Author's response to reviews

Title: Women's experiences seeking informal sector abortion services in Cape Town, South Africa: a descriptive study

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Author’s response to reviews:

On behalf of Dr. Caitlin Gerdts, first author and PI, I would like to submit our revised research article, entitled "Women's experiences seeking informal sector abortion services in Cape Town, South Africa: a descriptive study", to be considered for publication in BMC Women's Health. Thank you for your thoughtful review of our work. We have addressed each of the reviewers’ and editor’s comments in track changes and below.

Editor Comments

Thank you for your submission to BMC Women's Health.

When you submit the revised version of your manuscript, please address the following issues:

- Please include a completed version of the COREQ checklist as an additional file.

Completed.

- Please carefully proof-read your manuscript, there are a number of instances of missing words or unclear sentences.

Thank you, we have proofread the manuscript and corrected these instances.
- Please change the heading “Conclusion” to “Conclusions” in the abstract, “Key words” to “Keywords”, and move the “List of abbreviations” to before the “Declarations”.

Completed.

- Please update your "Declarations" section with all appropriate subheadings, listed at the bottom of this email and at http://bmcwomenshealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article. Please note that funding information goes under "Funding". "Acknowledgements" should be used to list anyone who contributed to the collection of data or preparation of the manuscript who does not meet the criteria for authorship.

Completed.

Reviewer reports

Reviewer #1:

This is potentially interesting article but the key points are lost because the message is not consistent. I think it requires greater clarity about what the central research questions and findings are. In the abstract for example the stated aims are to "better understand women's experiences and accurately measure the incidence and characteristics of informal sector abortions." The results in the abstract focus on the types of informal abortion and the sources of information. The conclusion is about the sampling method.

We have revised the aims statement in the abstract to include our aim to test a recruitment method that could lead to improved estimates of the prevalence of informal sector abortion and investigate the reasons for attempting self-induction, methods used, complications, and sources of information about informal sector abortion.

We revised the results of the abstract to describe the sample and then the main results corresponding to prevalence, methods, complications, reasons, and sources of information.

We revised the conclusion of the abstract to focus less on the methods and more on the results of this study. The use of innovative methods is still proposed at the end as a potential and needed next step.

The results are too lengthy and some of the data should be only in tables and not described as well. I am not sure current contraceptive use is relevant.

We have removed the non-essential content in the results section, specifically on contraceptive use, and we have made an effort to streamline the presentation of results overall. For example reproductive history and socio-demographic characteristics are now presented in one section.
The first paragraph presents details on recruitment. Then we present socio-demographic characteristics, social network information-sharing about abortion (reduced in length), informal sector abortion experiences (reduced in length so as not to duplicate data available in tables) with sub-sections on gestational age, reported complications, and methods used.

In the discussion the factors motivating women to seek informal abortion are not well discussed and there is generally a lack of depth to the section, for example is the mistrust and fear of stigmatization of formal abortion services possibly related to the fact that many of the women were sex workers?

We have added a sentence in the first paragraph of the discussion to highlight that the mistrust and fear of stigmatization reported by women may be related to the fact that many women in the sample are or were sex workers in the past.

The conclusion in the body of the manuscript is more aligned with what I believe are the important findings but this is very different to the abstract.

Thank you for pointing out this discrepancy. We have revised the conclusions in the abstract to be more aligned with the conclusions in the body of the manuscript.

Reviewer 2:

This is an interesting topic and there is some value in the approach taken, although it needs a stronger justification for open-ended data was not collected. If this is such an understudied area, a survey is not the most appropriate data collection method. Surveys are used when the domains to be explored and the nature of the population is well understood. The data collected is limited by the approach taken and this needs further justification/explanation.

Before designing our survey, we conducted in-depth key informant interviews with women and key stakeholders (providers, advocates, community organizations) about informal sector abortion in Cape Town. The results from these stakeholder interviews informed the design of our survey (for example, the multiple choice options for type of method used came from the lists of methods heard of by our key informants). Because we were testing the recruitment methodology and women’s willingness to participate in a study of this kind, a survey was necessary to demonstrate feasibility. Open-ended responses within the survey gave us important additional insights into women’s experiences that purely quantitative answer choices would not have allowed.

In addition, the survey data that was collected is not well presented and therefore it is not currently at a publishable standard. Addressing the comments above and the below specific points may lift the manuscript to a publishable standard;

* Paragraph 2 of background repeats much of paragraph 1

We have re-organized the introduction so that it is less repetitive. In the first paragraph, we present background on the abortion law in South Africa. In the second paragraph, we present the
barriers to abortion care and an intro to informal sector abortion in South Africa. In the third paragraph, we discuss what is unknown about informal sector abortion in South Africa and the aims of this particular study.

* Is the study positioned in any discipline? Reference to frameworks for understanding some aspect of the process would enhance the introduction, e.g. health communication, or health service utilisation? It is currently not clear to which aspect of our understanding you wish to contribute within the broad area.

In the formative research section of the Methods, we have elaborated on the explanation for our choice of methodology. We explain the three basic types of recruitment methods used for reaching hidden populations, and which of the three we employed here and why. We hope these additions help to position the study within the methodological discipline of hidden population research.

In terms of areas we wish to contribute to within a broader area: we acknowledge the difficulty of reaching hidden populations for studying health behaviors, specifically self-induction abortion, in a place where abortion care is highly stigmatized such as South Africa. We hope this study contributes to the application of innovative methodologies to the study of women and self-induction abortion and to the evidence based available around women’s experiences with informal sector abortion and its related public health outcomes.

* Need a reference for RDS at the start of methods and for e.g. the sentence below in the first paragraph on the methods does not make sense

'asymptotically unbiased estimates from snowball samples through a weighting process in the analysis phase'

We have added a reference for RDS (Heckathorn 1997) to the start of the methods section. We have revised the sentence the reviewer mentions to make it clearer. This sentence aims to succinctly explain the value of RDS over snowball sampling, which is complicated and difficult to explain in one sentence.

* Recruitment. First sentence. Correct the phrase, is it one seed or several?

We used one seed in this study. That one seed distributed 6 coupons. Each of those women then in turn distributed 6 coupons, after completing the survey. We have not revised the text as the sentence accurately reflects this.

* Figure 1 is unclear

We revised figure one to make it clearer by differentiating visually between those participants who completed the survey (filled in) and those who were recruited but did not complete the survey (not filled in). The figure is intended to illustrate the recruitment flow.
* Table 1. Marital status is not as relevant to this group as relationship status/sexual partners would be - ie. Casual, multiple, committed relationship etc. Data on this would be more relevant.

We have revised the variable name in Table 1 to be “relationship status” rather than marital status, as the variable includes data on women in relationships who are not necessarily married.

* Ditto Employment - when you say none, does this include unpaid caring roles? It would normally be more appropriate to list ‘unpaid caring’ and ‘seeking work’ separately rather than lumping all together as one category.

The survey question about employment was open ended so we were not able to control how these categories were defined. The category “None” is meant to be “no response”.

* Reproductive history. Contraceptive use needs to be contextualised. Please comment on whether all women were currently having sex. If not, contraceptive use is not important.

We agree with reviewers that contraceptive use and history of use is not directly relevant and therefore we have revised the text in the manuscript accordingly. However, we have left the data in the tables on contraceptive use. Contraceptive use in the past year is an often reported measure and allows a comparison between our sample and more nationally representative samples. Contraceptive use is also considered important in the South Africa context of abortion research as the unmet need for contraception is of interest to key stakeholders. Regarding contextualizing contraception within sexual behavior, women were not asked directly whether they are currently sexually active.

* Table 2. Not very clear. Why are you presenting means? Why only listing number of abortions in a facility? Can you also include informal sector abortions so numbers add up?

We have clarified the labeling in Table 2 to indicate that only the first three variables (gravida, births, and number of children) are means; the rest of the table is n and %. We apologize for the confusion and have labeled consistently all of our tables.

We have specified in the table both the number of women who report having ever had an abortion (and the number of abortions), having had an abortion in a facility, and having had an informal sector abortion.

* Table 5. Were all herbal substances ingested? Please clarify in table. Can you link the type of treatment with the abortions that failed and those that caused side effects/discomfort/infection. This is important information.

Yes, from what we can tell from participant responses all the herbal substances were ingested.

We have added a column to Table 5 which indicates the proportion of women who had additional medical treatment after the abortion, by method type. Of course, this is not a completely accurate measure of failure/side effects as some women may seek additional treatment for side effects and other women may not. Many who had side effects did not
seek/obtain additional treatment, but we are using additional treatment as a proxy for severity of side effects.

* Data needs further analysis to draw out more meaning. It is currently not very informative.

This was a preliminary study and the first of its kind in South Africa using this methodology for measuring informal sector abortion.

* References - some spelling errors and one reference appears twice Corrected all references.

We have corrected all spelling errors and the reference that appeared twice is now only listed once.