

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Perceptions and experiences of people regarding COVID-19 pandemic in Nepal: A qualitative study using phenomenological analysis
AUTHORS	Bhatt, Navin; Bhatt, Bandana; Gurung, Soniya; Dahal, Suresh; Jaishi, Amrit; Neupane, Bandana; Budhathoki, Shyam

VERSION 1 – REVIEW

REVIEWER	Brooke Nickel The University of Sydney
REVIEW RETURNED	12-Sep-2020

GENERAL COMMENTS	<p>This qualitative study uses focus groups and interviews to explore the perception of people towards COVID-19 and their experiences during the pandemic in Nepal. While the sample size is beyond adequate to explore and answer the qualitative study question and the findings are timely and interesting (especially for the context of Nepal), I do have a few comments and concerns about the manuscript. In particular, the length of the manuscript >7000 words and the overall style and grammar which needs to be checked/edited by a native English-speaker. Below are a few specific comments for the authors to consider.</p> <ul style="list-style-type: none">• The literature in the Introduction and comment about “very little is known about the perception people have regarding COVID-19...” could be updated. I feel like there have been quite a few studies conducted in the space now. Perhaps not in Nepal but internationally. Please update and refine.• The study question at the end of the Introduction could also be enhanced. Quite vague and overarching at the moment.• Can the rationale for only including people at the forefront of the pandemic in the interviews be explained or better laid out?• It is not clear what the selection criteria was for the focus group participants? How were participants in each group initially identified and then approached?• Data collection and ethical consideration sections in the Methods could be greatly reduced.• Overall the Results needs to be greatly reduced as well – there should be no more than 1 quote for each sub-theme/point and the identifier should be abbreviated. Consider moving additional quotes into a Table or Supplementary file.• Like the Introduction, the literature in the Discussion could be updated to draw differences and similarities to other international studies recently conducted on this topic – a search of medRxiv would be useful since this content/knowledge is so new.• Some of the findings in the Discussion do not need to be repeated – focus on what is novel and interesting and not the
-------------------------	---

	findings that are expected and focus on what this then means for Nepal and the international community at large.
--	--

REVIEWER	Emanuele Torri Autonomous Province of Trento, Italy.
REVIEW RETURNED	18-Sep-2020

GENERAL COMMENTS	<p>GENERAL COMMENTS</p> <p>The paper provides an original and interesting study on public perception and experience with Covid-19 in a developing country (Nepal). The authors performed a qualitative analysis based on eight focus group discussions and 40 in-depth interviews of the Nepalese people from diverse backgrounds. Colaizzi phenomenological method was adopted to analyze the data. Authors points to the importance of effective communication and media role in increasing awareness and tackling misinformation, as well as reviewing public experiences and perceived challenges for protecting people (i.e. inadequate PPI, lack of preparedness, quarantine management) and negative consequences of Covid measures on people behavior and mental state. The authors self-assessed the study against SRQR criteria.</p> <p>Considering journal publication standards and target, some improvements are required, especially regarding methods and some results/discussion points.</p> <p>TITLE AND ABSTRACT</p> <p>TITLE: "...Among public and their experiences during the covid-19 pandemic...": the text could be revised adding the approach used in the study.</p> <p>KEY WORDS: I would suggest to re-phrase the key words, trying to improve searchability (i.e. Covid-19, Nepal, lockdown, psychological impact, focus group, interview, social discrimination and stigma?); words could include approach or data collection methods used in the research.</p> <p>STRENGTHS AND LIMITATIONS: these information should be placed in the DISCUSSION</p> <p>INTRODUCTION</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Specifying the period and the degree of SARS-CoV-2 circulation and pandemic phase/state in Nepal according to international guidance/classification and state of national (or regional) public health countermeasures/response. • Articulating/discussing, with pertinent literature, the issue reported in the following sentence: "However, very little is known regarding the perception people have regarding COVID-19 and its effects following the outbreak". • Defining research questions in detail. <p>METHODS</p>
-------------------------	---

	<p>Description and reporting of study methods need to be consistent with SRQR guidelines. Some of the items in the attached check list are precisely and fully described, while others are incomplete/unclear, therefore a revision of METHODS section is required.</p> <p>Selection of the study site: provide some population data Table 1: provide meaning of ward number.</p> <p>Study population and sampling technique: report level of participation and saturation.</p> <p>Qualitative approach and research paradigm and theory and empirical work behind the approach used to analyze the topic as well as the rationale implicit in the choice and behind interview guide and chosen questions need to be described.</p> <p>Other missing information in METHODS is related to: researchers characteristics and reflexivity, data analysis and processing (see QRSC check list).</p> <p>RESULTS</p> <p>The reporting has to be consistent with SRQR guideline. Comparing the different sections of the paper (Introduction – Methods – Results – Discussion – Conclusions), the RESULTS part seems to be excessively long. Main findings could be summarized as expected in reporting item 16 of the SRQR check list.</p> <p>DISCUSSION</p> <p>The discussion should be integrated with the followings:</p> <ul style="list-style-type: none"> • Expanding the part of inference of findings and integration/comparison with the results of other studies (i.e. other qualitative analysis of Covid-19 community perception). • The authors mention lockdown policies implementation, which is a debated issue among professionals, policy makers and researchers; it would be interesting for the readers to have some insight and knowledge focused on lockdown policies impact in comparable societies/countries, considering, as stated by the authors, that it “has been reported that strict and long duration lockdown has various effects”. • More detailed description of limits and strengths of the methodology applied is needed and linked to a revised description of methods adopted. <p>CONCLUSIONS</p> <p>In the conclusions (abstract and full paper) as “lessons learnt” is mentioned the need to “provide adequate knowledge and the right information by the media to reduce misinformation regarding COVID-19”. Awareness campaigns are certainly an improvement area among COVID-19 countermeasure policies, but it should be better specified which “appropriate strategies” should be put in place, drawing on research outputs.</p>
--	--

	The paper could be ended providing insights on further research and study opportunities.
--	--

VERSION 1 – AUTHOR RESPONSE

Thank you so much for the constructive comments and reviews. It was a great learning opportunity for us. The responses to the editor and reviewer's comments are provided here.

1. You state that the patients were “assured of their privacy and confidentiality, and that the data collected would only be accessible to the research team” and that patient consent was not required for publication. However, informed consent was obtained for each participant. Presumably, the patients consented to research that would be published, and only personal data is restricted to the research team? Please clarify what consent was given.

Response: Thank you for the remarks. Yes, the informed consent was taken from the patients and they were assured of their privacy and confidentiality, and that the data collected would only be accessible to the research team. Moreover, they consented to research that would be published, and only personal data is restricted to the research team.

By stating “Patient consent was not required for publication”, we wanted to say that the additional or separate consent was not taken from the participants only for the publication.

2. Please work on the English language throughout your manuscript. We recommend asking a native English speaking colleague to assist you or to enlist the help of a professional copyediting service.

Response: The Manuscript has been proofread for English language and grammar and edited by a conversant English language user. Thank you.

3. Please note that Reviewer 2 says to move the Strengths & Limitations section to the Discussion section. However, the BMJ Open format requires that the Strengths & Limitations section should be after the Abstract as you already have it so please disregard that advice. However, please do ensure that you have fully discussed the strengths and limitations of the study in the Discussion.

Response: Done as mentioned. Thanks.

4. This qualitative study uses focus groups and interviews to explore the perception of people towards COVID-19 and their experiences during the pandemic in Nepal. While the sample size is beyond adequate to explore and answer the qualitative study question and the findings are timely and interesting (especially for the context of Nepal), I do have a few comments and concerns about the manuscript. In particular, the length of the manuscript >7000 words and the overall style and grammar which needs to be checked/edited by a native English-speaker. Below are a few specific comments for the authors to consider.

Response: Thank you. The manuscript has been updated as suggested.

5. The literature in the Introduction and comment about “very little is known about the perception people have regarding COVID-19...” could be updated. I feel like there have been quite a few studies conducted in the space now. Perhaps not in Nepal but internationally. Please update and refine.

Response: The Introduction part has been updated in the manuscript. Thanks for the suggestions.

6. The study question at the end of the Introduction could also be enhanced. Quite vague and overarching at the moment.

Response: Thanks. We have updated the research question in the manuscript.

7. Can the rationale for only including people at the forefront of the pandemic in the interviews be explained or better laid out?

Response: Thank you for the comment. These forefront people are at greater risk of transmission of COVID-19 as most of them are directly involved in the management of the situation. Moreover, they are the ones who are also facing the effects of the lockdown and social distancing the most. Thus they were selected with the view that people affected by the condition would be the best representation for the interviews.

8. It is not clear what the selection criteria was for the focus group participants? How were participants in each group initially identified and then approached?

Response: The participants that represented diverse backgrounds in terms of gender, profession, education, geography, and social status, were selected using a maximum variation sampling method. We announced participant recruitment for the study through local social networks and invited potential participants aged 18 to 60 years to participate in the FGD. In order to have the representation from the community people, we invited a maximum of one person from one house for FGD.

9. Data collection and ethical consideration sections in the Methods could be greatly reduced.

Response: Thank you, we have done this.

10. Overall the Results needs to be greatly reduced as well – there should be no more than 1 quote for each sub-theme/point and the identifier should be abbreviated. Consider moving additional quotes into a Table or Supplementary file.

Response: This has been done and we have now attached all the quotes into a supplementary file. Thank you for the comments.

11. Like the Introduction, the literature in the Discussion could be updated to draw differences and similarities to other international studies recently conducted on this topic – a search of medRxiv would be useful since this content/knowledge is so new.

Response: Thank you for the suggestions. The Introduction and the Discussion have been updated.

12. Some of the findings in the Discussion do not need to be repeated – focus on what is novel and interesting and not the findings that are expected and focus on what this then means for Nepal and the international community at large.

Response: The Discussion has been updated as per suggestions. Thanks.

13. The paper provides an original and interesting study on public perception and experience with Covid-19 in a developing country (Nepal). The authors performed a qualitative analysis based on eight focus group discussions and 40 in-depth interviews of the Nepalese people from diverse backgrounds. Colaizzi phenomenological method was adopted to analyze the data. Authors points to the importance of effective communication and media role in increasing awareness and tackling misinformation, as well as reviewing public experiences and perceived challenges for protecting people (i.e. inadequate PPI, lack of preparedness, quarantine management) and negative consequences of Covid measures on people behavior and mental state. The authors self-assessed

the study against SRQR criteria. Considering journal publication standards and target, some improvements are required, especially regarding methods and some results/discussion points.

Response: Thank you for the reflections.

14. TITLE: "...Among public and their experiences during the covid-19 pandemic...": the text could be revised adding the approach used in the study.

Response: We have revised the title as suggested and made as "Perceptions and experiences of people regarding COVID-19 pandemic in Nepal: A qualitative study using phenomenological analysis". Thanks.

15. KEY WORDS: I would suggest to re-phrase the key words, trying to improve searchability (i.e. Covid-19, Nepal, lockdown, psychological impact, focus group, interview, social discrimination and stigma?); words could include approach or data collection methods used in the research.

Response: Thank you. We have rephrased keywords as suggested by you.

16. INTRODUCTION

Recommendations:

1. Specifying the period and the degree of SARS-CoV-2 circulation and pandemic phase/state in Nepal according to international guidance/classification and state of national (or regional) public health countermeasures/response.
2. Articulating/discussing, with pertinent literature, the issue reported in the following sentence: "However, very little is known regarding the perception people have regarding COVID-19 and its effects following the outbreak".
3. Defining research questions in detail.

Response: Thank you for the recommendations. We have updated the Introduction in the manuscript as recommended.

17. METHODS

Description and reporting of study methods need to be consistent with SRQR guidelines. Some of the items in the attached checklist are precisely and fully described, while others are incomplete/unclear, therefore a revision of METHODS section is required.

Selection of the study site: provide some population data Table 1: provide meaning of ward number.

Response: Thank you for the note. The Methods section has been revised as suggested and SRQR criteria has been followed.

The study population data has been provided in a supplementary file named "Population profile of the study sites".

Ward is the smallest administrative unit under the local government in Nepal.

18. Study population and sampling technique: report level of participation and saturation.

Response: Thanks. It has been updated in the manuscript.

19. Qualitative approach and research paradigm and theory and empirical work behind the approach used to analyze the topic as well as the rationale implicit in the choice and behind interview guide and chosen questions need to be described.

Response: Thank you. It has been updated in the manuscript.

20. Other missing information in METHODS is related to: researchers characteristics and reflexivity, data analysis and processing (see QRSC checklist).

Response: Thank you. It has been updated in the manuscript, checklist followed.

21. RESULTS

The reporting has to be consistent with SRQR guideline. Comparing the different sections of the paper (Introduction – Methods – Results – Discussion – Conclusions), the RESULTS part seems to be excessively long. Main findings could be summarized as expected in reporting item 16 of the SRQR check list.

Response: The Results section has been updated. Thank you for the comments.

22. DISCUSSION

The discussion should be integrated with the followings: Expanding the part of inference of findings and integration/comparison with the results of other studies (i.e. other qualitative analysis of Covid-19 community perception).

Response: The discussion has been updated as per the suggestions. Thank you.

23. The authors mention lockdown policies implementation, which is a debated issue among professionals, policy makers and researchers; it would be interesting for the readers to have some insight and knowledge focused on lockdown policies impact in comparable societies/countries, considering, as stated by the authors, that it “has been reported that strict and long duration lockdown has various effects”.

Response: We have taken this into consideration and revised the manuscript accordingly. Thanks for the note.

24. More detailed description of limits and strengths of the methodology applied is needed and linked to a revised description of methods adopted.

Response: This has been discussed. Thank you.

25. CONCLUSIONS

In the conclusions (abstract and full paper) as “lessons learnt” is mentioned the need to “provide adequate knowledge and the right information by the media to reduce misinformation regarding COVID-19”. Awareness campaigns are certainly an improvement area among COVID-19 countermeasure policies, but it should be better specified which “appropriate strategies” should be put in place, drawing on research outputs.

The paper could be ended providing insights on further research and study opportunities.

Response: Thank you for the suggestions. The Conclusion has been revised taking this into consideration.

VERSION 2 – REVIEW

REVIEWER	Brooke Nickel The University of Sydney, Australia
REVIEW RETURNED	10-Nov-2020

GENERAL COMMENTS	While it seems the authors have attempted to address all of my previous comments and concerns, I still feel like the length of the manuscript is quite long and could be further condense. Furthermore, the title where is says “people” seems strange to me – suggest changing to “Perceptions and experiences of the public regarding the COVID-19 pandemic in Nepal: a qualitative study using phenomenological analysis”.
-------------------------	--

REVIEWER	Emanuele Torri Autonomous Province of Trento
REVIEW RETURNED	15-Nov-2020

GENERAL COMMENTS	The manuscript has been carefully reviewed and improved according to the requests.
-------------------------	--