Author’s response to reviews

Title: ‘Birds of the same feathers fly together’: Midwives’ experiences with pregnant women and FGM/C complications - A grounded theory study in Liberia

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Author’s response to reviews:

Reviewer #1:

COMMENT: Dear Authors. Thank you for the opportunity to read this interesting and important paper which I believe can contribute with important knowledge to the field of FGM/C. I think you have a unique material that should really be brought out - congratulations with that. However, the paper still needs substantial rewriting, and below I have some suggestions. The manuscript doesn't have page numbers which makes it hard to give page specific comments, but I will try.

RESPONSE: Dear reviewer, thank you very much for your comments, which are very useful to improve the quality of our work. We really appreciate how thoroughly you have revised our article. Kindly read below on some of the multiple changes we’d made in the light of your views.

COMMENT: General comments: While the paper has some very interesting findings, I do not think this is communicated well enough to the audience. I would like to see more explanation of what you find, as it is now it is just a 'teaser' but without much 'meat on the bone', which means that the reader is left to guess (or with a lot of unanswered questions). Explain better how you interpret what the informants say. I will try to give you some examples further down in detailed comments. Also, it doesn't work to put certain words in italics, it is just confusing. Also I don't see the point, does it mean that only the words in italics come from the informants? Better to have everything in normal text and explain how it came up in the interviews. It is also good to indicate that 'the midwives said, perceived, etc. instead of only stating things, which is confusing (although we know that this arrives from the interviews). Make it clear that you are reporting from an interview conversation between informants and interviewer).

RESPONSE: The Results section has been thoroughly revised, taking in consideration many of your detailed suggestions below, with the aim to improve our report on what our informants communicated to us during the interviews. We have kept some words in ‘italics’, though. This is
a reporting approach that the authors have used in previous peer-reviewed articles, and it is a reporting style that it is well aligned with the methodological package chosen for this study. The purpose of ‘italics’ is not to confuse the reader, but rather to help her/him understand which ‘confusing concepts’ – that may be misinterpreted as the interviewer’s own concepts – were actually concepts brought up by the interviewees (e.g. ‘secret’, ‘normal’, etc). However, we understand your point, and we acknowledge that we might have abused the use of ‘italics’ in the first draft. In our revision article, we have tried make a more rational use of italics, and we have also increased indications in the line of ‘most midwives said…’, ‘a few midwives stated…’, etc. Throughout the Results section, in agreement with our reporting approach, we have opted to always refer to ‘female genital cutting’ (FGC) and not to cutting, circumcision, or FGM/C because FGC was the term preferred by the midwives participants.

COMMENT: You also use the local words Sande, zoe, etc, without explaining this well. It leaves the reader confused on what we are dealing with here, and what exactly these are (a ritual, group of people, traditional cutter, old woman, etc.). It seems also there is something with witchcraft here (zoes, punishment, etc), is this so? All these things needs to be explained better for the reader to get an understanding of the local environment in Liberia (and its relation to FGM/C). You do go into it a bit in the end of the discussion, but it should come much earlier so that the reader can understand the findings better.

RESPONSE: Thank you for making us notice this. In this revised version, we explain what Sande is, who the zoes are, what the participants mean by ‘traditional people’, etc, the very first time that these concepts are mentioned in the Results section. Additionally, in the Introduction section, we have added a bit more thorough explanation on what the Sande society is. Regarding witchcraft, there is no relation at all between Sande/zoes and witchcraft. In our revision we’ve made sure that the reader won’t get at making such association.

COMMENT: It should also be specified if all the midwives positioned themselves against FGM/C and in that case why (this could be in the discussion). You can also say something in the introduction of who are practicing FGM/C in Liberia - Sande, others, etc. and if the recruited midwives are not from these ethnic groups. Also about the status of the Sande in Liberia - you have some about this in the discussion/conclusion (about the infiltration in the parliament etc), but it should be more about this in the background.

RESPONSE: The subsection ‘Forecasting…’ in the Results section starts as follows: “All midwives positioned themselves against FGC but in favor of the existence of Sande and, specially, in favor of the ‘teachings’ that the girls received in the Sande initiation camps”. As explained in the previous response, in this revised version, we have added more information on the Sande society in the background (together with two new references in the reference list). Finally, in the first paragraph of the Results we describe how 10 of the 17 were midwives born in Sande-operating areas, and that 3 of the 17 participants disclosed being Sande members. As we think it could be relatively easy to identify the participants’ identities because there are not many midwives in Liberia, to prevent that local readers identify who our participants were, we decided not to offer the reader a table with disaggregated socio-demographics.
COMMENT: Title: Please give us a clue why you have chosen the title you have. Although I can see how it given in one of the quotes, it would be nice to know the meaning of this saying more, otherwise the connection to the study is lost (and the title does not make any sense).

RESPONSE: The title has been changed to “‘Birds of the same feathers fly together’: Midwives’ experiences with pregnant women and FGM/C complications: A grounded theory study in Liberia’. We added the type of research in the article title in order to facilitate readers finding our paper in electronic databases. We keep the quote as we think it is very illustrative of the situation in Liberia: Sande members talk about FGM/C only with Sande members; Sande members only let Sande midwives cater for their FGM/C-related health care needs; only Sande members can dare –or would be allowed- to teach, discuss, approach other Sande members with regards to FGM/C.

COMMENT: Methods: You need to explain the methods better. It is also unclear how and why you recruited midwives as interviewers (how you trained them, etc), this is confusing.

RESPONSE: We didn’t recruit midwives (in plural). We explained now in Methods that ‘One member of the research team, a female midwife with experience in qualitative research, was the recruiting agent and interviewer’. This midwife was part of the research team and, since she was experienced in qualitative research (and co-wrote the study protocol), did not need any training. That midwife is actually listed as co-author in this article. However, for security reasons (i.e. to avoid her receiving threats from Sande members), we do not aim to disclose which author was the interviewer.

COMMENT: Also you refer to the interviews as in-depth interviews, however as you used a topic guide, I assume these were semi-structured interviews.

RESPONSE: The term ‘topic guide’ is correct: we used a list that comprised all main topics or themes that the interviewer (our co-researcher) had to explore in-depth with the interviewees. Using a topic guide or a themes guide instead of a structured/semi-structured interview guide is common practice in grounded theory research. Our ‘topic guide’ was flexible enough to allow the interviewer as many new discussion topics as possible (e.g. when interviewees wanted discuss new concepts emerging from their discussion with the co-researcher, etc).

COMMENT: And also I cannot see how you have used the feminist interpretation of grounded theory, please outline much clearer how this has been used and how it affected your understanding of the findings. For example, do you say that you practiced reflexivity, but I cannot see how and where you did this. Explaining what and why you did things, this will increase transparency.

RESPONSE: The whole ‘Data management and analysis’ subsection has been restructured in this revised article. The feminist interpretation of constructivist grounded theory is not something that you ‘use’ as it is not a set of methods and tools. Rather, it is an ‘interpretation’ or an
‘approach’ to constructivist grounded theory practice that, primarily, puts emphasis on who the study participants actually are (i.e. co-generators of data, and even, symbolically, co-researchers); why they participate in the study (i.e. for social change, because they align with the study purpose); what must be done with the data they generate (i.e. report it being as much faithful as possible to their own narratives, using their own words, etc); and how they should be approached by the researchers during the research conduct (i.e. being transparent about researchers’ own characteristics and intentions, etc). At least, no new tools others than the typical ones used in constructivist grounded theory research (i.e. triangulation, iterative data generation and analysis, memoing) were introduced in this particular study. However, please note that, throughout the revised paper, and especially in the Results section, we have made sure that the reader understands that ‘feminism’ guided the attitudes and responsibilities of the researchers towards the participants, and that ‘constructivist grounded theory’ guided decisions about which data generation and analysis tools were used and in which sequence.

COMMENT: Discussion: Here you should discuss your finding, and relate it to other work on FGM/C and your theoretical framework. Instead you start with recommendations, which I cannot see deriving logically from the findings. Perhaps you can use the discussion to bring up things from the findings, discuss them, and let this lead to the recommendations. As it is now, it seems like you decided on the recommendations before doing the study. There is a lot of interesting stuff to discuss here (from the findings), but you do so very little. I would like to see more discussion of findings here.

RESPONSE: Reviewers #2 and #3 do not have any concern about the Discussion. Hence, we have opted not to make major changes in this section in our revised article. We are satisfied with how this section is structured. Our Discussion does not start with recommendations. It starts by highlighting what, to our criteria, is one of the most important finding of our research: thanks to the participants’ willingness to help with non-clinical information (e.g. information on Sande, politics, culture, etc) we can contribute with useful views on prospects for FGM/C to continue/abandon in Liberia. It is not until the third paragraph that we start making recommendations for future trainings, community mobilization, etc. Please note that this is actually aligned with our study objective: identify knowledge of midwives towards FGC with the goal of determine training capacities and make recommendations in that direction.

COMMENT: Language: The article needs a language revision (proof read). I will not comment on the language here.

RESPONSE: Excluding the corresponding author, all authors in this paper are English native speakers. However, please note that we asked an external English-speaking editor to proof read our article before resubmission.

COMMENT: Specific comments: Abstract: The conclusion of the abstract should be a brief summary of results/discussion and potential implications. As it is now it is only
recommendations, which I guess could come in the end, but I am missing the link between findings, possible implications and recommendations.

RESPONSE: As Reviewers #2 and #3 seem satisfied with how the abstract currently looks, we have decided to leave it as it was. In our opinion, the conclusion of the abstract highlights the main findings of this study that, in alignment with the study’s main aim, could be used to guide further FGM/C training and clinical practice in Liberia.

COMMENT: Introduction: The first ref [1] does not refer to the 200 million - which came later. Please check accuracy of all references. When it comes to ref [2-5] these are also not ideal references as I see it. For example does ref 3 talk about psychosexual therapy, but this is not mentioned in the text.

RESPONSE: Thanks. We have checked the accuracy of all references. A few new references have been added. We changed [1]: the WHO 1016 reference substitutes the previous interagency statement 2008 reference.

COMMENT: I would also like to see a differentiation between different types of FGM/C (if there are) and the complications mention. Remember to situate this in relation to Liberia where type I and II are common, but not III (although as you say, there are some adhesions that result in III). Be more clear of what you are talking about here.

RESPONSE: The three FGM/C types as defined by the WHO are mentioned in the first paragraph of the introduction. It is also mentioned, both in the Introduction and in the Results sections, that clitoridectomy (Type I) is the most common FGM/C type practiced in Liberia. We disagree that adhesions result in Type III. Adhesions –i.e. the example given by one of our midwives participants- are a complication directly related to FGM Type I and Type II. Type III (infibulation) is not practiced in Liberia.

COMMENT: In the second paragraph (line 25-27) you refer to Nigeria, but when I look at the reference I only see a review here, which make me unsure if this is a correct reference. Please check.

RESPONSE: Thanks. One of the references was changed in this revised version for a more appropriate one.

COMMENT: The paragraph starting with 'Sande and Poro' (line 38) needs much more explanation. This is very interesting and important in the paper, but I am left to wonder what this is throughout. Also regarding the 'secrecy' - why is it so, etc. give us some more understanding of this.
RESPONSE: As explained in a previous comment, two new references on Sande, and a bit more detailed explanation on what these secret societies are, has been added in the Introduction.

COMMENT: On the second page, first line, you should make a link by writing about the importance of health care provision; why is it important to improve this? The aim of your study is to understand health implications, although I think you answer for much more than that (which I think is good). Although you have a second objective which makes it broader, please look over your aims/objective and see how/if you answer this.

RESPONSE: This final paragraph in the Introduction has been rephrased. We consider all objectives are answered with the data generated in this study.

COMMENT: Material and methods. Design and site. This should be specified more. Why are you talking about TBAs? Why are you then recruiting midwives (the answer comes later, but should be stated in the rationale of recruitment). Explain more here. You also mention the Ebola outbreak here, but I fail to understand what the relevance is here. Perhaps this should be said somewhere else (in the background for example)?

RESPONSE: We have worked a bit to improve the description of the site in relation to the type of antenatal and delivery care that women in Liberia can have access to. Whilst women may be accompanied by TBAs in the community, they will be attended by midwives when time for delivery arrives. The mention to the Ebola outbreak is not forced, it is necessary to explain that demand of clinic-based pregnancy care has dropped in Liberia in the past 2 years.

COMMENT: Recruitment. Why recruiting only women born in Liberia? Also later, you say that some were not born in Liberia. This sub-chapter is also very unclear, please state why and how you recruited as you did (lead the reader to follow your rationale/thinking here). Also look over the words ‘purposive sampling, random, etc. I think all are purposive, even if you used the snowball technique. Also state the total number of recruited here.

RESPONSE: We rewrote the whole two first paragraphs in this sub-section. There is a misunderstanding here. We recruited women born in Liberia because we expected the participants to know about FGC and about Sande. What we say later, in the Results section, is that some midwives said that some midwives working in Sande counties might have been ‘raised’ themselves (not necessarily born) in non-Sande-operating counties (not countries). We thoroughly revised the Results and Methods to avoid these types of misunderstandings.

COMMENT: Data management and analysis. This chapter also needs revision. You talk about a thematic guide (which leads to semi-structured interviews), what was this guide? I also fail to see how you applied your ‘list’ (see for example comment on reflexivity above). I am also not sure what you write about ‘oppression’ - how did you do this? What was the consequence of that? How did it affect your findings, etc.? you never come back to this. Also I would need a
reference here, where did you get this list from? And how did you reach your headings? How was your analysis guided? Please be more clear and write how you did this process.

RESPONSE: As explained in a previous response, the term thematic guide is correct. It is a guide of themes/topics that is used in in-depth interviewing in compliance with grounded theory principles. Major changes, as indicated before, have been done in this ‘data management and analysis subsection’. In our opinion, the whole data generation-processing-analysis-coding is very thoroughly described in this revised version.

COMMENT: Ethics. You write that one way of being ethical was not to use focus group discussion. Does this mean that FGDs are unethically? Please be clearer with your argument here. On the next page (to ensure confidentiality) - this is unclear. What do you mean with individual log? Also, to my knowledge, one is obliged to secure the tape recorders for 10 years to be able to track back (although in a secure place).

RESPONSE: 1) Sorry for the confusion. No, FGDs are not unethical. But it is more difficult to safeguard FGD participants’ confidentiality than IDI participants’ confidentiality. Besides, in this study, no midwife would have accepted participation in an FGD. As their anonymity was crucial, decision was taken not to organize any FGD. Mention to FGDs has been removed in this revised paper. 2) An individual log is a type of data collection form, but, for sake of length, we’d rewritten the sentence as “socio-demographics were collected only if consent for such data to be registered was given”. 3) In Liberia, one is not obliged to secure the tape recorders for 10 years. Importantly, in agreement with the University of Liberia-Ethics Review Committee, decision was taken to delete interviews’ audio-recordings immediately after analysis on their transcriptions was considered concluded. The participants were told, during the informed consent process that, to better safeguard their anonymity, their recordings would be deleted. We had rephrased the sentence as “To further prevent identification of the participants, all recordings were deleted once analysis on their transcriptions ended”.

COMMENT: Results. The first part is characteristics, please indicated that with a subheading. And again, it doesn't work with italics - you can exemplify their words by using quotes. And everything you report is from the interviews, so this division doesn't make sense. It should also be stated here if your subheadings are 'themes'.

RESPONSE: A subheading “Socio-demographic characteristics” was added. We have also adding the sentence “All subheadings below correspond to the core themes that were inductively identified during the data analysis.” Regarding the use of italics, please note that Reviewers 2 and 3 are comfortable with our reporting style, which is a style that, as mentioned in a previous comment, the authors have used themselves in multiple published peer-reviewed articles. Importantly, this is a reporting style that fits well with the methodological package that we chose to guide our data generation and reporting stages. There are words, such as ‘normal’ that –if truly pronounced by the interviewees– need be put in italics in this article. Otherwise, any reader may think the authors are introducing their own judgments on the narrative. Nevertheless, kindly note that we have thoroughly revised the Methods section in the light of your suggestions, we have
really moderated the use of italics, and we are confident that it will look now much more clear to the reader.

COMMENT: Describing traditional interventions on the genitalia. Line 31: here you say 'according to the traditional people', which is confusing because you talk to the midwives (who report on 'traditional people'). Please specify here, and also explain what is meant by 'traditional people' (explain everywhere when you have contested words like this, such as 'myth', 'bush', teachings, etc.) You should also give the reader some understanding of why this is so (is there an assumption that Sande support FGM/C - this could be written more about in the introduction)?

RESPONSE: Sorry again for the confusion. The ‘traditional’ people are the ‘Sande and Poro members’. This is clarified in this revised version. The ‘bush’ are the Sande initiation camps. This is also clarified. In the Introduction we also explain how FGM/C must mark women’s entrance into Sande and that there’re records from the XVIIth century which already described Sande and clitoridectomy.

COMMENT: Describing the FGM/C procedure. The quote here (like 52-57) is very interesting. Did she see this in the clinic as a midwife or elsewhere? You can also discuss the midwives’ knowledge about these complications more (in the discussion).

RESPONSE: Please note that we don’t have lines (wasn’t requested by the journal), so we hope we’re getting at the rights examples that you’re identifying. In this revised version, to help the reader better understand this quote, we had rephrased this part as “Other midwife, a Sande member herself, stressed, drawing from her own experience when she joined Sande, how profuse the bleeding could be: “I can tell you. When I went there [myself, to be cut], I almost died. I bled almost to death.”” In this quote, the midwife was talking about herself (she was one of the only 3 who self-identified as a Sande member). Actually, in our research, no midwife has seen this in the clinics. And no midwife has seen any FGM/C-attributable HIV or Hep C case. This is now also clarified in the Results.

COMMENT: On the next page (line 8) you talk about the teachings - here you should explain what these teachings are (or if you don't know, why). Look at and compare with other studies on 'bush teachings/initiation of girls, to make the reader understand this more thoroughly. What you write then about the medical personnel in the bush (to help prevent complications) is also very interesting and should be lifted up/discussed more.

RESPONSE: The teachings are the instructions that the girls receive in the bush (Sande initiation camps) right after they undergo FGM/C. This is better explained in this revised version. Regarding the presence of medical personnel in the bush, we do not have much information from the interviews to further discuss this. We agree with you that this is very interesting. But this was something that, unfortunately, our participants were not really willing to discuss in depth during the interviews. As reported, only one midwife stated that she performed clitoridectomy – and only once- to one pregnant women in her consultations. The other midwives tried not to talk
about healthcare personnel doing FGC themselves or about healthcare personnel participating in the camps.

COMMENT: Also this about 'secrecy' which fills a lot in the paper (and is very interesting). Unveiling the secret of FGM/C. Line 51: what do you mean by members? And on the next page, the quote needs some explanation. Also line 14-15 on this page is unclear, do you mean the midwives that are Sande?

RESPONSE: Members are Sande members. This subsection has undergone thorough revision for grammar and clarity.

COMMENT: Identifying obstetric consequences of FGM/C. You write that there was no consensus on the risks associated with FGM/C - this is very interesting and should be lifted more in the discussion. This also has implications for successful of training; if they don't see the medical complications in practice, it is harder to take on health messages. Important I think - discuss more (as it is now, what you write on training in the discussion/conclusion does not derive from this).

RESPONSE: Sorry, we acknowledge this was not clear in the first submission. We have tried to make this more clear in this revised version. There was consensus that bleeding and tears are FGM/C-related complications that all midwives encountered in delivery. There was not consensus on whether, e.g. fistula and urinary tract infections were or were not FGM/C-related complications. We come back to this findings in the Discussion.

COMMENT: On the next page, line 9-10 you write that vaginal examinations are important to plan for preventing care during delivery. This needs more explanation on how, why. What kind of complications did they see? It is good that you write about that later in this section, but as it is the main objective of your paper to investigate this it could be highlighted more (and especially in the discussion).

RESPONSE: Thanks. We have made many edits in subsections ‘Identifying Obstetric Consequences…’ and also in the ‘Identifying training need…’. More emphasis in the need to train midwives in antenatal care/examinations is given in the Discussion (and new reference added).

COMMENT: Identifying psychosocial consequences of FGM/C. As I see it this chapter is more about sexual problems than psychosocial.

RESPONSE: Mostly, but not exclusively. Please note that this section ends explaining the social harm that, according to the participants, might result for women who decide not to enter Sande.
COMMENT: Being trained on the health care implications of FGM/C. In line 46-47 you state that not all health care facilities had social workers to attend women with sexual problems. I then want to ask: did some? How did this look like? I am also intrigued by the comment on possibility for surgical reconstruction - what does this mean? Clitoral reconstructive surgery? Defibulations? Others? Please provide some more information here.

RESPONSE: We have deleted any mention to ‘surgical reconstruction’ as this mention was the authors’ own interpretation, and was not really drawing from the interviews. Regarding ‘social workers’, we have changed it by ‘personnel skilled’ as this was also our own assumption.

COMMENT: Also in the next page you write that all TBAs are zoes: please explain more what a zoe is (as I asked before) and what this mean - are all TBSs FGM/C practitioners? I also find it interesting what you write about what they (Sande members) say about the positive side of FGM/C- does this mean that they support FGM/C (implicitly, explicitly)- if so why, what are the implications, how can we understand this, etc.? Also on the next page one midwife says that FGM/C should be optional - very interesting, what does this mean? Explain here or discuss in the discussion chapter.

RESPONSE: Explanation of what a zoe is is now given at the start of the Results section. It is also clarified that, according to all participants, not all zoes are TBAs, but all TBAs are zoes and/or Sande members. At the start of ‘Forecasting’ we also clarify that they are against FGM/C whilst they’re pro-Sande (or, at least, defendants of its moral teachings). The sentence has been rephrased as “Some midwives, who had attended workshops on FGC expressed that the trainers made them feel ‘bad’ because they only emphasized the ‘negative side of it’ (i.e. the harmful health consequences) and did not talk about the ‘teachings’. All midwives agreed that, for future trainings to effectively sensitize health care workers on the FGC-associated harms, these should incorporate content appreciating the Sande moral values and instructions given to the girls when in the ‘bush’”

COMMENT: Disseminating and scaling up FGM/C research. Here it is interesting how Sande members talked because they felt committed to the study aim. This should be discussed more, perhaps in a sub-chapter on methodological considerations.

RESPONSE: All midwives were committed to the study aim. Talking about FGM/C is a difficult decision for all midwives, irrespective of whether they are Sande or not. The Sande ones would feel that it is forbidden to talk. The non-Sande would be afraid to talk. We cannot argue that self-reported Sande felt more or less ‘committed’—or that their commitment was driven by different intentions—than non-Sande members, especially because we feel that the majority of the midwives were actually Sande (some reported it off record, but not during the audio-recording, hence we cannot use that information in this article).

COMMENT: On the next page you also say that there are fear about being harmed by the zoe. What does this mean? Are zoe's seen to have witchcraft?
RESPONSE: No, they are not seen as witches, and we hope no reader will reach at that understanding. To avoid this, this part has been rephrased as “One midwife warned that extending this research at community-level could imply a high rate of refusals to participate. This midwife explained how some women would fear to be taken by force, and be re-circumcised by the zoes should these become aware of their participation as study subjects”.

COMMENT: Forecasting persistence of FGM/C. The first sentence here is very interesting. What does it mean to be against FGM/C but in favor of Sande? Did they not differ that much? (Sande and non-Sande participants)? Please elaborate.

RESPONSE: We think this is actually one of the most interesting findings of this research. A finding that could be used for future trainings and community awareness. We had rephrased it a bit and it reads as follows: “All midwives positioned themselves against FGM/C but in favor of the existence of the Sande society and, specially, in favor of the teachings that the girls received in the Sande initiation camps. Only one midwife, a non-member, said that she would abolish Sande as well.” Unfortunately, only 3 midwives disclosed that they were Sande members. Hence, a members/non-members comparison cannot be truly made. Nevertheless, we also think that a comparison is not necessary as actually all midwives – but one- reported being against FGM/C and, at the same time, in favor of Sande society and –especially- in favor of the moral teachings that Sande gives to the girls in Liberia.

COMMENT: Discussion. I don't think it is accurate to start the discussion with training - there is a lot of interesting stuff coming up in your results, and you should instead discuss some of these. You can come with some recommendations towards the end, but as it is now there is a missing link between your findings and your recommendations. It also seem like the chosen literature for comparison is not the best fit, could you find other literature that could be more accurate for your discussion?

RESPONSE: Please note that we start talking about training in the 2nd paragraph. The first paragraph is dedicated to what we think is the most important finding of our work. We did a study with the main aim to understand health complications of FGM/C as perceived by midwives. In the end, thanks to the commitment of the participants, we generated a lot of interesting data on how the Sande society, modernity, education, gender values, etc interweave and determine both decisions to perpetuate FGM/C or to abandon. We then do move to recommendations for training because that was a key secondary aim of our study. We have checked all references throughout the article.

COMMENT: In the result chapter about sexuality (identifying psychosexual consequences of FGM/C) there is also not much on whether midwives meet women with sexual problems - more on what FGM/C is perceived to do with sexuality, and what men like etc. It is therefore difficult to conclude that you need more training on sexual health (if you look in the literature, there is ambiguity regarding to what extent women with FGM/C experience sexual problems). Again,
there is not a clear logic between findings and conclusions/recommendations. The same (lack of connection to findings) count for the [32] reference to sexual rights.

RESPONSE: Thanks for this. We acknowledge that this subheading was not that clear, and we had worked on it. Hopefully, it’ll read better now. Indeed, the midwives were referring not to what they thought about FGM/C leading to sexual problems. The midwives were referring to cases that they had seen in their consultations. Or to people in their communities (men and women) who did comment to them about their sexual problems. We have tried made this clearer. Reference [32] removed because in that specific sentence we were giving our own opinion, and not [32]’s opinion.

COMMENT: Also, you refer to feminist grounded theory in the end, however without making any explicit connections to this framework. How did this affect your data? How did it work to use informants as co-interpreters? How did this change anything? Please integrate this framework more.

RESPONSE: As explained in a previous comment, we have rewritten explanation on constructivist grounded theory and its feminist interpretation in the Methods section. There are two paragraphs on feminist interpretation in the Discussion. We feel that, considering the length of the paper (9500 words, after the thoughtful revision we’ve done considering your comments) the amount of information and discussion on FGT is sufficient.

Reviewer #2:

COMMENT: Dear Authors, I have twenty years of research experience in the field of FGM and was a surprise to find new information in your well written manuscript that I do find worthy publishing. It is a clear and solid qualitative manuscript, but I have three minor comments where it can be improved.

RESPONSE: Dear reviewer, thank you very much for your words of appreciation which are very encouraging to us. We are really happy to read how much our work has positively surprised you. Many thanks.

COMMENT: First of all: The design is well described, with good references to the feminist GT, steps ok described. The ethical considerations are well explained. The result section is also well written.

RESPONSE: Thanks again. We have added a few changes in our attempt to respond to Reviewer #1 comments on our work. We hope that our article reads even better now.
COMMENT: My first comment is at p 10. I wish the authors to re-write the sentence "This was a traditional belief that one midwife defined as a myth!" This is one of the very few times, or even the only one, when the authors not stay at the "participants perspective" when writing the results, as this sounds there is an judging attitude by the researchers, strengthen by the "!".

RESPONSE: You are certainly right, and we have deleted the ‘!’ . We have also thoroughly revised the Results section in the light of Reviewer #1 concerns about how we report the study findings. We have tried to ensure that the Results section is free from ‘judgments’ and ‘assumptions’ as this would be the opposite we’d wanted from a feminist grounded theory perspective.

COMMENT: The second comment - where I also request the authors to rewrite or preferably remove is at p 22. Just before the sub-heading "Forecast persistance..." you write "According to this midwife, the zoes can even harm you!" In this sentence you are suddenly TOO MUCH on the participants side, it sounds as you are transfering the participants fear and it is also not clear who they mean is "you". A scientific qualitative text has to be balanced.

RESPONSE: This sentence has been deleted. And, following Reviewer#1 recommendation, we amended a bit this paragraph to explain how the midwives explained that some community members would refuse to participate in FGM/C research because they would fear that the zoes could take them and –as some midwives put it- ‘re-circumcise them’ by force.

COMMENT: Thirdly, concerning the discussion one could wish some reflections from the authors about the limited sample/the disadvantages with the snow-ball sampling maybe only reaching persons with similar perceptions. And what about the saturation, a statement in GT, when you ahd a selected no of participant and three declined participation.

RESPONSE: In sub-heading ‘Strengths and Limitations’, we added that ‘The sampling method that we used might have also made us miss opportunities to encounter other pro-FGM/C midwives.’ We also added that, due to early discontinuance of recruitment, we couldn’t aim at ‘reaching theoretical saturation in some sub-themes (e.g. possible medicalization of FGM/C in Liberia)”

COMMENT: An almost perfect manuscript, almost ready. Yours sincerely, Vanja Berggren

RESPONSE: Dear Vanja, many thanks for your words of appreciation, which are very dear and encouraging to us.

Reviewer #3:
COMMENT: A very interesting and topical piece of research on health professionals' experience of FGM/C and its complications from West Africa. A few points: INTRODUCTION. 1. Instead of saying that FGM is legal, why not say instead that there is no law against the practice. It is not the whole truth to say that it is "legal", it's just that there is no legislation against it. I don't think it's the same thing

RESPONSE: Dear reviewer, many thanks for your revision of our work. You are certainly right. There's indeed a subtle difference between ‘being legal’ and ‘lacking legislation against it’. We have changed this accordingly, in the Introduction and also in the Abstract.

COMMENT: 2. A bit more structure in the background would be appreciated: a. What is FGM - definition as per WHO and types. b. Health risks. c. Girls at risk and numbers of women living with FGM. d. FGM in Liberia - context in which it happens. e. You could mention level of medicalization if you think this is relevant. f. Mention of midwives receive any FGM training

RESPONSE: Please note that in this revised version all FGM/C types are mentioned in the introduction, there's a brief description of main risks associated to FGM/C, numbers of women who might be living with FGM/C are given (as per the 2013 DHS; number of girls at risk is not a known figure). Level of medicalization is unfortunately unknown. Regarding FGM/C training for midwives, nothing could be found in the literature, but this was one of the main discussion topics we had with the midwives during the interviews, and this aspect is reported in the Results section. Midwives in Liberia, though, can register as obstetric clinicians since 2013. We have included mention to this advanced training in Methods, and have added a new reference.

COMMENT: You talk about feminist grounded theory, can you explain what this is in the Introduction?

RESPONSE: Kindly allow us leave explanation on feminist approach to constructivist grounded theory in the METHODS section as this was the qualitative research approach that we chose to guide the study methods. However, please note that, as per reviewer #1 suggestions, more details on this approach and on how it differentiates from pragmatic decisions on study conduct, have been added in the Methods section.

COMMENT: Give us some idea of how many women have access to midwives (as opposed to TBAs or others) during delivery.

RESPONSE: Unfortunately, this information is not available. The TBAs are not part of the official health care system. Additionally, pregnant women also have access to nurses and doctors during delivery, as not all clinics have midwives. In this revised version, however, we have added reference to Dolo et al., paper, in the Methods section, and reporting how, since 2013, midwives in Liberia can qualify as obstetric clinicians.
COMMENT: As you finish the Introduction, tell us why you think the results of the study are important.

RESPONSE: Thank you. We have re-ordered a bit the final paragraph of the introduction so that the reader understands better why we think the study results will be important.

COMMENT: METHODS - how many midwives did you recruit? Perhaps a small table of informants for in-depth interviews, how long they had been working, age range would be useful. Had any of the midwives undergone FGM themselves?

RESPONSE: We recruited 17 midwives, this is explained in the first subsection of RESULTS. As explained in the sub-section on ‘ethics’: “To further prevent identification of the participants ... disaggregated socio-demographic data is not reported in this article.” We would indeed like, as you suggest, include a small table with disaggregated information on age, etc. That is standard reporting practice that we have indeed done in previous publications. However, as explained to reviewer#1 in a previous response, please note that there are not many midwives in Liberia. Adding such table could help some local readers identify which midwives partook in this study. Hence, to minimize as much as possible opportunities for identification of participants, we need not add such table in our paper.

COMMENT: RESULTS - perhaps you could start the results section with a figure of the themes, sub themes and patterns that you identified so that it would be slightly more structured and easier to follow in the body of the results. As it stands, it is not clear why you mention these particular headings in the results.

RESPONSE: Rather than a figure, which we think could confuse rather than explain, what we have done -as suggested by reviewer #1- is to further work in the Results section to improve its narrative style, to clarify the reader that most descriptions were mentioned by the midwives participants, and that the headings were inductively created during the data generation and analysis process.

COMMENT: CONCLUSIONS -you mention the health harm risk of FGM and at the same time that the population appreciates the traditional instructions given during initiation into Sande. How do you suggest that you can "square the circle"? Do you have any suggestions, ideas based on your results on how you can remove the health harm and keep the tradition?

RESPONSE: The substitution of FGM/C by 'pricking' or 'nicking' for instance, was discussed during a few interviews. We have inserted a final comment in relation to a possible transformation of FGM/C by non-harmful procedures. We would have preferred put more emphasis in the need to challenge and transform harmful gender norms. However, to our surprise, it was precisely gender norms what the midwives –though firmly anti-FGM/C- endorsed. Hence, we opted to moderate our anti-harmful gender norms discourse.
Thanks again to all reviewers for their comments. We hope that this improved version of our work merits publication in Reproductive Health.

Kind regards,

Corresponding author.