Reviewer's report

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

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Reviewer: Johnny Holloway

Reviewer's report:

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?

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.

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.

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.

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.

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?

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.

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.
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.

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.

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.

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.

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.

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?

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).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.