Author’s response to reviews

Title: Adult and Young Women Communication on Sexuality: a pilot intervention in Maputo-Mozambique

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Version: 1 Date: 10 Jun 2019

Author’s response to reviews:

Dear Venkatraman Chandra-Mouli,

Thank you for the careful revision of our manuscript entitled “Adult and Young Women Communication on Sexuality: a pilot intervention in Maputo-Mozambique”. We have addressed the comments point by point and have made substantial changes to the manuscript. Please find attached the revised version of our manuscript which we would like to resubmit for Journal of Reproductive Health.

Your comments and those of the reviewers were highly insightful and enabled us to improve the quality of our manuscript greatly. In the following pages are our point-by-point responses to each of the comments of the reviewers. All sections of the manuscript have been proofread (changes not indicated in the text).

We are looking forward to your response.

Kind regards,

Mónica Frederico

On behalf of the writing team.
Reviewer #1

It is an interesting article for those operating in this field. It is important to address additional social and behavioral strategies for behavior change in Mozambique. As the authors articulate, there is relevance to investigate the interaction between adolescents and adults that may create a better environment for behavior change. I have a set of questions and suggestions:

Thank you for your generally positive comments and interesting feedback on our study. We will respond to each of the comments in detail below.

1. Research question: as an evaluation, I missed more discussions about the outcome of interest that you used to evaluate the intervention. I believe that you considered the 'intention to change' as a predictor for behavior change, but you could have discussed more the theory and, as a consequence, the outcome. It is not clear in the methods or in the discussion section either. I missed an in-depth revision of the literature that would have prevented some issues in the intervention such as misconceptions about sexuality.

R: In response to this important remark we included following text in the discussion section in which we align the results with the concepts of the theory of Planned Behaviour:

"This outcome may be interpreted within the conceptual framework of the Theory of Planned Behaviour (TPB) that describes predictors for behaviour change. [Montaño et al 2008,National Cancer Institute 2005, Ajzen 1991]. The intervention might have contributed to a change in some key variables that influence the behaviour regarding intergenerational communication on sexuality. The results suggest that participants have changed their perception on the social normative on talking about sex, on their own ability to participate in such discourses and on the belief that interaction on sexuality produce positive effects on understanding own sexual issues and on an improved sexual wellbeing. According to the theory of Ajzen these altered perspectives lead to the intention to enact differently as before."

We address the comment on the remaining misconception about sexuality among participants in point 7.

2. Method:

a) I was not sure what is time elapse between the three intervention sessions and the in-depth interviews.
The interviews occurred one week after the last session. This information was added in the manuscript.

b) What is reasonable following the Theory of Reasonable Action or Planned Behavior? I understood that 16 people participated in the intervention program. Why have you excluded three of them in the in-depth interviews. The reason presented in the text seems a bit vague.

Data were collected through 13 in-depth interviews with participants selected from the intervention group. Three of them refused to participate in the interviews. We are unsure about the reason for the refusal. We have presented this information clearer in the methods section.

3. Method: why were relatives excluded in the sessions? In Mozambique, family members play an important role on social norms related to the sexuality in their families. I am not sure how the Theory that promotes exactly the idea of a context and interaction allows the exclusion of an important element to change such relationships. Maybe the authors have to better articulate of meaning of expanded family in Mozambique and their role that exceeds the role that nuclear family has in Western societies.

This decision does not disregard the important role that family plays regarding social norms related to sexuality as we recognize the African perspective of extended family. This means that members of the extended family or community take responsibility for the young individuals. In Africa, sexuality is discussed with grandmother, aunt or other adults from the community, which constitute the extended family. [Amos 2013; Madukwe et al. 2010]. We have expanded on this in …

4. Method: Line 14 of the "Description of the intervention" starting 'The sessions lasted approximately minutes". I believe it is missing crucial information related to the length of each session. Also, it is missing information about the language of the sessions and the interviews; also missing information about the translation.

The sessions lasted approximately for 50 minutes. The sessions and interviews were held in two languages, namely Portuguese and Cichangana (local language). The interviews in local language were translated into Portuguese, and then all were translated into English.

5. Results: the method to choose that community inform that 51%-66% of the women were illiterate. However, the majority of the interviews happened among high literate women (9 our 13 had more than 8 years of schooling) and none of them were illiterate. This needs to be
discussed as it seems an important limitation considering that the Theoretical approach is solidly based on cognition.

The majority of women aged 15 and above living at this community were illiterate. However most of the participants of this pilot were at or completed secondary school. It is a limitation of this intervention study that there were almost no illiterate women included what leads to a selection bias. Future implementation research should look on how to reach all women of the community. We included this in the limitations section.

6. Results: method section states that half of participants were 25-49+. Actually, there was a woman who is 56 or 58 years old--or there were two women above 49. The narrative presents conflicting information about her age or it should be better described in the methods.

R: Thank you for your observation. We rephrased the sentence. and now reads as follows: eight were aged between 25 and 58.

7. Results: There are statements about IUD that seems that it is wrong for a young person to use it as a contraceptive method. LARC is acceptable and recommended to be used as a contraceptive method for adolescents. The study does not address the risk of misinformation that this approach may entail.

R: This is a very relevant remark. We have added the following paragraph in the discussion section which also addresses the issue of point 9 on how to deal with misinformation in the future.

"In the result section appears a quote of a participant stating that it is wrong for a young person to use IUD as a contraceptive method. This can be considered as a misconception given the scientific evidence that long-action-reversible-contraceptives (LARC) are recommendable for adolescents. Fostering interaction on sexuality between people does not necessarily lead to the exchange of correct and evidence-based information. The risk that by this approach misinformation is shared within families and communities is real and cannot be avoided [Nelson et al. 2014]. However the main purpose of the intervention is sharing ideas, perspectives, opinions and believes starting from the assumption that interpersonal interaction is a driving mechanism towards behavioural change. The basic principle is that all what people say is meaningful, deserves respect and is worth to be communicated. Disclosure of those meanings is enriching and contributes to a larger understanding. Basically, we assume that at the long time the agreed truth will rule in concordance with the ideas of the philosopher Habermas who relates the meaning of truth with the outcome of a universal, rational consensus (consensus theory)[Habermas 2003]. To disclose this truth, more communicative action is needed. It is unlikely that misconceptions, myths and taboos will disappear after a few sessions. These interventions should rather be considered as a trigger point for strategies that impulse intergenerational
communication within communities and families. Future implementation research should focus on how such programmes could be scaled up.”

8. Discussion: it is second page line 31, it states "interaction between individuals with different background, skills, and experiences leads to exchange". I found very little evidence about this variety of background and or skills.

On the other hand, diversity creates an opportunity for deeper analysis and learning [Mannix et al. 2005, Horwitz 2005]. The interaction between individuals with different backgrounds, skills, and experiences leads to an exchange of different perspectives and approaches to the problem. This intervention involved women who differ in age, sexual experiences, reproductive life (childless, mother, grandmother), marital status, schooling and occupation (e.g. HIV activists, informal sellers, students). Consequently, for a major impact of interaction sessions, it is crucial to consider thoroughly the balance between homogeneity and diversity when composing the group [Horwitz 2005].

9. Discussion: myths and taboos. The authors informed the implementation should address the improvement of correct information in the future. However, with little information on how the sessions were conducted, it is difficult to appreciate how future implementer should incorporate this finding in their programs.

In the response on point 7 we have dealt with this important remark.

Moreover, it is surprising that "misconceptions on sexuality limited the intervention process" given the existing body of knowledge in this area.

We agree that there is a lot of existing knowledge. In the design of the intervention we expected that misconceptions, conservative ideas and taboos would have been less among the participants, as the intervention was conducted at urban area, where it was expected to have less influence of social norms. However, erroneous ideas/attitudes and the reluctance to talk about sexuality were still highly prevailing among participants which made it more difficult to conduct the intervention. On the other hand this shows how important such intervention are and how much still remain to be changed.