Reviewer’s report

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

Version: 1  Date: 21 Jul 2016

Reviewer: Kazeem Babatunde Yusuff

Reviewer's report:

General comments

Many thanks for the opportunity to review the revised version of the manuscript titled "Self-medication among pregnant women attending antenatal clinic at Makongoro health centre, Tanzania: a challenge to health system" authored by Marwa et al. I am happy to note that the authors have substantially revised the manuscript taking into careful consideration the several suggestions made after the first review. The manuscript is no doubt in better shape. However, there are a few areas that still require minor correction to improve clarity and balance. These are listed below:

1. Introduction: Line 11-12: revise to include the "use of even POMs". Line 14-17: This requires revision as it is not exactly true to state that an advantage of self-medication is an increased access to medication. It's rather the other way round. Unregulated or poor regulated access to both OTCs and POMs may increase the risk of a potentially-harmful health-seeking behavior such as unguided self-medication. Line 18-20: It is also inappropriate to state that another advantage of self-medication is the reduced cost of medicines in the public sector. The potential direct and indirect costs of unguided self-medication practices is likely to outweigh any probable "savings" in the cost of medicines in the public sector. Line 20-24: Revise for grammar and clarity. Line 30: Revise for grammar "….are also not safe to the pregnancy....." Page 6, line 13-14: Revise to properly articulate how pervasiveness of counterfeit medicines makes self-medication particularly dangerous in developing countries.

2. Methods: Line 41, pg 6: Clarity is needed on what specific factors make the study setting and site representative. For example details such as population size, socio-economic, occupational, and rural/urban distribution; and Ethnic mix of Mwanza are relevant. Average clinic attendance at the antenatal clinic, service level, bed space or average number of deliveries or patient seen at the study site are also relevant. The sampling technique described in the manuscript is not systematic random sampling. It's at best systematic sampling though the random selection of the first sample which is then replicated throughout the frame systematically is missing. The position (s) is not just chosen arbitrarily. This is still a weakness which must be addressed in the limitation section.
3. Results: Line 38: The data provided are highly usual in survey research. It is very rare to have the invitation, response and completion rate being 100%. Perhaps there are peculiar factors at the study site that made this possible. Author should acknowledge this in the limitation section and advise that interpretation of findings be made in the light of the limitations.

4. Discussion: Page 9 line 16-20, line 30: Revise for grammar and clarity

5. Study limitations: The authors should explicitly state the limitations associated with sampling and data collection and advise cautious interpretation in the light of these.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

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I am able to assess the statistics

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