Author’s response to reviews

Title: Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal

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Author’s response to reviews:

Reviewer reports: Rachel Jones (Reviewer 1):

1. It's very inconvenient to put the pages of a paper back together when there are no page numbers. Please include them on all your papers in the future.
RESPONSE: We are unsure to what the reviewer is referring to, as our manuscript has all pages numbered – perhaps this numbering was lost in the journal’s copies for review?

2. The paper is improved. However, the authors still overemphasize the dangers posed by informal sector abortions. For example, the authors should not problematize the fact that a majority of abortions in India occur outside a formal health care setting. Women's ability to obtain mifepristone at a pharmacy makes it much more convenient than having to make one or more doctor's visits. While the OTC system in India has problems (for example, enough information is not provided to women taking mife) it is a practice that all countries should aim for (and aim to improve). You can make the argument that ISAs in a setting where it is legal increases the likelihood that the abortion will be unsafe use, or that the woman will be punished, but it is not unsafe by default. This outlook needs to be reflected in the Introduction and the Discussion.
RESPONSE: The review has been now edited to reflect the fact that ISAs are not inherently unsafe, but only when correct procedures are not followed (see Abstract and Introduction, par.3).

3. I would also discourage using "illegal" and "informal sector" interchangeably. I do know that in the United States, informal sector abortions are not necessarily illegal in some states.
RESPONSE: We have now reviewed the review and ensured that these two terms are not used interchangeably, except when referring to countries where ISA are illegal.

4. I'm not sure the inclusion of Northern Ireland is appropriate, most countries where it is "outlawed" allow for exceptions. Admittedly, I did not look up all the other countries in the study and would hope that they have somewhat liberal laws (as opposed to only allowing abortion in cases of rape, incest or life endangerment).
RESPONSE: We included Northern Ireland as this review is based on the Center for Reproductive
Rights's abortion law categorisation, which colour-coded Northern Ireland as ‘orange’, that is, abortion is not completely legal (the law allows abortion as an exception for preserving a woman’s mental health, but in reality the law is applied more restrictively). But we have now mentioned that Northern Ireland is an exception in the Discussion’s limitations.

5. The authors misinterpreted the statistic from the Singh et al. study of abortion in India, they estimated about 25% took place in a health care facility (not 10%).
RESPONSE: This has now been corrected (Introduction, par.3).

6. In the Discussion you relate that ISAs were widely reported in high and low-income countries, but the study doesn't demonstrate this. For example, the studies cited for the US do not indicate ISA to be widely reported.
RESPONSE: This has been changed, and the word “widely “ has been taken out.

7. A shortcoming of the study is that relevant search terms were not included: self-abortion, self-managed abortion.
RESPONSE: We did not think of the search terms ‘self-abortion’ and ‘self-managed abortion’, but we believed these would have been picked up by our search for ‘self-induction’ and ‘self-use’. We have now mentioned this in the limitations (Discussion, par.2).

8. The table needs to provide the country for each citation and information about which # it is in the references.
RESPONSE: The country for each citation has been added to table 2. The table in Appendix 2 already mentioned the study settings.

Second reviewer and editorial notes
9. The only Reviewer of this manuscript has been thorough enough. I could not add more, and agree entirely with all points made. I will strongly suggest that the authors address and correct the paper point for point before we finally approve its publication.
RESPONSE: This has now been done for each of the points raised.

10. An important point here is not to imply the abortion outside the formal health sector is inherently unsafe.
RESPONSE: We have now made sure there is not such confusion in the text (see, for example, Abstract and Introduction, par.).

11. Page 6: Line 6: The time span for articles describes the dates of publication, not of the period when the authors undertook the search…see Line 56/58.
RESPONSE: This has been corrected (see Table 1, last row).

12. Page 7: Table 1/Column2/Row 3: Please correct: ‘women who have underwent..’
RESPONSE: This has been corrected.

RESPONSE: This has been corrected.

RESPONSE: The sentence “but not Spanish” has been removed