reviewers for their valuable suggestions. We have tried our level best to incorporate these suggestions in the current revision of the manuscript. We hope that all concerns have been satisfactorily addressed.

Thank you.
Response to comments by Graciana Alves Duarte

1. Background should be reviewed in order to address the following information: The Ethiopia law on abortion; when a woman can ask for abortion? How abortion is performed in this case? Medical abortion is a new method but what about MVA?

   **Response to reviewer:** *We agree with the reviewer’s comment and inserted sentences describing the Ethiopian abortion law and requirements to ask for abortion.*

2. And also improve background by adding information about acceptability and how important it is.

   **Response to reviewer:** *Comment accepted and we included a statement describing the importance of studying acceptability.*

3. I suggest the authors improve the description of data collection and also the procedures - not clinical, but as field work - for each abortion method.

   **Response to reviewer:** *Comment accepted and description of the data collection method done as suggested.*

4. If I understood, women who opted for medical abortion had 3 visits: first when they had mifepristone, 48 hours later when they had vaginal misoprostol, and a follow up visit after 14 days. If this is true, women who had medical abortion had only one more visit than women from MVA group. Was it enough to influence in choosing one or other abortion method?

   **Response to reviewer:** *Yes women who opted for medical abortion had 3 visits. This was also informed to the study subjects when they chose the method of abortion. About 64% of woman who opted for MVA chose the method because it entails fewer visits. Though we do not triangulate it fewer visits might be considered by the woman as pregnancy expelled immediately. Had there been*
an additional qualitative study we could have understood what ‘fewer visit’ mean to the woman.

5. What kind of question had the questionnaires? Closed-ended, open-ended or both?

Response to reviewer: Closed ended questions were adopted and administered after we reviewed similar studies abroad.

6. I also think that authors should make clear that they are considering as acceptability of medical and MVA abortion when women indicates it to a friend or when they say that would choose the method again.

Response to reviewer: Comment accepted and operational definition of acceptability inserted in the methods section.

7. It is not clear for me if the article presents data from the first interview or if they present data from the first and second together

Response to reviewer: The article presented data from the first and second interviews. Data collected at the first visit were on demographic characteristics and reasons for choice of the procedure. A follow up questionnaire assessed the actual abortion experience.

8. In my opinion authors should present a sample size as they are using logistic regression and che square and if possible a list of the variables analyzed.

Response to reviewer: Comment accepted and we described how we reach at that sample size in the methods section.

9. Authors show that women from both groups are similar. Are they similar because they search for abortion at the same place (do they live at the same neighborhood?)
Response to reviewer: We never attempted to randomize the study subjects. The method of abortion was chosen by them. Fortunately the study subjects were not significantly different in terms of age, marital status, educational status, religion and ethnicity. As you suggested, this could be because they are coming from the same neighborhood or abortion care is provided only in these facilities.

10. I did not understand how women who opted for MVA had as place of abortion home. Authors should discuss this result.

Response to reviewer: Prior study suggested a success rate of 97-98 percent for manual vacuum aspiration. Since no ultrasound was done after the procedure home expulsion might be normal process of expulsion or the presence of intensified and prolongs bleeding.

11. Even education level was not significant I think authors should present it and discuss it.

Response to reviewer: Method choice is not significantly different by educational status. This could be because the majority of the study subjects completed secondary or above education.

12. Authors repeat a lot of the results in this section. I think they should discuss their data according to other studies findings.

Response to reviewer: Comment accepted. We try to discuss the findings of our study by comparing to similar studies done abroad.

13. In my opinion the title is not adequate so I suggest something like: Client preferences and acceptability for medical abortion and MVA as early pregnancy termination method in Northwest Ethiopia or Client preferences and acceptability for medical abortion and MVA in Northwest Ethiopia

Comment accepted. We are comfortable with the first suggestion and changed the title accordingly.