Author’s response to reviews

Title: "Sometimes they used to whisper in our ears": Health care workers' perceptions of the effects of abortion legalization in Nepal

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Version: 2 Date: 27 March 2012

Author's response to reviews: see over
Subject: Revised manuscript entitled “Sometimes they used to whisper in our ears”: Health care workers’ perceptions of the effects of abortion legalization in Nepal

Dear editor,

Thank you for providing comments on our manuscript entitled “MS 4775894766570423 - "Sometimes they used to whisper in our ears": Health care workers' perceptions of the effects of abortion legalization in Nepal”. Please find the revised manuscript for your kind consideration. We have addressed the comments made by both reviewers and also provided a point-by-point response to the concerns. Major changes made in the manuscript have been highlighted in yellow color.

Reviewer 1: Joyce Kinaro

Minor essential revisions

1. The methodology was appropriate since the topic was on perception which is best addressed through qualitative data collection method. The target of participants was also appropriate since the selection included providers in direct contact with clients/patients. However, the following was not clear: Data for this study were collected as part of a study. Do you mean as part of a larger study or this was a preliminary study?

Response: Changes have been made in the manuscript. The qualitative component was designed to complement the quantitative investigation which is being conducted to study the clinical effects of abortion legalization at four major hospitals in Nepal. Please see page 7, first paragraph method section.

2. The writing is acceptable. However, you need to recheck the following: that the meaning of traditional words are explained e.g. ayurvedic doctors; Since the article will live beyond the submitting date, some tenses need to change, for example on page 4 ...As of June 2011, 497,805 have (change to had) received abortion services...

Response: Meaning of aurvedic doctors has been provided. Please see page 5, line 4. Proof-reading for English has been done with the native English speaker. Moreover, five co-authors of this manuscript are native English speaker and all have read and approved the manuscript.

Reviewer 2: Jane Harries

Major Compulsory Revisions
1. Overall the manuscript lacks some depth and focus – the main problem is the way in which the results are presented.
2. The results are somewhat simplistic and lacks integration.
3. Results mechanistically presented with a quote and explanation of the quote – this is not the optimal way to present qualitative research and as such lacks in depth analysis.

Response: The entire results and discussion sections have been revisited and revised. We have tightened and strengthened the analysis of the major themes and have discussed them in greater depth in both the results and discussion. Specifically, we combined the results on the perceived benefits of legalization with the results on women’s care-seeking and abortion practices, as these themes are similar and interrelated. We have also explained how our discussion of stigma cuts across the thematic areas we examine to better integrate this material. See page 9 onwards for Results and discussion section.

According to the manuscript since legalisation of abortion in Nepal in 2002 over 1200 providers have been trained – is this in performing abortions i.e. surgical abortions – without knowing the population of women of childbearing age in Nepal this would appear to be a sizeable number of trained providers yet there appears to be a shortage of abortion providers – how is this so? Page 5

Lack of trained personnel on a regular basis at safe abortion sites.

Response: Evidence for the inadequacy of trained providers for abortion services has been added in the manuscript. In addition, having a sanctioned post at the health facility does not guarantee regular availability of the health staff at the facilities. It is a commonly reported problem in Nepal that the health workers are not available at the facility consistently and throughout the open office hours. Please see 5, second paragraph, second line.

Page 5 – the authors fail to fully explain why abortion is stigmatized – abortion as a contested domain is not something new but locating conceptions around abortion within a Nepalese context would be useful – such as the importance placed on motherhood childbearing gender roles, religious beliefs etc

Response: Changes made in the manuscript. Please see page 6.

Methods

How did this sub study form part of the larger study?

Response: Changes have been made in the manuscript. The qualitative component was designed to complement the quantitative investigation which is being conducted to study the clinical effects of abortion legalization at four major hospitals in Nepal. Please see page 7, first para, and method section.
More integration and analysis of the major themes are required in the results section

Response: Results section has been revisited and major themes have been strengthened and tightened. Necessary revisions have been made throughout results and discussion section. Please see page 9 onwards for results and discussion section.

Results

Profile of participants – an array of providers yet one has little sense how the different providers differed in their approaches – for example an administrator might have different perceptions and viewpoints compared to an Ob/Gyn. What were the age and gender of the participants?

Response: We have reported information on the duration of work experience for the respondents which was deemed to be important. Moreover, information on age was not collected. Information on gender of the participants is reported in the revised manuscript. Please see page 9, results profile of participants section.

Page 10 A statement is presented than supported by long quotes and this appears to be the pattern throughout the results section – the authors need to engage more with the data – it appears somewhat like the laundry list approach which is rather superficial qualitative research

Response: Several changes have been made in the results section. Please see page 9 onwards for results section.

Views on abortion patients
Would be a good place to highlight different views held by Drs, nurses and admin – whether they were divergent or not related to their differing roles and relationship to abortion clients.

Response: In our data there was no marked difference by the type of providers observed for the themes we have presented in this manuscript. However, we described where there is a difference. See page 9, results section.

There appears to be a fair amount of moralising discourse to unmarried women yet this is not fully explored or contextualised within Nepalese society. Here the notions around marriage and sexuality could have been highlighted.

Response: More information have been added in the manuscript. See page 15, last paragraph.

Page 14 is another example of statements followed by supportive quotes

Response: Changes made in the manuscript

Page 16 – introduces the notion of expanding medical abortion services in Nepal and use of ineffective and unregistered abortion pills – this is an entire area that needs further expansion – and does not really fit well with the section on changes in abortion practices and care seeking
behavior Clandestine or illegal off label use of medical abortion tablets does not fit well with this section.

Response: This is an emerging issue in Nepal and our data provides some initial insight on the topic-but we do not know much more beyond what we have learned from these few quotes. We also recognize that it is not a central theme from our presented results and have therefore reduced the amount of time spent discussing the topic in our revised manuscript.

Concerns about contraceptive use and repeat abortion

The notion of repeat abortion and women using abortion and repeated abortions as a form of contraception has been reported elsewhere notably SA and is similarly a concern raised by providers – what appears different is that it is reported that only a few providers were concerned about repeat abortion and had fears about negative health outcomes as a result of repeat abortions (infertility PID and perforation) could you expand more on this as is different to more moralising concerns around repeat abortions,

Response: More information have been added in the results and discussion section. Providers views that repeat abortion was the negative impact of legalization and the similarity of results with the South Africa study have been added and discussed. Please see page 10, second paragraph- first line.

The section of implications for disclosure on abortion history is not totally clear to me Why was prior abortion history so important in a context of legal abortion – i.e. why was it deemed so important – on page 18 first quote by Ob/Gyn Now it is easier to take a detailed history… now it is easier for us to treat women – are women still presenting with incomplete abortions as a result of clandestine backstreet abortions – Is history related to determining gestational age – how is gestational age determined ? this might explain why history taking was so important but this section is unclear

Response: Changes have been made in the manuscript to describe how clinical care would be affected by non-disclosure, and how non-disclosure reflects the stigmatized nature of abortion. See page 18, section on disclosure of abortion history before and after legalization.

Discussion

Page 22
Second paragraph last sentence.
Non-disclosure of gynaecological history may create obstacles to women in accessing quality health care and could contribute to psychological distress.[10] I am not sure I understand this line of argument – are the authors arguing that prior abortions lead to psychological distress.

Response: Revisions have been made in the discussion section. The line has been dropped from the discussion.
Gender issues could be highlighted within the context of Nepal – i.e. women’s roles as mothers, childbearing and wives. (page 22 last paragraph)

Response: Changes have been made in the discussion section of the manuscript. See page 23, line 7.

References

14, Harries et al the date should read 2009 and not 2011

Response: This typo has been fixed. See page 28, Reference number 17.

I sincerely hope that with the changes, manuscript is suitable for publication.

We are grateful to the reviewers for their helpful comments.

Sincerely yours

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