Author's response to reviews

Title: Sexuality among Fathers of Newborns in Jamaica

Authors:

Peter B. Gray (peter.gray@unlv.edu)
Jody-Ann Reece (jodyreece@yahoo.com)
Charlene Coore-Desai, (cooredesai@gmail.com)
Twana Dinnall-Johnson (tdinnall@gmail.com)
Syдонnie Pellington (syдонniesp@gmail.com)
Maureen Samms-Vaughan (msammsvaughan@gmail.com)

Version: 3
Date: 12 January 2015

Author's response to reviews: see over
12 January 2015

Mr. Ian Dominique Trinidad
on behalf of Prof Anne Matthews

MS: 1854858500132410
Sexuality among Fathers of Newborns in Jamaica
Peter B. Gray, Jody-Ann Reece, Charlene Coore-Desai,, Twana Dinnall-Johnson, Sydonnie Pellington and Maureen Samms-Vaughan

Dear Mr. Trinidad and Dr. Matthews,

Thank you for your editorial response received on 16 December 2014. We were pleased to know that a revised version of our manuscript referenced above was invited for resubmission to *BMC Pregnancy and Childbirth*. We appreciate the comments of two reviewers, and we have carefully considered their suggestions and points in the course of this revision.

We cut and paste below the comments made by reviewers along with *in italics* our itemized responses to these comments. We hope that you will find these concerns satisfactorily addressed.

If there is anything further we can do to aid in the evaluation of the manuscript, please let me know.

Sincerely yours,

Dr. Peter B. Gray and coauthors

**Reviewer #1 report**
Title: Sexuality among Fathers of Newborns in Jamaica
Version: 2 Date: 29 September 2014
Reviewer: Anne Matthews

Reviewer's report:
This is a very well-written and interesting study, reporting specific findings from a larger study. Strengths and limitations are reported in a balanced way.

The only minor revisions I suggest are:

**Abstract:**
page 2 line 2 - remove the term 'peripartum' and leave it as pregnancy and post-partum (as it is in the main text)
line 20 - remove the word 'Yet...' at the start of that sentence.
page 3 line 4 - change to 'transition to fatherhood' or another term and not 'peripartum transition'

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests.

We thank the reviewer for supportive and positive feedback on the study. We have made each of the changes recommended in a revised version of the manuscript (e.g., the abstract has been changed as suggested).

Reviewer #2 report
Title: Sexuality among Fathers of Newborns in Jamaica
Version: 2 Date: 2 December 2014
Reviewer: Ellie McDonald

Reviewer’s report:
Major Compulsory Revisions
1. Is the question posed by the authors well defined?
This is an important area of study, as discussed by authors. It was also excellent to read about the Jamaican cultural context, and to have the results of the current study embedded within this context.

We thank the reviewer for these favorable overarching comments, including on the Jamaican cultural context.

Page 5 lines 15-23 and page 6 lines 1-6:
• Given the questions were administered within a day or two of the birth of their baby, I have some concerns with the period being studied being termed ‘peripartum’ which can refer to variable time periods before and after birth. 1, 2 It is important to make explicit the timeframe your work is relevant to (which is largely antenatal) given it includes only a day or two of postnatal time. The literature around women’s sexuality in the early postpartum period generally refers to much larger periods of time such as 3 weeks (Elliot) 4 weeks (gjerdingen) (hyde) 8 weeks (Glazener) (Schytt) 3 months (klein) 6 months postpartum (reference Barrett, serati, brubaker, buhling, signorello).

1. occurring during the last month of gestation or the first few months after delivery, with reference to the mother. (Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders, an imprint of Elsevier, Inc. All rights reserved.)
2. occurring during the last month of gestation or the first few months after delivery, with reference to the mother. Dorland’s Medical Dictionary for Health Consumers. © 2007 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

The reviewer makes an excellent point about the use of the term ‘peripartum.’ As the reviewer suggests, the term ‘antenatal’ is a better descriptor. We have thus replaced reference to peripartum in the manuscript with other phrases such as antenatal or, to avoid redundancy and to be consistent with reviewer #1’s comment, related alternative wordings such as the “transition to fatherhood” or “late pregnancy.” While the term ‘peripartum’ had been frequently used in the original manuscript, that word is now only found twice in the body of the revised manuscript, and only with respect to literature reviewed in the Introduction rather than to the current study participants.

• I felt there needed to be a much clearer statement of aims, which were mixed in with other statements. The current text is fairly vague and unspecific. Please
state more explicitly the factors included in association. It is also preferable to include a justification for the inclusion of said factors.

*We thank the reviewer for recognizing that the study aims could be more clearly articulated. We have thus added two sentences toward the end of the Introduction section on p. 7 that read as follows:* “Put another way, the aims of the present study are to 1) provide descriptive quantitative data on the sexuality of Jamaican fathers of newborns, and to 2) test the potential impacts of relationship status, relationship quality, and men’s socioeconomic status on those men’s sexuality. The rationale for investigating these predictor variables is that other research suggests these variables structure features of men’s sexuality, and they are central features of the Jamaican cultural context in which this study is situated.”

2. Are the methods appropriate and well described?

- Are the biological father’s in the study first-time fathers or do they have other children as well?

*The sample includes both first-time and experienced fathers. A sentence stating this has been added to the Methods section on p. 8 in characterizing the sample of fathers (“This sample includes both first-time and experienced fathers.”). Unfortunately, detailed reproductive histories of fathers in the study were not collected, and thus it is not possible to provide additional details about the potential role of number of existing children with respect to study outcomes.*

- Were the interviews face-to-face, or self-report written questionnaires, or both?

*The questionnaires were administered face-to-face by interviewers. A sentence on p. 8 in the Methods section has been modified to reflect this addition, with the resulting sentence now reading: “Fathers were not paid for their participation in a standardized face-to-face interview with trained staff that lasted 30 minutes on average, and that took place during the one or two hours of visiting time at a birth center in the day or two after their child was born.”*

- Information relating to the appropriateness, implications and reasons for the recruitment method decisions are better placed in the discussion section of the paper.Page 9 Lines 16-17:

*We thank the reviewer for pointing to a better place in which to situate the recruitment method decisions. We have accordingly shifted that specific sentence from the Methods to the first paragraph of the Discussion section on p. 14.: “After considering alternative recruitment strategies of fathers at baseline, such as phone interviews and home visits, the recruitment strategy was employed to capture many fathers in an economically efficient means.”*

- Please reference the ‘relationship quality measure’.
- Please include psychometric properties of all measures (e.g. reliability, validity, including population validation)

*The O’Leary et al. (1995) paper provides information on the reliability and validity of the sexual function measures. The relationship quality measure was taken from the Avon Longitudinal Study of Pregnancy and Childbirth (ALSPAC) centered in Bristol, UK. We have added a reference to the ALSPAC study methodology. This ALSPAC study is a leading international*
cohort study. However, we are not aware of data on the reliability and validity of the relationship quality measure employed in the ALSPAC study. The three other individual sexuality items were designed to tap sexual behaviors and attitudes. The wording of two of these (on openness to casual sex and number of sexual partners) drew from Gangestad and Simpson’s (1991) Sociosexuality inventory, but we intentionally did not use all items in that Inventory due to questionnaire length concerns and priorities. Population variation data are not available for Jamaica using the O’Leary et al. (1995) or ALSPAC relationship quality measure. While senior author Samms-Vaughan was trained in the UK on cohort study design (University of Bristol) and has conducted considerable Jamaican cohort-based research that also draws upon UK-inspired research methodology including questionnaires successfully, the lack of more robust Jamaican psychometric data is recognized as a limitation. A sentence has been added to p. 19 of the Discussion section in a paragraph on limitations that acknowledges these considerations: “More rigorous evaluation of the psychometrics of sexuality measures in a Jamaican context would be helpful.”

• For the Brief Male Sexual Inventory there are deviations from the published paper, please describe fully.

The sexuality items included those from the Brief Male Sexual Inventory as well as three additional sexuality questions that were not from the Brief Male Sexual Inventory. For the 11 items comprising the Brief Male Sexual Inventory, we are not aware of any ways that those deviate from the original inventory. We used the precise wording and options listed in Figure 2, p. 704, of the O’Leary et al. (1995) publication on the Brief Male Sexual Inventory. If the reviewer is referencing the three additional sexuality items noted near the top of p. 10 as different from the Brief Male Sexual Inventory, we would agree. These three other items were included to assess attitudes toward casual sex, frequency of sexual behavior, and sexual partner number, items that were not captured in the Brief Male Sexual Inventory.

• Is there a reason Father’s mental health data was not included? Father’s physical health data?

These are excellent questions. Data were collected on father’s mental health (e.g. Edinburgh Depression Scale) and aspects of physical health, but these were not the focus of the present study. It is possible that an entirely distinct paper could be written just on the depression data to give them the appropriate attention. Additionally, the majority of persons are both physically and mentally healthy in a general population sample, so this was not included.

3. Are the data sound?
4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Overall comment: Authors’ general approach to the statistics appears to be ok, with some questions about table 3 (to follow). I understand that there were some issues with formatting tables, which were difficult to read and interpret. It was possible to do a number of things to make it easier, for example for asterisks it is possible to make them superscript, and reduce font. Data need only be reported to 2 decimal places.

Thank you for these helpful suggestions. The Tables have been edited to make them more readable, including by using superscripted asterisks with smaller fonts, and the data are now only reported to 2 decimal places.
Tables 2 and 3 might also look best in “Landscape” rather than “Portrait” orientation (to enable writing labels more clearly), though manuscript instructions specify use of “Portrait” orientation. In recognition of this idea, we modified Table 2 to list numbers for corresponding variables in the left-most column, and substituted labels for their corresponding numbers for remaining columns. This yields a more visually appealing Table.

Specific comments:
Table 1: include timeframes for measures, and title not descriptive enough.
Table 2: Title needs to be more descriptive
Table 3: Is GLM appropriate for these data? Regression not appropriate for ordinal / categorical data. Can there be a combined continuous score for each scale? Does the Brief Male Sexual Inventory give a total score? If not, alternative approaches appropriate for ordinal/categorical data need to be made.

For Table 1, each of the first four sexuality variables in bold (i.e., “sex drive” and “erections”) has had “(the past 30 days)” added next to it to provide the timeframes for those measures. The measures for sexual behavior (7 days) and number of sexual partners (12 months) were previously indicated in the Table labels.

We struggled with how to make the Table 1 and 2 titles more descriptive. We modified the Table 1 title to read: “Descriptive sexual function and behavioral measures for Jamaican fathers of newborns.”

For Table 2, the Title had read, “Correlations among sexuality variables, relationship quality and paternal age.” If the reviewer or editor has specific suggestions for altering these titles to make them more descriptive and useful, such suggestions are welcomed.

The reviewer asks several statistics-related questions. The O’Leary et al. (1995) sexual function questionnaire has four sub-scales and one overall sexual satisfaction scale. There is not a single composite sexual function score for this 11-item questionnaire. The sexual desire subscale ranges from 0-8; the erections subscale from 0-8; the ejaculations subscale from 0-8; the problem assessment subscale from 0-12; and the overall satisfaction score from 0-4. These 5 scores from the O’Leary et al. (1995) sexual function questionnaire thus yield continuous (at the whole number level) outcomes ranging from negative to positive. We appreciate that the way we presented the descriptive data in Table 1 may have confused the nature of those data, as the presentation of the data in Table 1 gives the appearance that these are categorical rather than interval data. We presented the data in Table 1 to make them more readable. For the three other sexuality measures, openness to casual sex was scored from 1 (strongly disagree) to 9 (strongly agree); number of sexual partners the past 12 months as 1, 2, 3, 4 or 5+; and the number of times having had sexual intercourse the past 7 days as 1, 2, 3, or 4+. The presentation of data in Table 1 for the casual sex responses may also have been viewed as indicating these were categorical data (in Table 1, we presented responses into three categories rather than by each of the 9 possible choices) rather than interval data. Given the continuous and directional nature of each of these outcomes (i.e., they are not categorical dependent measures), GLM is suitable.

As far as independent variables, age is a continuous and directional variable, as is relationship quality (from 17-68). Education, wealth and relationship status can be viewed as incremental, directional measures (e.g., each higher number in education indicates more education), allowing
their use as independent variables in GLM models, with GLM models effectively collapsing characteristics of both regression and ANOVA. This approach is designed to be relatively straightforward. However, one other strategy could be to code relationship status as 2 dummy variables referenced against, say, marriage. If the reviewer or editor feels that such an alternative is necessary, the reported stats (e.g., in Table 3) could be revised accordingly.

6. Are the discussion and conclusions well balanced and adequately supported by the data?
These results provide an unusually large, quantitative look at men’s sexuality during the peripartum transition in Jamaica, offering helpful insight to would-be parents, clinicians or others seeking to anticipate the effects of fatherhood on men’s sexuality. I think the authors go beyond what their data can provide with the conclusion to their abstract. As the data was collected within a day or two of their baby’s birth it is difficult to see what insight can be provided in terms of the effect of fatherhood (given it is a day or two long) on men’s sexuality.

This is a very reasonable point, and it aligns with reviewer #1’s comment about the study being more focused on antenatal (rather than peripartum or postpartum) paternal sexuality. The word “father’s” has been changed to the phrase “a partner’s pregnancy” in the last sentence of the Abstract to better accommodate this observation. That last sentence of the Abstract now reads as follows: “**Conclusions:** These results provide an unusually large, quantitative look at men’s sexuality during the transition to fatherhood in Jamaica, offering helpful insight to would-be parents, clinicians or others seeking to anticipate the effects of a partner’s pregnancy on men’s sexuality.”

7. Are limitations of the work clearly stated?
There needs to be comment on the extent of missing data and how it is handled.

While 3410 fathers participated, not all men completed all measures. The completed measures were sex drive (n=3293), erections (3280), ejaculations (3270), sex problems (3260), sexual satisfaction (3398), number of sexual partners (3397), attitudes toward casual sex (3389), intercourse the past week (2680), age (3385), relationship quality (3374), relationship status (3282), wealth (3390) and education (3334).

Two sentences have been added on p. 9 to the Methods to address this issue: “Some men did not answer all items. The question most omitted referred to sexual behavior the previous 7 days, completed by 2680 participants. For all other sexuality measures, number of responses ranged from 3260-3398, and for dependent variables the number of responses ranged from 3282-3390.”

Authors do acknowledge limitation of data to the peripartum transition, but this needs to be made more clear throughout the paper.

This comment aligns with those made by reviewers in several other places. We have sought to replace the ‘peripartum’ wording with a more explicit reference to the ‘late pregnancy’ stage or effects of the process of ‘becoming a father’ on men’s sexuality in order to make this more clear.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Background literature is well cited. As stated previously there needs to be better
description of the scales being used in this study.

We appreciate the positive perception of the background literature review. Additional details of the scales are now included in the Methods section.

9. Do the title and abstract accurately convey what has been found? The limitation of the postnatal period being looked at needs to be more explicit in the title and abstract. Once the objectives and aims are expressed more clearly in the paper the abstract results and conclusion section should be reviewed as well.

As noted in a response to a different item above, the last sentence of the Abstract has been changed as one means to address this concern. We have also changed the last sentence of the Conclusion to capture this same distinction, yielding a sentence that now reads: "The findings may also be of interest to counselors and would-be parents contemplating how a partner’s pregnancy may impact a man’s sexuality." We considered changing the title. However, the current title’s reference to “fathers of newborns” could be viewed as an accurate characterization of the sample, and avoids what could otherwise be difficult-to-capture-succinctly nuances in the precise timing of sexuality measures (e.g., past 30 days vs. 7 days and one item the past 12 months).

10. Is the writing acceptable? The paper is well written and easy to read.

We appreciate the reviewer’s positive assessment of the paper’s writing quality.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests: 'I declare that I have no competing interests'