Reviewer's report

Title: Policy makers' and Providers' Knowledge and Attitudes Regarding the Provision of Emergency Contraceptive Pills within Lao PDR

Version: 1 Date: 8 January 2010

Reviewer: Margareta Larsson

Reviewer's report:

This study is an investigation among policy makers and care providers in Lao PDR about ECP and it highlights the persisting gaps of knowledge and doubtful attitudes towards the method that still persist in many countries. It is a timely paper which contributes to the efforts of making this safe and well documented contraceptive method available in all countries. The study included a sufficient number of participants and the results and the discussion are well supported by the data. However, the manuscript needs some major revision before it can be published.

Major Compulsory Revisions

1. ECP currently exists also in a one dose levonorgestrel regimen and a new product containing 30 mg Ulipristalacetat is also available. This new regimen can be used up to 5 days after unprotected intercourse.

2. The mechanism of ECP is mainly through inhibiting ovulation. Other mechanisms are questioned and should be omitted.

3. The legal framework for drug approval in Lao PDR remains unclear. Is ECP available or not? Is approval by the FDA a prerequisite for the drug to be provided through different channels or is it already available? Please clarify!

4. Participants were only recruited in the capital area. Why?

5. The standardized guideline for the interviews is not presented.

6. If a standardized guide leads the interview I would not call them in-depth but rather semi-structured interviews.

7. Was saturation reached and was the analysis and the data collection ongoing simultaneously as is often recommended in qualitative research?

8. The authors claim to have used latent content analysis but looking into the data I would rather call it manifest, which is OK.

9. The categories presented are exactly the same as the topic areas presented in the objective. This is a circular process that should be avoided in qualitative interpretation. I suggest you go back into your data and reexamine what were your most prominent findings so categories emerge from your data instead of from your predetermined objectives. What did you find? Present that and label the categories according to your findings.

10. What measures were taken to ensure thrustworthiness?
11. Qualitative studies are not meant to be generalized but some discussion about the transferability is needed. How about providers from rural areas? Do you think they would differ?

12. No discussion about limitations is included and needs to be added.

Minor Essential Revisions

1. Change to past tense in the result section.

2. It would be good with a table showing the different steps in the analytical process with some example of meaning units, condensed meaning units, codes, categories and themes. That will guide the reader and strengthen the validity of the paper.

3. Some typos need to be corrected: page 9 " nine years of working experience". page 10 "after morning pills" should be changed to "morning after pills". Page 11. "providers never prescribed ECP".

Discretionary Revisions

There are also other studies about advance provision showing that regular contraceptive use and sexual behaviour do not change even if ECP is provided to adolescents, one was performed in Sweden by Ekstrand M et al.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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