Author's response to reviews

Title: Sexual and reproductive health beliefs and practices of female immigrants in Spain. A qualitative study

Authors:

Carmen Álvarez-Nieto (calvarez@ujaen.es)
Guadalupe Pastor-Moreno (gpastormoreno@yahoo.es)
Mª Luisa Grande-Gascón (mlgrande@ujaen.es)
Manuel Linares-Abad (mlinares@ujaen.es)

Version: 3
Date: 1 July 2015

Author's response to reviews: see over
June 29, 2015.
To the Editor in chief of Reproductive Health

Dear Sir,

We would like to express our gratitude for the interest showed in our manuscript (**MS: 7406604115561560**), as well as, by the constructive comments undertaken by the reviewers. We are confident that the proposed changes will improve the article. We have tried to give the best answer all the suggestions of both reviewers. Throughout this letter, we describe in detail the way in which we have answered to the suggestions of the reviewers, in the hope that the changes carried out into the paper leads to the editorial team to recommend its publication.

Thank for the opportunity.

Yours sincerely.
The authors.
Reviewer #1:

Dear reviewer,
Thank you very much for your recommendations. We express our sincere appreciation for the efforts you have made to improve our manuscript. After careful review each of the comments, we have made the appropriate change and we have tried to clarify the different sections answering each of the questions referred. We hope that the new document meet your expectations and be reconsidered for publication.
Yours sincerely,
The authors.

1) Spelling of contraceptives under Background
Response:
   - Thank you. The error has now been corrected.

2) Under Procedure –Line 10 interview should be interviewer.
Response:
   - We have corrected the typo

Under 3a Reproduction-The interviewed women believed and not believe and the entire section should be proofread and change to past tense where necessary.
Response:
   - We've made some changes to paragraph

Sincerely,
The authors
Reviewer #2:

Dear reviewer,

Thank you very much for your recommendations. We express our sincere appreciation for the efforts you have made to improve our manuscript. Especially welcome your comments on the Methods section. After careful review each of the comments, we have made the appropriate change and we have tried to clarify the different sections answering each of the questions referred. We hope that the new document meet your expectations and be reconsidered for publication.

Yours sincerely,
The authors.

MAJOR COMPULSORY REVISIONS

Abstract

1) The presentation of the issue is vague. Is this a global problem or a local issue in Spain? Moreover, there is no clear explication of its significance. What are the consequences? Why should anyone care?

Response:

   - As suggested by the reviewer, the presentation of the problem has been clarified

Background

1) The presentation of evidence to frame the ostensible problems associated with immigrant females and reproductive services is confusing and haphazard. For example, on Page 4, after asserting that “generation, language and country of origin may be considered predictors of sexual and reproductive risk”, the authors cite study results that show that immigrant females utilize reproductive health services at the same rate as native Spanish females. Similarly, other evidence (e.g., rates of immigrant females having routine gynecological examinations) is presented without context – making a determination of its significance impossible.

Response:
We thank the reviewer for this comment. We have eliminated a paragraph, which can lead to confusion in the interpretation of the problem. However, it is relevant to highlight that the references consulted show that the risk of poor sexual and reproductive health is higher among immigrants than among native women.

2) At the end of Background (Page 6), the specific focus of analysis of the paper is revealed to be “the beliefs and experiences of the female immigrants regarding SRH.” However, the vast majority of this section is used to cite evidence underscoring the existence of a (ostensibly global) pattern of structural inequity concerning immigrant females’ access to reproductive health services. The decision to analyze beliefs and experiences does not logically follow from the evidence presented up to this point and no significant justification is presented to do so. If the beliefs and experiences of immigrant women (in all evidence cited, from countries in the developing world) regarding SRH are considered by the authors as such significant barriers to equitable care – and thus worthy of analysis – then this should be stated clearly and framed within the appropriate literature.

Response:
- The authors consider that the unequal access of immigrant women to health services comes from their beliefs about the care and attention of sexual and reproductive health.
- Sorry to disagree with the reviewer, but we believe that the evidence presented is appropriate to show the problem of study.

Methods
1) Page 6 - The sample determination process – as presented – does not instill confidence. While age and “geopolitical nationality groups” were taken into account, basic metrics like socioeconomic status and level of education were not. Consequently, the generalizability of any results is immediately called into question. In addition, the identification and assignation of the particular nationality groups (e.g., sub-Saharan Africa, Asia) by the authors is devoid of any explanation or justification. For example, why exclude immigrant females from North America? Are all females from Asia (with its myriad cultures and
languages) considered to be the same? Moreover, the study participants were assembled strictly via convenience sampling with no effort made by the authors to explain how their sample differs (e.g., in terms of overrepresentation and/or underrepresentation) from a truly random selection of immigrant females in Andalusia.

- In the sample design five geopolitical groups of origin of respondent (including Asia) were included. But access to the Asian population in Andalusia is complicated and as we discussed in the limitations it was not possible to interview any Asian woman.

2) In terms of procedure, given that “semi-structured, in-depth interviews were used to collect information, so as to introduce new topics and focus the attention on specific relevant dimensions” (Page 6), it is unclear whether every participant was posed the exact same questions or if there was some variation amongst the group based on individual feedback. Any variation would further call into question the utility of their results. While the four central elements of the basic interview script (migration process story, sexuality, reproduction, and experience with the Andalusian Health System) are provided, it is not stated precisely how many questions it contained or what they were. The authors state only that the script was “based on the previous literature review.” Nor, given that the individual interview time periods varied significantly, is it made clear if every question from the script was presented to all of the participants. Finally, there is no explanation for why only 13 participants in total were interviewed out of the total population of immigrant females in the four identified provinces of Andalusia.

Response:
We have included some comments about his doubts in the procedure:

- The interview script used for this study was similar for all women interviewed. The complete script consists of 36 questions divided into four categories. In this paper only results in 3 categories are presented. The last category (Experience with the Andalusian Health System) makes sense on its own, and we will publish independently.
- All questions were posed to women whenever they were relevant (for example, if a woman had not been pregnant, do not ask about their experience with obstetric services).
- Periods ranging interview as it coincided with the summer holiday season, hampering an ongoing collection of information.

3) In the data analysis process (Page 7), vague references are made to initial hypotheses, to a series of a priori analysis categories, and “definitive matrices” but nothing is made explicit. It is not explained from where the categories for analysis were derived, what they are, or why they are significant. The steps of the analysis (e.g., interview transcription, coding of text) are outlined but in such an abstract fashion that no useful information to the reader is provided. Absent such specifics, the reader cannot answer the all important question when reviewing the very detailed results that follow in the next section - do the authors do what they claim they do?

Response:
- Thank you for the suggestion. We have now provided new information which we hope will clarify this section.

Results
1) In the results section, the socio-demographic characteristics of the 13 study participants are illustrated in Table 1, but no effort is made to explain the significance of these characteristics and their relevance to the authors’ findings. The table does, however, reveal the skewed nature of the study’s sample given that of the total number of women interviewed, 54% are either originally from Morocco or from Bolivia.

Response:
- Table 1 provides descriptive information about the participants, which we consider of interest to characterize the heterogeneity of participants as to other criteria not used to segment profiles interviews.
Due to the procedure chosen for the selection of the sample, the majority of women from Morocco and Bolivia. In each geopolitical group, we decided to interview women in countries with greater representation in each province.

New information is included in Table 2 (province of residence).

2) The authors divide their results into three major areas - migration process, sexuality, and reproduction – which corresponds with three of the four sections of the interview script. But, this begs the question of what happened to the fourth section – experience with the Andalusian Health System? It is the ability or inability of immigrant females to access reproductive services in Andalusia that is the ostensible subject of this study and yet this aspect seemingly disappears entirely from consideration.
Response:
- As the reviewer says, this research there are 4 major topics of study. The fourth topic "Experience the Andalusian Health System” has its own consideration of itself. For reasons of space, this topic has not been included in this work, with the aim of preparing a separate publication on the subject.

3) Table 2 summarizes the three results categories and ten subcategories “corresponding to the points of the interview script, the generated hypotheses and the explanatory framework.” However, since the specifics of the script, hypotheses, and explanatory framework are never revealed, there is no way to understand how the subcategories were derived. To this point, as they run through each category and subcategory in the results section, the authors fail to demonstrate their arguments by presenting the steps involved. Instead, they simply tell the reader about the argument and point to an excerpt as an illustration. In some cases (e.g. page 10), these excerpts actually fail to illustrate the argument as intended.
Response:
- We hope that the information included in the analysis section, clarify their doubts.

4) Ultimately, nothing that is presented materially connects these 13 immigrant females’ feelings and experiences with how they (or female immigrants generally) approach access to SRH in Andalusia.
Response:

- We believe that this comment may be related to what we have discussed in previous sections. The topic "Experiences with the health system of Andalucía" will be published in another paper.

Discussion

1) Page 15 - The authors reiterate the study data’s three observed “themes” - migration process, sexuality, and reproduction – in the discussion section. Based on their findings, they assert that female immigrants bring with them all of their beliefs, opinions, attitudes and behaviors regarding sexuality, contraceptives, and proper behavior and that all of this is influenced by explicit and implicit social rules of their country of origin. However, given the weakness of their study sample and the opaque quality of their analysis, this claim is essentially unsupported.

2) Their recommendation (Page 15-16) for the need for cultural competence (i.e., taking into account the age, gender, ethnicity, religion, socio-economic status of patients) in the Andalusian health care system does not logically follow from their study results as presented. Besides, this is a generally commonsensical notion for any industrialized country with a multicultural population.

Response:

- We thank the reviewer for their comments. Although it may seem an obvious recommendation, in the Andalusian Public Health System, health training in cultural competence is really necessary. Andalusia is the second region of Spain with more immigrants. Despite the efforts made by the Government of the region, are still problems that go beyond communication and are related to culture and gender.

3) Page 16 - While they cite some of the limitations of their study, the authors maintain that they produced a heterogeneous participant sample of quality. This assertion is directly contradicted by the facts that 54% of the female immigrants interviewed were either from Morocco or Bolivia and that 84% of them were aged 31 years or older.

Response:

- As mentioned in point 1 of the results section, the sample is heterogeneous in terms of the nationality of origin due to the sampling procedure. One limitation
of this study was that we did not get access to women under 20 years, or Asian women, and thus we recognize him at work. However, it is heterogeneous in terms of other variables.

Conclusion
1) Page 16 - The balance of this section appears disconnected from the larger study when it instead should be recapitulating it. The conclusion the authors draw that institutions designing healthcare systems would benefit from increased understanding of the female immigrant experience is a logical one. However, they assert that this would be a social, rather than institutional change, which does not rationally follow. Also, after focusing exclusively on the importance of studying immigrant females and SRH, the authors wrap up by arguing for more research on the practices, beliefs and expectations of immigrant males.

Response:
- This article aims to analyze gender as a condition of certain beliefs and sexual and reproductive practices. For example, how gender roles influence on the fact that women accept that their partners do not use condoms. Therefore we believe it is also necessary to deepen the understanding of the beliefs and attitudes of men and devise measures aimed at them specifically.

MINOR ESSENTIAL REVISIONS
Background
1) Page 4 - It is unclear from where the presented specific definition of Sexual and Reproductive Health (SRH) comes. Is this the authors’ contention? Is this some sort of universally recognized standard?

Response:
- We have included a new reference about the concept of SRH

2) The authors do not cite evidence in support of their contention that recent legislation in Spain has denied many immigrant females access to reproductive services (Page 5).

Response:


Sincerely,

The authors