Reviewer's report

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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Reviewer: Jane Harries

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

Journal: BMC Public Health

Thank you for asking me to review this article.

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

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.

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

Methods

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

More integration and analysis of the major themes are required in the results 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?

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

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.

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.

Page 14 is another example of statements followed by supportive quotes

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 behaviour

Clandestine or illegal off label use of medical abortion tablets does not fit well with this section.

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,

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

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.

Gender issues could be highlighted within the context of Nepal – i.e. women's roles as mothers childbearing and wives. (pg 22 last paragraph)

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

I would like to see the re worked results section.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests