Author's response to reviews

Title: Male Involvement in Sexual and Reproductive Health in the Mendi District, Southern Highlands Province of Papua New Guinea: a Descriptive Study.

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Male Involvement in Sexual and Reproductive Health in the Mendi District, Southern Highlands Province of Papua New Guinea: a Descriptive Study

Response to Reviewers’ Comments

Reviewer 1. Jess Davis

1. We have added the units as suggested

2. This was a finding form a previous small study by the first author. We have indicated this as follows: A preliminary, smaller and unpublished study in the Southern Highlands by the first author strongly suggested that lack of male involvement and support for utilization of safe motherhood services is seen by women as a barrier to accessing services. (Project for Diploma of Public Health, University of Papua New Guinea 2010).

3. We have included a sentence within the methods section providing a definition of the term “wife” which we believe is appropriate to the situation in the Southern Highlands province. (In this context a wife is defined as a woman living with a man in a non-casual relationship which is accepted within the local culture).

4. We have edited the sentence as requested to read: Results from Ghanaian [12] and Indonesian [13] studies demonstrate that a program that focuses on improving men’s knowledge of SRH for themselves and their partners is likely to be more effective than one that targets women.

5. We have changed this sentence as suggested to read: Women with knowledgeable husbands were more likely to give birth in a health facility than those whose husbands had poor knowledge.

6. Corrected

7. Described as: Council wards were selected by the lucky pick technique (16). The names of all the council wards in each of the three Local Level Government areas were written on individual papers which were folded and put into the respective area box. Following mixing ten wards were selected from each box (16).

8. Additional information provided as: For each of the 30 selected wards, a list of men conforming to the selection criteria was provided by the local health workers. and 7 men from each of 1 ward were selected using the same technique.
9. Sentence modified to: Issues felt to be important which surfaced in the discussion surrounding each theme were identified and written in narrative form

10. Information added

11. Information added

12. Table number corrected

13. Detail provided as: Most of the respondents.

14. Added sentence as: The majority of the information regarding service factors was derived from health worker interviews, although some of the men interviewed commented that sexual and reproductive health services, including awareness and education programs, were targeted at women.

15. Issue addressed as: the stated ability to read and write

16. This paragraph amended to clarify as: The association between literacy - the stated ability to read and write - and issues pertaining to reproductive health was explored by bivariate analysis as outlined in Table 5. Literacy was strongly associated with the respondents’ discussion of SRH issues with their wives, and there was a very strong relationship between the respondent’s literacy status and their wives’ attendance at antenatal clinic, the likelihood of a supervised birth and utilisation of family planning.

17. This sentence amended as: Half of those that had sexual relationships with non-cohabiting partners did not use condoms.

18. Table adjusted to include number and per cent All respondents answered all questions.

19. Adjusted abstract section as follows: Although many men had heard about antenatal care, supervised births, family planning and sexually transmitted infections including, HIV/AIDS, many were unaware of their importance and of the types of services provided to address these issues. There was a very strong association between men’s literacy and their knowledge of Sexual and Reproductive Health (SRH) issues, their discussion of these issues with their wives and their wives’ utilisation of sexual and reproductive health services. Some men considered SRH services to be important but gave priority to social obligations.
20. Added Male involvement as suggested.

21. Footnote added  There has been debate as to the accuracy of this figure but even if the more recent estimate of 250/100 000 (2008 adjusted estimate from Unicef State of the World’s Children 2012) is more accurate it is still alarmingly high.

22. We have opted to keep the reference in, but have rewritten the sentence to take account of the point raised. It now reads. Whilst there are differences between some aspects of HIV/AIDS in different countries it is almost certain that in PNG as in Sub-Saharan Africa the majority of HIV positive women have been infected by their stable partners[8].

23. Amended along lines suggested: time and financial matters

24. Paragraph amended as follows: Although individuals in PNG have the right to access contraceptives without their partner’s consent, such access remains a contentious issue, Should a woman request it, health staff may provide a consent form for their husbands to sign. Some of the few who knew about the contraceptive rights policy thought it inappropriate for married couples. Participants from a focus group thought such policies are likely to create avenues for increased extra marital relationships.

25. Amended as: The study found that the wives of respondents who were knowledgeable of ANC and supervised births were more likely to access these services than were those of many of the men who were unaware of their importance.

26. Even though not directly related to the study subject, we feel this is an important issue and have amended the paragraph slightly to link it more closely with the topic of men’s attitudes. It now reads: In the study area, as in many other parts of PNG, societal norms (taboos) prohibit males from assisting and witnessing births and some men indicated that the presence of male health workers at a delivery facility was a reason for their wives to deliver in the village. Health authorities have tried to ensure that every facility has female staff, but this has not always been possible in isolated areas.
27. We have made some changes to the layout of the discussion to try and improve the logical progression of content.

**Reviewer 2. John Hall**

Page 4. We have explained the lucky pick technique as applied to our study in some detail (as noted in Reviewer 1 Point 7).

Page 5. We have added a phrase to indicate how confidentiality of information was maintained. Informed consent was obtained from study participants, who were assured of confidentiality which was ensured by the use of anonymous questionnaires.

Page 7. We have amended this to read: Interaction between men and health workers occurred only when their wives encountered major problems. Women with knowledgeable husbands were more likely to give birth in a health facility than those whose husbands had poor knowledge.

References 16, 17, and 18, Name of Publisher has been added.

Table 5 and in text we have defined that literacy is defined as self-reported ability to read and write.