Author’s response to reviews

Title: Exploring barriers to seeking health care among Kenyan Somali women with female genital mutilation: a qualitative study

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Author’s response to reviews:

MEMORANDUM

September 4th, 2019

To: Editor, BMC International Health and Human Rights

From: Dr. Samuel Kimani, Corresponding author

cc: Caroline W Kabiru; Jacinta Muteshi; Jaldesa Guyo

Re: Summary of changes made to manuscript IHHR-D-19-00031R1

With this cover letter, the revised manuscript no. IHHR-D-19-00031R1 titled “Exploring barriers to seeking health care among Kenyan Somali women with female genital mutilation: a qualitative study” is enclosed. Thank you for the insightful comments and suggestions, they have significantly improved the manuscript. All the comments have been addressed in the relevant pages as indicated in the response below.

In the main document, the comments are reflected in form of highlights in YELLOW.

1. Please follow the journal instructions for writing the references and include the volume and page number of the journals. This has been addressed

REVIEWER I

1. The focus of the paper is on barriers. Was any data elicited on factors that would FACILITATE prompt health seeking? If so, I think it would be useful to include these. The study only focused on the barriers to health seeking in women with FGM/C

2. The focus of the paper is on health seeking for FGM-related complications, yet there is no discussion of how 'complications' were understood or defined by local communities. Complications can be acute (at
or around the time of cutting) and/or chronic. The latter can be related to obstetric issues or to sexual health, mental health and other uro-gynaecological issues (e.g. urinary tract infections or keloids). These are all bio-medical understandings and classifications of complications. If available, I would like to see more information on how complications were defined and understood by different local stakeholder groups. The FGM/C-related complications have been included in the introduction line 54-67.

3. With regard to methods, I would like to know about the inclusion/exclusion criteria for the study (and particularly how FGM/C-related complicated were defined as part of this (lines 122-125). This has been addressed in line 149-167.

4. I think there also needs to be more detail about how participants were recruited to the FGDs and how these were conducted. There is information about recruitment to the interviews, but not the FGDs (lines 147-158). This has been addressed in line 193-222.

5. I was a little bit surprised at the finding that health providers were so shocked by FGM/C and so stigmatising. In a country where 1 in 5 women have undergone FGM/C, I would have expected the HPs to be reasonably well trained on this matter - or at least very familiar with it in day to day practice (as also the health system more generally). It would be useful for the authors to explain this finding a little more as it also relates to the discussion point that HPs need more training. This has been addressed in line 491-494.

6. Some of the recommendations seem a little decontextualized in the sense that I felt that they needed to take into account the feasibility/local realities/existing local practices a little more (rather than citing studies that have mainly been undertaken in very different contexts). For example, how feasible would it be to have interpreters or cultural brokers at public health facilities? Is this common practice in Kenya? Do we have examples of this from elsewhere in sub-Saharan Africa? What might the challenges be? What are the existing training initiatives for HPs in Kenya? Or other policy measures? Are they being evaluated? This has been addressed in line 508-518.

REVIEWER 2

1. I have one key concern which I feel needs to be addressed prior to publication:
One of the main barriers to accessing care for women living with FGM is the fact that they often do not relate their health conditions their genital cutting. They also normalize the symptoms and therefore avoid seeking care.
It is unclear how the authors overcome this while interviewing women. How did they ensure that the barriers described by women referred to FGM specific conditions and not to reproductive and sexual health conditions in general? This has been addressed in line 149-167.

2. At the moment the manuscript could easily refer to general health seeking barriers for this population. Women who are not cut in the area are likely to face very similar barriers. I agree with the comments to a greater degree. This has been address in line 149-152, line 431-436 and line 544-553.

3. Also, I would have liked to know more about FGM prevalence in this group. Given the almost universal prevalence of FGM in Somalia, it would be fair to assume that all the women in this community were cut. What are the implications of this for the study? This is captured in line 85-88.
The implication are captured in the limitation line 544-558 and lines 564-565.

4. All the other comments by reviewer 2 have been addressed and comments captured in yellow.

5. A thorough relook into the manuscript including English proof reading has been carried out.

6. All revisions have been included in the manuscript in yellow.