Reviewer’s report

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

Version: 1 Date: 24 Jun 2019

Reviewer: Catrin Evans

Reviewer's report:

Thank for the opportunity to review this interesting paper. The topic is of great importance and the paper provides useful and novel evidence of the barriers associated with seeking help for FGM/C in Kenya. I have only a few relatively minor comments and queries.

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 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.

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).

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).

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.

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?

Overall however, an excellent and important paper.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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