Reviewer’s report

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

Version: 1 Date: 21 Dec 2018

Reviewer: Rachel Jones

Reviewer's report:

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.

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.

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.

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).

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%).

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.

A shortcoming of the study is that relevant search terms were not included: self-abortion, self-managed abortion.

The table needs to provide the country for each citation and information about which # it is in the references.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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No

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