Reviewer’s report

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

Version: 0 Date: 24 Sep 2018

Reviewer: Malin Jordal

Reviewer’s report:

Comments to authors Birds of the same feather fly together (Reproductive Health)

Dear Authors. Thank you 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.

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).

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 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 a bit in the end of the discussion, but it should come much earlier so that the reader can understand the findings better. 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.
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).

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

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.

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

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.

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. 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.
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.

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.

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 you 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.

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)?

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.

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.

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).

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'.

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)?

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). 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. 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?

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). 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).

Identifying psychosocial consequences of FGM/C

As I see it this chapter is more about sexual problems than psychosocial.

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.

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 say that FGM/C should be optional - very interesting, what does this mean? Explain here or discuss in the discussion chapter.

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.

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?

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.
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? 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.

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.

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal