



Letter to the Editor about “Meaning of having to cope with voluntary termination of late pregnancy in women undergoing the procedure in healthcare institutions of two Colombian cities”

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Dear Editor:

The article "*Meaning of having to cope with voluntary termination of late pregnancy in women undergoing the procedure in healthcare institutions of two Colombian cities*" (1) addresses a relevant topic for reproductive rights in Colombia, although certain methodological aspects could be improved to strengthen the interpretation of its results. First, the use of a convenience sample without a clear justification reduces the representativeness of the findings; in qualitative studies, it is essential to define and justify the sampling strategy to adequately capture a diversity of experiences, as highlighted by Thomas et al. (2) Including participants from diverse geographic and cultural backgrounds would allow for a broader understanding of perceptions surrounding pregnancy termination. Moreover, although semi-structured interviews were used to collect data, the article lacks details about the interview protocol and interviewer training. This raises concerns about the consistency of data collection. Given the importance of adhering

to a rigorous protocol in qualitative research, as emphasized by Harley and Cornelissen (3), inconsistencies in the process could affect the coherence of the data obtained.

Additionally, the study does not mention any measures taken to mitigate potential researcher bias, which is especially important considering that the research team was composed exclusively of men. To ensure a neutral interpretation of women's experiences, Azulai (4) recommends techniques such as triangulation and self-reflection on personal beliefs. The absence of such approaches in the study limits its objectivity.

Furthermore, the analysis concludes that women "transform their lives and accept the decision of late-term voluntary termination of pregnancy (LTVTP)," a general statement that overlooks the variability of experiences based on social, religious, or familial contexts. Adair and Lozano (5) suggest that women's experiences surrounding voluntary termination of pregnancy can be deeply influenced by their sociocultural context, which is why it would be appropriate to nuance the results to reflect this diversity. Although the study included focus groups to validate the results, it does not explain how these contributed to the analysis. Source triangulation, according to Donkoh (6), provides a comprehensive perspective and strengthens the validity of qualitative studies; thus, a detailed explanation of

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how the focus groups complemented the individual interviews would have enriched the results.

Finally, the study does not differentiate women's experiences based on the reasons for the LTVTP, which limits the depth of the analysis. Wright et al. (7) emphasize that emotional experiences may vary significantly among women undergoing termination for medical reasons, mental health issues, or sexual violence—a distinction that would have provided greater insight. In addition, the article refers to the transformation of meanings attributed to LTVTP without analyzing how these findings could inform public policy recommendations. In the context of legislative changes on abortion in Colombia, the findings could guide more inclusive policies, as proposed by Shukla et al. (8) and Kim et al. (9), ensuring dignified and high-quality access to abortion services.

I commend the authors for their valuable contribution and for expressing a commitment to further exploring methodological aspects in future studies, with the goal of improving health programs.

REFERENCES

1. Gómez JG, Yepes CE. Meaning of having to cope with voluntary termination of late pregnancy in women undergoing the procedure in healthcare institutions of two Colombian cities. *Rev Colomb Obstet Ginecol.* 2023;74(3):202-13. <https://doi.org/10.18597/rcog.4016>
2. Thomas H, Bell S, Karp C, Omoluabi E, Kibira S, Makumbi F, et al. A qualitative exploration of reproductive coercion experiences and perceptions in four geographically diverse sub-Saharan African settings. *SSM Qual Res Health.* 2024;5:100383. <https://doi.org/10.1016/j.ssmqr.2023.100383>
3. Harley B, Cornelissen J. Rigor with or without templates? The pursuit of methodological rigor in qualitative research. *Organ Res Methods.* 2022;25(2):239-61. <https://doi.org/10.1177/1094428120937786>
4. Azulai A. Are grounded theory and action research compatible? Considerations for methodological triangulation. *Can J Action Res.* 2020;21(2):4-24. <https://doi.org/10.33524/cjar.v21i2.485>
5. Adair L, Lozano N. Adaptive choice: Psychological perspectives on abortion and reproductive freedom. *Women's Reprod Health.* 2022;9(1):1-26. <https://doi.org/10.1080/23293691.2021.1999624>
6. Donkoh S. Application of triangulation in qualitative research. *J Appl Biotechnol Bioeng.* 2023;10(1):6-9. <https://doi.org/10.15406/jabb.2023.10.00319>
7. Wright E, Anderson J, Phillips K, Miyamoto S. Help-seeking and barriers to care in intimate partner sexual violence: A systematic review. *Trauma Violence Abuse.* 2022;23(5):1510-28. <https://doi.org/10.1177/1524838021998305>
8. Shukla A, Vazquez L, Vieitez I, Acharya R, RamaRao S. Quality of care in abortion in the era of technological and medical advancements and self-care. *Reprod Health.* 2022;19(1):191. <https://doi.org/10.1186/s12978-022-01499-3>
9. Kim C, Lavelanet A, Ganatra B. Enabling access to quality abortion care: WHO's Abortion Care guideline. *Lancet Glob Health.* 2022;10(4):e467-e468. [https://doi.org/10.1016/S2214-109X\(21\)00552-0](https://doi.org/10.1016/S2214-109X(21)00552-0)