Author’s response to reviews

Title: Factors associated with the support of pricking (female genital cutting type IV) among Somali immigrants - a cross-sectional study in Sweden

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Author’s response to reviews:

We would like to thank the reviewers for their useful and insightful comments. We have taken the considerations into account and made suggested changes in the manuscript. Below is a point-by-point response to the comments from the reviewers.

Reviewer 1:

Reviewer comment: Thank you for the opportunity to review this important manuscript. This is a well-designed study of an under-researched aspect of FGC. While there are important limitations (pricking being illegal in Sweden being chief of these), the study will be an important addition to the literature.

Response: Thank you.

Reviewer comment: Some methodological questions (not all of which need to be revised/addressed in the manuscript necessarily): While I understand that snowball sampling was likely necessary from a pragmatic standpoint, the potential drawback is, of course, of a skewed...
sample. That is, participants may help to recruit their contacts that perhaps share the same views. This limitation should be discussed in the manuscript.

Response: We fully agree with you and have discussed this under the section of ‘Strengths and limitations’, acknowledging that this sampling strategy may have had an impact on the generalizability of the results (see lines 373-374). However, to decrease the risk of obtaining a skewed sample, we collected data in several different cities, areas and settings.

Reviewer comment: Including the questionnaire in an appendix would be helpful to the reviewer and reader. My supposition is that some of the 49 items were validated, but not all. However, better delineating this would be useful. Furthermore, given the use of 6 collectors of both sexes, it would be useful to describe the training, any concordance with data collection issues, and inferences of impact of data collector sex on truthfulness in the respondent's answers.

Response: Thank you for these suggestions. We have now provided the English version of the questionnaire as an additional file (see Additional file 1). All items in the questionnaire were validated. As you suggest, we have now in more detail described the different aspects of the data collection (see lines 139-155).

Reviewer comment: Given the power analysis was calculated based on a test sample and design effect, it would be useful to mention whether there are other studies that have assessed support for continuation of FGC. At the least, mentioning ongoing incidence of FGC in Somali natives/immigrants (which is much higher than 24%), would lead to a different power calculation/sample size needed and should be mentioned.

Response: Thank you for this comment. There were no estimates of the support for FGC among Somalis in Sweden that we could base our sample size calculations on. Therefore, we did the power analysis based on the first collected questionnaires. If this calculation instead had been based on the prevalence of FGC among Somali-born women, which is 98%, a larger sample size would have been required. This information has now been added under the section strengths and limitations (see lines 374-377).

Reviewer comment: Would the results be different if backward stepwise regression was used? It seems that Allen-Cady modified backward elimination may be better suited here.

Response: We acknowledge the problem with inflated type-1 errors in automatized procedures such as forward/backward elimination. This is why we chose to show both the models with all predictors included, corresponding to the logistic regression method ‘enter’ in SPSS, and the
models derived by automatized procedures, in this case forward conditional logistic regression. The method proposed by reviewer 2 (described in Vittinghoff, E., et al. Predictor selection: Allen–Cady Modified Backward Selection. In Regression Methods in Biostatistics. Linear, Logistic, Survival, and Repeated Measures Models, Second Edition. Springer, 2012. p.420), is based on a form of hierarchical regression, which requires a priori knowledge on the importance of each of the predictors towards the outcomes in order to perform the ranking of the variables necessary before the actual modelling starts, a knowledge we did not have for this context. However, we have now performed a backward conditional logistic regression which gave the exact same result as the forward logistic regression presented in the paper.

Reviewer comment: Overall, I believe the authors are careful at not drawing too many inferences from their data. Adding a qualitative component would have been helpful in terms of providing richer data. However, this is an excellent first step at understanding a potentially changing view of pricking.

Response: Thank you. We agree that a qualitative study would be a logical next step in order to gain a deeper understanding of attitudes towards pricking.

Reviewer 2:

Reviewer comment: 90-92: This is a very sweeping statement given that the follow up sentence than highlights a focus on type 1-3. Regarding knowledge of "heath professionals"-does this statement hold true for all the different cadres of health professionals? I would seek to be clearer.

Response: Thank you for pointing this out. We have now made the text about the other studies on pricking more specific (see lines 89-96). We also agree that the statement regarding health professionals was too unspecific. We acknowledge that the level of knowledge is very different between different health professionals as well as between different contexts and settings. We therefore decided to remove this sentence.

Reviewer comment: 95: Please explain the sources of such discourses? Are these the discourses that inform programming? or these community discourses? health provider discourses? etc?

Response: We have now rewritten this sentence in accordance with your suggestion (see lines 100-101).

Reviewer comment: 99: Please clarify: "believed" by whom?
Response: As you indicate, the word believed is not suitable to use here. We have now changed this (see line 105).

Reviewer comment: 47-48, 120-122: How do you verify what is pricking? How does one know that "pricking" is defined in the same way by all who say they practice pricking? especially in a context where FGM/C is against the law?. For these communities that have traditionally practiced type 3 and given the reasons/rationale often provided for the continuation of FGC (type 3 for example) how does pricking achieve those intended ends of FGC? especially for rural, & newly arrived immigrants.

Response: Thank you for these valuable comments. In the methods section we have now added a definition of what is meant by pricking in this study. To ensure, to the largest extent possible, that all participants accurately understood the different anatomical forms of FGC, including pricking, we used face-to-face interviews performed by trained data collectors. Thereby, the data collectors could explain the different forms of FGC to each participant. This has now been clarified in the ‘Data collection’ section (see lines 143-155). In this study and on an individual level we do not know what attitudes the participants had before migrating to Sweden, if they did support infibulation (which is the most commonly practiced form of FGC in Somalia) or if they did support some other form of FGC. It may be as described by Belmaker (Belmaker, R., 2012. Successful Cultural Change: the Example of Female Circumcision among Israeli Bedouins and Israeli Jews from Ethiopia. Isr J Psychiatry Relat Sci, 49(3), pp.178–83) that despite the practice being merely symbolic, the population still believed in its importance, unrelated to the severity of the procedure. We have now added a reflection on this in the discussion (see lines 335-337).

Reviewer comment: 284: Please account for these differences between "municipalities" named here.

Response: Thank you for this comment. One way to account for the different municipalities would be to include municipality as categorical predictors in the models. However, to show differences in background characteristics and attitude and knowledge variables in relation to the different municipalities would require including interaction terms between municipalities and the other predictors already present in the models. However, we do not have the statistical power to perform these complex models. Therefore, we tested if there were differences between the municipalities by stratifying the models on municipality (see lines 299-307), and for increased clarity we have now attached this procedure as additional information (see Additional file 2 and 3).
Reviewer comment: 293: Earlier you stated that pricking is not seen as FGC for these practicing communities, this may read as a contradiction?

Response: Thank you for noticing this. We have now changed this sentence to refer to pricking instead of FGC in general (see line 310).

Reviewer comment: 304: With Somalia it may be relevant to consider the region because our current finding is that in Somaliland for e.g. religious leaders are encouraging what they call "Sunna" however, further evidence of this is needed.

Response: We agree, the region in Somalia the participants originate from would have been an interesting aspect to take into account. Unfortunately we do not have data on this. For future studies, this aspect should be included. We do however have data on rural/urban origin, which we have included in our analyses.

Reviewer comment: 309: Knowledge alone does not necessarily lead to the discontinuance of a practice that is a powerful social norm. Furthermore knowledge of health consequences of the more severe forms may have led to what now gets known as "sunna" or this case pricking.

Response: Thank you for these valuable comments. We agree and have now rephrased and added information about these aspects (see lines 329, 340-342).

Reviewer comment: 315-318: This is not clear, if pricking is not FGC, is pricking a response to moving what was/is a traditional practice, deemed as a "harmful practice" or in this study context "illegal," outside of the discourses/classifications of harm? Did respondents accept your classification of pricking as FGC? Was the translation direct of the term "pricking" how did the respondents define pricking?

Response: Thank you for pointing this out. We have now rewritten this part of the text (see lines 338-340). Regarding the classification of pricking as FGC, some participants agreed that pricking is a form of FGC while others did not. This was something we had anticipated already when designing the study; therefore, we had the question of classification in the very beginning of the questionnaire so that the data collectors could explain to the participants that in the following questions when the term FGC was used, it referred to all practices ranging between pricking and infibulation (see lines 365-368). The Somali translation used for pricking was “Dhijjin aan cad la jarin”, “dhijjin” refers to pricking, but sometimes when people use this word they refer to cutting, therefore we added “aan cad la jarin” which means no cutting. The Somali translation of pricking has now been added to the text (see line 145-146).
Reviewer comment: 359-364: It may mean that what is needed is research that explores the changes or transformations that are occurring in the types of FGC practiced/or severity of FGC (rather than just focusing on what is being called pricking), where and why if at all these changes in type are occurring. And the effects of law on these changes.

Response: As you rightly emphasise, understanding the transformations that are occurring after migration to a low FGC prevalence country as well as the process of attitude change is needed. This has been added to the text (see lines 392-393).

Reviewer comment: The paper seeks to illuminate the "values underpinning the practice of pricking" but in my view the values as described in this paper are not significantly different from the values generally known to underpin FGC for Somali communities.

Response: We agree, there seems to be a change in what types of FGC are supported rather than in their perceived value, this has been addressed in the discussion (see lines 325-335, 390-392).