Author’s response to reviews

Title: Engaging men in an mHealth approach to support postpartum family planning among couples in Kenya: A qualitative study

Authors:

Elizabeth Harrington (harri@uw.edu)
Erin McCoy (eemccoy@uw.edu)
Alison Drake (adrake2@uw.edu)
Daniel Matemo (daniel.matemo@gmail.com)
Grace John-Stewart (gjohn@uw.edu)
John Kinuthia (kinuthia@uw.edu)
Jennifer Unger (junger@uw.edu)

Version: 2 Date: 05 Aug 2018

Author’s response to reviews:

Dear Ms. Williams and the Editorial Board at Reproductive Health:

Thank you for your and the three reviewers’ thoughtful comments on this manuscript. Please find below my point-by-point responses (marked with asterisks) to the comments. Reviewer #3 used a Microsoft Word document with track changes to communicate suggestions. Since the changes are easier to spot in that format rather than embedded in the text below, I have attached my responses to Reviewer #3 with tracked changes as a supplementary Word document, as well as listing all the changes in this ‘Response to Reviewers’ box in the submission system.

All revisions to the manuscript are in tracked changes. Line numbers refer to the revised version of the manuscript.

I appreciate the thorough and timely editorial and peer review processes. Please don’t hesitate to contact me with any additional questions or suggestions for improvement.

Sincerely,

Elizabeth Harrington
Reviewer #1: Very interesting read. SMS technology is definitely a cheap way of communicating behaviour change messages. I like the fact that in your case it is going to be interactive.

I wonder who will be paying for the SMS, will they be sponsored such that they are free on the part of the end user?

* In response to reviewer #1’s question, SMS were free of charge as part of the intervention in the setting of the randomized controlled trial. This is briefly stated in line 207 in the caption of Figure 1: “…and the participant may respond free of charge…”

The paper is good but I found the language a bit too condensed. Someone who is not from a health background would find it difficult to comprehend.

* I appreciate this comment, and would be happy to make specific changes in language where suggested in order to make the paper easier to comprehend by those without a public health background.

Reviewer #2: Reviewer report

Engaging men in mHealth approach to support postpartum family planning among couples in Kenya: A qualitative study (REPH-D-18-00170R1).

This is a great honor for me to get an opportunity to review as such great research work. The topic is very crucial to the field. Engaging men to support postpartum family planning is a wining approach to enhance the family planning uptake during post-partum period. The investigators used an innovative approach (mHealth). The manuscript is well written, however, I have some minor editorial comments.

Minor comment

Abstract

* It would be good avoiding acronyms (FP, SMS, FGD, and etc.), however, they are defined for the first time in the abstract section.
* Thank you for this suggestion. While the acronyms remain throughout the manuscript to avoid repetitive language, I have added an abbreviation section at the end for readers’ ease of reference (Lines 684-688).

* Method: better write four "instead of 4", and two "instead of 2"

Background

* Page 4: Better use 'Background' instead of "introduction", please follow the journal submission guideline

* Page 5: 21(167): better state… side effects and safety of modern FP methods (7 and 8).

* Page 6: Line 25-27 (206-207): It would be good if you state like ….The purpose of this study was to explore men's and women's perspectives on using SMS to facilitate men engagement on the postpartum FP education and counseling in Kenya.

* Thank you for these comments. Please see track changes for all revisions suggested above.

Methods

- Page 7: line 12-16(233-235): "The Institutional Review Boards at the Kenyatta National Hospital and the University of Washington provided ethical approval for the study. We also received approval from the Ministry of Health at the facility level”. Please present this statement on the declaration section as per the journal guideline. Adhere to the journal guide very helpful for readability of the paper.

* Thank you for this comment. The “ethics approval and consent to participate” section in “declarations” at the end of the manuscript has been revised to include the Kenya Ministry of Health approval. Please see line 725.

- Data collection: 6 FGDS (4 FGD among men n=25 and 2 FGD among women =15), this has a discrepancy what you presented on the abstract section and the result section also (men: n=35 versus women: n= 15).
Results

- First line n=35 please look at the data collection section once again and take a corrective measure, hope it seems typo otherwise serious.

* Thank you for pointing out this error. The correct number is n=35 for men, and I have changed it in line 245.

- Table 1: Age (years)=age (completed years)

* Thank you for this comment. Please see track changes.

- Table 1: on cells of the table (-) is not recommended in table, instead put (0, zero) if you do not have a participant on that categories.

* Thank you for this comment. The dash is used to indicate characteristics that are not applicable to the male participants, in this case the proportion currently pregnant and number of pregnancies. In this case, I do not think a zero is appropriate, as men were not even asked these questions. Please let me know if you would prefer “not applicable” to be stated in those cells.

Otherwise, WELL DONE

Reviewer #3: Excellent paper, have made some remarks in your text and added some references for your information not to nudge you in any direction, hope I can find my way around uploading this file

Introduction:

what about Catholic hospitals, often in a sort of monopoly position refusing to cooperate, e.g allowing sterilisation with second caesarean for example, let alone actively encouraging contraception because the evidence shows that spacing, limiting is better for women, their children the country and it prevents induced abortion to quite some extent..

Rumours and alleged side effects of contraception are of course not actively contradicted.


Do you know what happens exactly in Kenya?

* Thank you for this insightful comment. I am in complete agreement with Reviewer #3 that family planning services are not only unavailable, but are actively discouraged in Catholic hospitals across the world. The restrictions imposed by the Catholic church certainly have severe impacts on some women’s access to reproductive health care. The focus of this paper is public Ministry of Health facilities in Kenya, however, which serve the majority of the Kenyan population and provide contraceptive services in line with Kenyan health policy. While the availability and quality of contraceptive counseling/services in Catholic hospitals in Kenya would be an interesting area for future research, I do not believe a discussion of these topics is directly relevant to this manuscript.

Methods (participants) – Reviewer #3 comments are in parentheses:

Women were 14 or older, currently pregnant or within 6 months postpartum, and HIV negative (tested again for your study or negative at last testing mostly performed at 8 weeks of pregnancy; pregnant women and mothers younger than 18 are considered emancipated consenting adults under Kenyan law. Male participants had a pregnant female partner and were 18 or older (not tested I presume).

* Women were not HIV-tested for this study. HIV status was determined by self-report, and we did not assess the most recent test. However, in general, women are tested at their first prenatal visit in Kenya. All participants in this study were either pregnant or within 6 months postpartum. While it is possible that a woman seroconverted since her last test, this eligibility criterion was meant to exclude women who are actively seeking HIV care and treatment, as their needs around family planning services during and after pregnancy may be different. Women living with HIV were not eligible for the RCT, and thus we did not include them in this pre-RCT qualitative work. Please see track changes in the revised manuscript at line 226 for clarification.
Male participants were referred by pregnant women seeking care in the antenatal clinic. Women were not tested for pregnancy as part of this qualitative research study; however, their pregnancies were confirmed per standard antenatal clinic procedures in Kenya.

References:
Low utilization of LARCs may be related to service delivery factors could this be a factor in Kenya? https://doi.org/10.1371/journal.pone.0199536

Thank you for raising this question. Many barriers exist to the use of LARC methods in Kenya, including service delivery barriers. However, this paper explores perspectives on using SMS to improve family planning counseling postpartum and male engagement in family planning, and does not focus on health systems barriers to implementing LARC at scale.

Citations suggested by Reviewer #3:
Engaging Men in Family Planning: Perspectives From Married Men in Lomé, Togo
Tekou B. Koffi, Karen Weidert, Eralakaza Ouro Bitasse, Marthe Adjoko E. Mensah, Jacques Emina, Sheila Mensah, Annette Bongiovanni, Ndola Prata

Thank you for alerting me to this article, which was recently published in June 2018. Please see lines 585 and 623 for added citations of this paper (reference number 35).

Increasing Contraceptive Use Among Young Married Couples in Bihar, India: Evidence From a Decade of Implementation of the PRACHAR Project
Laura Subramanian, Callie Simon, Elkan E. Daniel

Effectiveness of SMS Technology on Timely Community Health Worker Follow-Up for Childhood Malnutrition: A Retrospective Cohort Study in sub-Saharan Africa
Shohinee Sarma, Bennett Nemser, Heather Cole-Lewis, Nadi Kaonga, Joel Negin, Patricia Namakula, Seth Ohemeng-Dapaah, Andrew S. Kanter

Thank you for suggesting these papers. I agree with Reviewer #3 that these papers are germane to the topics of male engagement in family planning, couples-oriented family planning interventions, and mHealth. However, after a careful review of the papers, I do not
feel they are relevant enough to this manuscript to cite. The paper by Subramanian et al. focuses on married youth in India, and the Sarma et al. paper is using SMS for tracking child malnutrition purposes.