Author’s response to reviews

Title: Medical Abortion in Nepal: A qualitative study on women’s experiences at safe abortion services and pharmacies

Authors:

Claire Rogers (hello@clairerogers.com.au)
Sabitri Sapkota (Sabitri.Sapkota@mariestopes.org)
Rasmita Paudel (paudelrasmita@gmail.com)
Jaya Dantas (jaya.dantas@curtin.edu.au)

Version: 1 Date: 13 Jun 2019

Author’s response to reviews:

Response to Reviewer Feedback

Manuscript Title: Medical Abortion in Nepal: A qualitative study on women’s experiences at safe abortion services and pharmacies

Authors: Claire Rogers; Sabitri Sapkota; Rasmita Paudel; Jaya A. R. Dantas

Dear Dr Belizan,

We are thankful for the thoughtful and considered feedback on our manuscript that has been provided by yourself and the two reviewers. Please see the attached table and the resubmitted manuscript for our response.

Editor: Please avoid assumptions like: “This study is the first in Nepal” or similar. To make such assumption we are requesting to provide a systematic review of the literature where you based your assumption.

Authors' Response: This sentence has been reworded as recommended. Please see: Page 7 Lines 12-13
Reviewer #1: It is a well-written and concise manuscript. My only criticism or suggestion is that the comparison groups did not include women who sought services from government or private hospitals, which I imagine might be a significant proportion of the population. Again, an assumption, but it may well be that government services and private hospitals do not have the same level of focus on education provision as an International NGO does. Therefore it is possible that pharmacies might even provide better educational services than a busy government hospital, or at least the disparities among the two groups may not be so great. This is an area for further research. The conclusion regarding improving pharmacy services' post-abortion care is important and makes this article a valuable contribution to learning.

Authors' Response: We thank the reviewer for their comments on our manuscript. The exclusion of participants from government and private safe abortion services has been noted in the limitation section of the paper. Please see: Page 33 Lines 1 - 3

Reviewer #2: First, I would like to recognize the importance and contribution of your work to current debates on public health and sexual reproductive health and rights issues, as it contributes to understand the existing barriers to accessing safe abortion services, even where it is legal. Also you have made a strong case arguing in favour of the relevance and necessity of a harm reduction approach that considers pharmacists and other "mid-level" professionals as providers of safe abortion services in Nepal. In my opinion, this is an important argument that must be discussed widely.

Second, as I informed to the Journal's Editor, is my belief that your paper meets all the criteria necessary to be published: it stands for a relevant subject which certainly will be of interest to an international audience; it is finely written and well structured; concepts are appropriately defined; the methodology stands on established processes and procedures drawn from scientific research techniques and it is successful in its aim -focusing on assets and solutions; it accomplish ethical criteria; and, the conclusions are reasonable and meaningful.

Finally, I would like to offer some commentaries. Please note that they do not imply a revision of your current piece of work -as I already stated, it is suitable for publication- but to consider for further analysis.

1. Despite the importance given to FCHVs as resources to achieve information related to SRHR according to your interviewees, it doesn't seem that they have the necessary tools to promote women's access to sexual and reproductive health care, especially regarding contraception and safe abortion management (as it follows from your results). An interesting theme of inquiry would be to assess their knowledge and skills on this particular matter, as they seem a resource to bridge the gap between health care providers and women.
2. As you acknowledge, high quality on abortion procedure and post abortion counselling is assured on your CC sample because of the nature of the provider (an institution with a clear sexual and reproductive rights framework). Therefore, it would be interesting to assess the quality and standard of public health providers. In many countries of Latin America, for instance, health providers are the main obstacles to women's access to safe abortions, even when laws allowed abortions in very restricted conditions, as in Brazil and Chile.

Authors' Response: We thank the reviewer for their comments on our manuscript.