Author's response to reviews

Title: Sexual and reproductive health services for women with disability: a qualitative study with service providers in the Philippines

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Author's response to reviews: see over
Dear Professor Fisher,

**RE: Resubmission of MS: 8450079181759546 - Sexual and reproductive health services for women with disability: a qualitative study with service providers in the Philippines**

We thank both the reviewers for their most constructive review of this paper and for their positive and encouraging feedback. We also appreciate the comments about the importance of the topic, and very much agree.

We have made the following changes in response to reviewer McCabe’s comments:

**Major Compulsory Revisions:**

1. **Research question.** It is clear that this project is a piece of a larger project, and that the objective was to contribute to the understanding of service providers perceptions, however the exact research questions need to be clearly articulated. I think that this research question is actually embedded in the methods section on page 7 (lines 197-182)?

   The research question has been more clearly articulated in the methods sections. See lines 175-178.

2. **Methods.** The authors clearly worked diligently to include and represent the variety of service providers that interact with women with disabilities around sexual health care. It would be extremely helpful to have a better understanding of who the participants were. Perhaps a short demographic statement could be added? Perhaps this was not included to provide anonymity due to smaller number? Clarification on this would be greatly appreciated. The inclusion of a breakdown based on percentages of male/female, age groups of participants and number of different service providers (if possible) would help to paint a picture for readers of those interviewed. In addition, the provision of inclusion and exclusion criteria would help with this.

   We have provided more information about the service providers who participated in the study in the methods section (see lines 191 – 199). While we are able to include the gender split of participants (which we have done, see line 192), the small sample size means that further demographic description would render participants potentially identifiable. This is particularly true in Ligao City (the more rural site). We have clarified (in line 190 – 191) that any service provider involved in the delivery of SRH services to the public in Quezon City and Ligao City was eligible to participate in the study. Recruitment ceased when descriptive saturation was achieved.

3. **Methods.** Additional information about interviews and the focus groups would help the reader to understand the context that information was gathered in, how long were the interviews and focus groups on average?

   We have added description of the length of the interviews and focus group discussions in lines 187-188.
Minor Essential Revisions:

4. **Readability.** The background information provided is very informative and moves from a global to regional context, it would be beneficial to the reader to explicate that the initial information is global and not specific to the Philippines. I would suggest the inclusion of a heading “The Global Context” to situate the reader, around line 87 on page 4.

The suggested subheading has been added (line 90).

5. **Methods.** Line 208 on page 9 – this sentence needs a grammatical change to reflect that participants **DID** provide informed consent, not just that they were able to do this.

The suggested correction has been made (line 218).

6. **Structure/Organization.** Line 427-431 on page 17 seems to belong in the “Capacity of service providers” section, as it is directly addressing the lack of information and lack of funding impacting their capacity to provide care.

We thank reviewer McCabe for this suggestion, but would like to keep this sentence in its current position in the paper. The way the material is currently organised aims to highlight barriers to SRH that relate to service providers’ attitudes and experience, separately to more organisational and structural barriers. ‘Lack of data and information’ is tricky because it could go in either section, relating both to service providers themselves but also to the structures and systems within which they work (which are poorly funded and where health information systems totally neglect disability). Our preference is to highlight the structural nature of this problem, rather than include it in a section that is more about the service providers themselves.

7. **Title.** The title and abstract communicate what the study is about, the title could be changed to more accurately convey what has been found (e.g. Sexual and reproductive health services for women with disabilities in the Philippines: the need for support of service providers). The article is well written, a quick proofread for passive language would be helpful, as well as eliminating the use of contractions (e.g. don’t and won’t).

As advised by the Editor, we have kept the original title in order to comply with the journal’s requirements (though we did like the positive framing of the suggested change). We have checked the manuscript to eliminate use of contractions (don’t has been changed to do not in lines 105 and 106; won’t has been changed to will not in line 117) except where these occur in quotations, and use of passive voice.

Discretionary revisions:

8. **Results.** The results section is thoroughly enjoying to read, the authors provide concrete examples from their work to situate the themes. It may be helpful to the reader to provide a brief summary at the end of each theme to recap and situate the findings, often these sections end with a quote and leaves the reader wanting more or at least a summary. In addition this would help clarify the instances where ideas traverse across themes – such as societal beliefs/biases, the influence of religious beliefs etc.

In light of the Editor’s request to ensure that there was no repetition and reviewer Eastgate’s concern about the length of the manuscript, we have only adopted this
discretionary suggestion about recapping summaries of each section to a limited degree adding an additional summarising sentence in lines 490 – 491.

9. **Impact of Findings.** The authors may want to consider the impact of these findings on the education of service providers in the Philippines, as well as address the overwhelming social discourse regarding women with disabilities and sexuality that is an undercurrent throughout the paper. There are certainly signals here that an intersectoral approach may be needed to gather the necessary statistical information to address violence against women with disabilities, but also to support their care.

We have added comment about the implications of our findings for education of service providers in the Philippines (see lines 597-602). We have another two papers currently in draft form that specifically look at a) the sexuality of women with disability, and how women’s sexual rights are inhibited by myths, misconceptions and prejudice in the context of the Philippines; and b) a framework for responding to the broad range of factors undermining the sexual and reproductive health of women with disability in the Philippines, noting that an intersectoral response is needed (not solely a health sector response).

We thank reviewer McCabe for her interest in the W-DARE project, and for her encouragement to publish a manuscript outlining the participatory processes used in W-DARE. We fully intend to do so as we agree this would be valuable to other researchers seeking to adopt more disability inclusive research approaches.

Drawing on data generated by the W-DARE program of research as a whole (including this sub-study), we are able to explore and report on differences and similarities across the two research sites and will seek to do so in further publications, particularly those drawing on the large-scale quantitative data generated by the project. Reviewer McCabe’s asked whether the multi-sited nature of the study is a strength or a limitation. It is important to note that stakeholders in the Philippines clearly view this as a strength, increasing relevance of the research findings to stakeholders across the country and elsewhere in the region.

We have made the following changes in response to reviewer Eastgate’s comments:

1. **A few grammar points (though this may not be in the job description for a reviewer):**
   - Line 83 ‘intersectional’- I am not aware of the existence of this word. I wonder whether a better expression would be something like ‘discrimination across multiple sectors’
   - Line 91-92: suggest ‘to have recognition of their rights..... and physical integrity’ would read better
   - Line 142: ‘effected’ should be ‘affected’

   We have corrected the grammatical and spelling errors identified in lines 91-92 and line 142. We have retained the term ‘intersectional’ (line 80) however, as the concept of intersectionality (Crenshaw 1989) heavily informs our approach to understanding women’s experiences of intersecting axes of discrimination.

2. **Consider editing down if over the stated word limit for the journal.**

   As advised by the Editor, we have checked for repetition to ensure that the manuscript is not unduly lengthy.
3. **Comment about data saturation or otherwise.**

We have clarified that descriptive saturation was achieved (lines 200-201).

We appreciate your consideration of our revised manuscript, and look forward to hearing from you.

Yours sincerely,

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