Reviewer's report

Title: Comparative satisfaction of receiving medical abortion service from nurses and auxiliary nurse-midwives or doctors in Nepal: Results of a randomized trial

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Reviewer: John Ganle

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General Comment

This paper on 'Comparative acceptability of medical abortion among women receiving care from nurses and auxiliary nurse-midwives or doctors in Nepal: Results of a randomized trial' aims to assess whether Medical Abortion (MA) services provided by specifically trained and certified nurses and auxiliary nurse-midwives independently from doctors' supervision, is as acceptable to women as those provided by doctors. The article addresses an important issue in current SRH and MCH discussions, namely the relative lack of availability of legally safe abortion services in many low-income settings as well as the limited number of personnel to provide needed services. While the article's findings could be important, the paper in its current form suffers a number of major methodological, stylistic and content deficiencies that the results and conclusions are hard to believe. This is particularly so because the authors say the paper came from a randomised trial. Before this paper becomes suitable for publication in Reproductive Health, I believe these major deficiencies need to be seriously addressed. Below are my specific comments:

1. Topic, aims and measurement.

The key topic of this paper is the comparability of the ACCEPTABILITY of MA services provided by nurses/auxiliary midwives on the one hand and doctors on the other hand. One of the fundamental problems of the manuscript in its current form is how the authors operationalise acceptability and then proceed to measure it. Throughout the paper, it is not exactly clear what the elements of acceptability comprise. Rather, the authors appear to use and indeed measure SATISFACTION and then mistakenly approximate satisfaction for acceptability. This is a very big flaw because the two are not the same. Clearly, the data presented in table 3 (Level of satisfaction) and table 4 (quality of service indicators) do not really measure acceptability. Indeed, the authors acknowledge the limitation of their measurement of acceptability and satisfaction on page 11, lines 29-40. The authors however appear to discount this measurement problem and suggest that 'Nevertheless, our study clearly indicates that acceptability and satisfaction with the provision of MA by nurse and auxiliary nurse-midwives is as high as services provided by doctors. Therefore, medical abortion services provided by nurses or
auxiliary nurse-midwives providers with appropriate training should be made available to all women wanting early first trimester abortion'.

In my opinion, the entire paper is built around the concept and measurement of ACCEPTABILITY. Therefore, if the concept or rather the acceptability outcome variables are poorly defined, then the measure itself will be a problem. The authors clearly make no serious attempt to define what acceptability is and what the acceptability outcome variables are. The outcome variables used such as pain, amount of bleeding, level of satisfaction and quality indicators are all very subjective. For example, how much pain or bleeding is considered ok or not? These are clearly measures left to the individual subjectivities of the research participants, and therefore very hard to do any serious objective comparison. In order to measure acceptability, authors will need to ask questions related to:

1. Were the respondent to do MA again, will she come to the same facility or the same caregiver (whether nurse or doctor)?

2. Will the respondent be willing to recommend the present caregiver to another person seeking MA services?

3. If the respondent knew that there were groups of doctors and groups of nurses providing MA services in the same health facility, which group will she prefer? In relation to this question, the authors need to explain whether women were made aware that there were two different groups of MA providers at the health facility. The randomisation procedures described in the manuscript are silent on whether women knew they were being allocated to a group of nurses or doctors.

Added to the above is the issue of outcome. The authors suggest on page 10, lines 12-29 that they have already presented data on the safety and effectiveness of MA services provided by doctors and nurses. In my opinion, the outcome of the MA services provided by these two group of caregivers should be an important determinant of both satisfaction and ACCEPTABILITY. Strangely, the authors ignored this important dimension. Even on the factors associated with high satisfaction of MA, the authors do not examine type of outcomes. This is really baffling given that the main outcome that most, if not all, the women who sought MA were looking for was completeness or complete termination of the pregnancy. The issue of outcome is very important because if the women were to equally accept MA services provided by both doctors and nurses, yet the outcomes (completeness) for one group of caregivers (e.g. doctors) is better than the other group (e.g. nurses), it would be hard to accept the authors' conclusion that 'The findings provide
support for extending safe and accessible medical abortion services by government-trained nurses and auxiliary nurse midwives to women seeking early first trimester pregnancy termination'. Therefore, it will be important to examine whether the type of MA outcome affected level of acceptability.

In addition to the above problems, the manuscript suffers other deficiencies. For example, in tables 2 and 3, authors report only percentages without indicating frequencies. Similarly, since authors are interested in comparing acceptability across the two groups, they could have performed further statistical analysis such as comparison of means to see if the differences they found were statistically significant or not. At the moment the results, discussion and conclusion appear forced as the data does not seem very credible.

2. Discussion

On page 11, lines 24-27; authors write that 'There is also some further indication that the gender of the provider played a role in women's discomfort with the procedure; the study found that more women in the doctors' group reported discomfort with the vaginal examination which may be attributed to a large number of men in that group'. I think this point is potentially interesting but the authors' attribution of the discomfort that more women in the doctors' group felt to the large number of men in the doctors' group is inadequate. What exactly is it about male doctors that will make women undergoing MA uncomfortable? Is it just the large number of males? I think it has got something to do with simply being the opposite sex so that even if you had one male doctor examining women, this discomfort would still be reported. Authors might need to draw on contextual understanding of gender roles to explain this.

3. Conclusion

As I have suggested, the conclusion drawn in this paper appears very forced. I think the authors are making too much claim here. It may be useful, given all the limitation issues raised, to call for further trials before making claims about rolling MA services by nurses and ANMs.

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