Author’s response to reviews

Title: Self-medication among pregnant women attending antenatal clinic at Makongoro health centre in Mwanza, Tanzania: A challenge to health systems.

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Author’s response to reviews:

Response to review report

Title: Self-medication among pregnant women attending antenatal clinic at Makongoro health centre in Mwanza, Tanzania: A challenge to health systems

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6th July 2016

Editor, BMC Pregnancy and Child Birth

Dear editor,

I would like to thank you and the reviewer for constructive comments which have made the manuscript better than before.

Please find the letter showing authors response to the review report as shown below using a GREEN COLOUR.

It is my hope the manuscript will be published soon. Please contact me if any clarification is needed.
Sincerely yours,

Karol J. Marwa

Corresponding author.

<table>
<thead>
<tr>
<th>SNo.</th>
<th>Review’s comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>More details on justification for conducting the study is needed</td>
<td>A justification for conducting this study in Tanzania in general and Mwanza city in particular has been provided</td>
</tr>
<tr>
<td>2.</td>
<td>There were no data on the peculiarity of health-seeking behavior at the study site or in Tanzania, the inherent weaknesses in the drug regulatory capacity and health care system in Tanzania that may be fueling self-medication</td>
<td>Information on weaknesses in the drug regulatory capacity and health care system in Tanzania that may be fueling self-medication is now provided in details</td>
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<tr>
<td>3.</td>
<td>Data on malformations encountered during births generally or probably associated with self-medication in Tanzania is missing. This information is important to enable strong justification for conducting this study in Tanzania</td>
<td>Data on malformations encountered during births generally in the study area is now provided. However data on malformations associated with self-medication is missing since the prevalence of self-medication itself in pregnant women was missing. The current study has addressed this though the impact of self-medication was not studied and has recorded as a limitation of our study</td>
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<td>4.</td>
<td>Though, sufficient details of findings of previously published studies in the research area were presented, the authors did not</td>
<td>In general a strong justification has been provided as seen in response no 1 above</td>
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</table>
provide a strong justification for conducting this study in Tanzania. Hence, the background section sounds more like a rehash of "stories" that have been told by several previously published studies in the research area. There was nothing refreshing or new about the information in this section. Hence, it is actually difficulty to situate the findings presented by the authors within the context of the existing body of knowledge in the research area, and this appeared to question the usefulness of the findings presented by the authors.

5 Cross-sectional design adopted is appropriate for the research question posed but the sampling strategy is weak and appears to be a major confounder. Why was serial sampling adopted rather than simple random sampling? Is there any factor or peculiarity about the study site that warrant the use of this error-prone sampling strategy?

This was a typing error which has now been corrected to read as A systematic random sampling method was employed and not serial sampling. Other details on the sampling remain the same.

6 Furthermore, what informed the choice of the 1st, 3rd and 7th for the selection of participants? What was the total sample require and how was this calculated?

Details on the choice is provided because this was serial random sampling and the sample size was calculated using the Kish Leslie (1965) formula for cross-sectional studies.

7 What informed the choice of the study site? How many items were included in the questionnaire? How was the questionnaire developed? What was the pilot-testing procedure and what language was used for the design of the questionnaire?

Details on the choice of the site, items included in the questionnaire, development of the questionnaire, pilot testing and language used has been provided now.

8 How many participants were invited, how many actually completed the interview?

The information is now available in the manuscript.

9 There was no adequate acknowledgement

A limitation has been provided.
of the several limitations inherent in the methods adopted for the conduct of the study and how this may adversely affect the validity and interpretations of the findings presented and the conclusion made.

10 The discussion section appeared relatively well written, however interpretations of results were flawed, a little confusing and also far-fetched in quite a number of places. The sentences which were not clear have been edited as COLOURED shown in the discussion section.