Author’s response to reviews

Title: The Estimated Incidence of Induced Abortion in Kenya: a cross-sectional study

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Author’s response to reviews: see over
The Editor,
BMC pregnancy and Childbirth
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Dear Sir/Madam,

Re: Cover letter for revision on Manuscript titled: The Estimated Incidence of Induced Abortion in Kenya: a cross-sectional study.

Thank you for the comments from the reviewer. I am resubmitting this paper after receiving a “revise” status in my last submission. The authors have considered all the comments and have provided a point-by-point response to all the issues raised as detailed below. The responses are below the comments and they are italicized for ease of following.

Reviewer 1: Tamara fetters

Reviewers report:

Key words (line 63): The PMS does not really use indirect estimation. That could either be prospective morbidity survey or abortion morbidity.

Noted this has been changed to prospective morbidity survey (line-62)

Line 87: Please clarify that the MMR you are referring to is specific to the Nairobi slums.

Noted and modified (line-86).

Line 89: Please clarify that the 2002 study was conducted before the constitutional reform.

We have modified the text (line-88) in the paper to add clarification.

Lines 93-104: Maybe it would be good to add that the revised Constitution was purposefully vague and difficult to interpret regarding abortion rights because it was created to try and appease many different, and often oppositional interests that were vocal during the review process. The result is a compromise that is difficult for providers to trust and even more difficult for individuals to understand and interpret. You could cite several things but one reference might be Dr. Joachim Osur’s book, The Great Controversy: A Story of Abortion, the Church and Constitution-Making in Kenya.

The authors have considered the suggestion and made appropriate modification to the text (lines 93-107).

Line 108: It would be good to stay here that that study used the PMS and AICM Methods as well and also that it did not (or did it?) include private sector facilities.

This has been done (lines 109-117).
Data and methods: I think it would be clearer to start the data and methods section with the section on “Sampling of health facilities”. It makes more sense to me to start with the facilities, the larger and first piece of your multi-stage sampling, and then describe the more detailed surveys.

The authors agree with your suggestion and have moved the “Sampling of health facilities” up before the “Data Sources” section in the Data and Methods section.

Line 144-5: I felt that this last sentence does not really do justice to the breadth of the HFS, could you try to make this a bit broader and better describe the content?

Noted. The text has been revised appropriately with the suggestion in mind (lines 189-191).

Line 147-9: Can you please state the specific inclusion criteria for women (e.g., gestational age, presenting conditions, etc.).

Text describing the inclusion criteria has been added (See lines 195-197).

Line 151: Type on “volumes”.

Addressed appropriately.

Line 153: Please add “morbid symptoms” to your list.

Noted and added.

Line 176-81: I don’t think you need to describe this standard process. IF you did not do any of these things, then that should be described.

Noted. These above lines have been deleted.

Line 204: Add the words “from levels 2-6” after health facilities.

Noted and addressed.

Lines 204-208: Isn’t this aggregation exactly like what the DHS does? If so, you might state that and there is no need to be apologetic for that.

No, the DHS used the 8 regions as they are. However, in our case, due to limited resources that constrained our sample size, we needed to use bigger regions from which to carry out our sampling. The five geopolitical regions were chosen because they are regions usually used by the MOH based on cultural and geographical considerations.

Line 216: End the paragraph with, “... of all facilities in that level and geopolitical region.”

Noted and addressed.
Lines 228-30: I definitely want to know which variables were imputed, how many cases were imputed and more about your imputation techniques in this analysis section.

*Noted. More clarification has been added (lines 160-164).*

Line 246: “...best estimate of monthly postabortion cases provided in each facility using both retrospective (HFS) and prospective (PDS) data.”

*Noted and addressed appropriately.*

Line 266: IT is not only about access, women may choose not to seek care out of fear, cultural beliefs or many other reasons, as we know from the quest to improve skilled birth attendance.

*Noted and addressed appropriately.*

Line 268-9: This sentence is rather awkward. Could you try to rewrite it to make it a bit clearer?

*Thank you for pointing this out. We have deleted this text.*

Line 273: You mention “two other groups”, could you follow this statement with their exact percentages?

*The proportion has been added.*

Line 276: I think you mean – “The calculated estimate for the percentage of women accessing care...”

*Thank you for pointing this out. We have corrected the statement.*

Line 307: “..country is considered more comparable in..”

*Noted. This change has been implemented.*

Line 337: Is the incidence of induced abortion morbidity you are referring to treated morbidity or all morbidity? I think it might be treated morbidity. Can you clarify?

*Thank you for pointing this out. We were referring to treated morbidity thus we have modified the text to read ‘treated induced abortion morbidity’.*

Line 371-4: I think you stated these limitations before, what I really wanted to know though was a summary of the earlier results to that I could use this paragraph to compare. I also think this paragraph should mention that these results show that legal reforms regarding safer legal abortion services have yet to be well-established throughout the country.

*Noted. The text has been revised appropriately with the suggestion in mind (lines 367-376).*

Line 384: Despite increased legal abortion provision in some areas, the provisions in the Constitution...
Line 387-9: This was really a qualitative study and our findings are not really generalizable, however it is safe to say that women in these FGDs were confused about the legality and most were convinced that abortion was illegal in all circumstances.

*Noted. This has paragraph has been rephrased differently.*

Line 446: “...second trimester which could vary by access, ethnicity or geography.”

*Noted and addressed.*

Line 449-51: I am not sure you need to mention this limitation. You have corrected this bias somewhat by including the PDS data. Otherwise, this is a larger debate about the direction of the bias since HFS data are usually higher, not lower, than PDS figures.

*Noted. This limitation has been deleted.*

Conclusion: I think somewhere in here you need to also recommend continuing to expand safe abortion services with clear information for women in order to replace unsafe clandestine abortion procedures with safe and legal procedures for women who need them.

*Noted. The text has been revised appropriately with the suggestion in mind (lines 450-462).*

Table 3: I can’t understand this table yet and a reader who only looks at the tables will definitely stumble here. In the title you refer to “unsafe abortions” but your row headings are for “all abortions” and “induced abortions”. Maybe you could make these headings more consistent or clarify with footnotes.

Thank you for pointing this out. For consistency, we have changed the title of the table to read “Women treated for abortion complications in Kenya by region”.

Table 4: It seems to me like the number of women treated should come after the multiplier estimates since the treated numbers are a subset of all abortions? It also seems like you should state which multiplier (the medium) the treated numbers are based on.

We think this is the most logical way to present this table because the number of induced abortions comes from the number of women treated and the multiplier used. Also, there is a footnote that clarifies this.

Figure 1: I don’t think you need this figure. You have done a very good job describing these calculations.

Great, thank you. This figure has been removed.

We thank the reviewers again for their thoughtful comments on the paper.

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