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

Version: 1 Date: 26 May 2017

Reviewer: Erin Pearson

Reviewer's report:

Thank you for the opportunity to review this manuscript. It is a useful analysis of differences in MA satisfaction by provider type in Nepal. There are a few important revisions, primarily to the Conceptual Framework and Discussion sections, that should be considered before it is acceptable for publication. These are outlined below.

Abstract

1. Results: It will be helpful to include a brief statement on why some women were excluded from the present analysis, e.g. due to missing data?

Methods

2. Under Study Procedures the authors mention the "acceptability form" two times before it is described in the last paragraph in the section. It would be helpful on p.6 to briefly describe this form as an interviewer-administered questionnaire to measure women's experiences and satisfaction with MA.

3. Conceptual framework

a. The authors mention that the framework was developed drawing on evidence from previous studies, and it would be helpful to add citations of the evidence linking the included factors to the satisfaction outcome. Later in the paper it comes across that expectations are thought to drive satisfaction, but this is not well described in the conceptual framework. Adding the literature here will be helpful.

b. The authors describe a proximate determinants framework, and it would be helpful to create a simple figure to display the proximate determinants more clearly.

c. In the last sentence, the authors mention that preference for a male or female provider was included as a predictor. Since you also have data on the sex of the provider who actually treated the woman, it might be more informative to look at concordance between the
preference and the provider she received. It is likely the concordance between preference and the sex of the provider she saw that drives satisfaction rather than just her preference.

Results

4. As mentioned in the previous comment, it would be nice to see some further analysis of concordance in preference for a provider of a specific sex and the sex of the provider she was assigned. Right now, the authors draw the conclusion that preference for female providers drives discomfort with the vaginal examination in the doctors group, but this is not measured directly. Based on the description of variables in the Methods and Discussion, it sounds like you could create a variable that has four categories: 1) wanted female provider, received female provider, 2) wanted male provider, received male provider, 3) wanted female provider, received male provider, and 4) wanted male provider, received female provider. Categories 3 and 4 are the discordant groups, and you might expect satisfaction to be lower for these women. Including this analysis would provide more support for your conclusions about the role of the sex of providers in client satisfaction.

Discussion

5. In the second paragraph on p.12, the authors discuss privacy and the lack of difference in satisfaction with privacy between the two provider groups. This needs further qualification as all of the women received services in district hospitals where separate rooms are available to help ensure privacy. It is worth mentioning this, and stating that privacy would likely differ by provider type in Nepal more broadly as ANMs staff lower level health facilities like sub health posts where privacy may be more of an issue.

6. In the third paragraph on p.12, do the authors have theories about why women at later gestational ages would be more satisfied? Could it be because they expected efficacy to be lower at later gestational ages, or they expected to require surgical abortion due to their later gestational age? Any data you might have about the woman's preferences for method type or expectations about the procedure at baseline would help to clarify.

7. In the fifth paragraph on p.12, the authors attribute discomfort with the pelvic exam in the doctors group to the sex of the provider. The concordance analysis mentioned above could help substantiate this. Another explanation for higher level of comfort with the pelvic exam in the midlevel group could just be that attitude/treatment/woman-centeredness is better among midlevel providers, so women feel more comfortable generally than they do with doctors.
8. To me, one of the primary findings of this study is that expectations drive satisfaction. I think you miss an opportunity in the Discussion to explore this more fully. If expectations drive satisfaction, this clearly has implications for counseling. That findings did not differ by provider type suggests that both doctors and midlevels were providing high quality counseling, and I think your findings point to the importance of ensuring that all providers are giving complete information about what to expect when taking MA.

Overall

9. There are some typos throughout the manuscript that look like they are due to acceptance of track changes. It would be good if the authors could re-read and correct these.

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