Author’s response to reviews

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

Authors:

Mónica Frederico (monica.frederico@ugent.be)
Carlos Arnaldo (carlos.arnaldo@uem.ac.mz)
Kristien Michielsen (kristien.michielsen@ugent.be)
Peter Decat (Peter.decat@ugent.be)

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Re: Manuscript reference No.: REPH-D-19-00075R1

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 suggested. 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 reports:
Reviewer #3:

This is a very interesting article which is important in the SRH field, however, some clarifications is needed in some areas. Regarding the topic- this includes adults and young women yet the abstract is adult women and adolescents- please can you make this more clear?

R: Thank you for your observation. The manuscript is about adults and young women. By adults women, we refer women who participate in this study whose age was equal or above 25 years. Another concept is young women. UNPFA [2014] classify young people as boys and girls at the ages of 10-24 years. In this study, we used the word young to designate the sub-groups of women aged between 15-24 years which were part of the target group of the pilot. Throughout the article, the words adult women and young women are used interchangeably with the word female adult and young. We removed the term “adolescents” when it concerned the young women participating in the intervention.

In the manuscript we made the clarification in the paragraph on the description of the intervention:

The intervention consisted of three consecutive coached sessions in which young women, aged between 15 to 24 years, and female adults, women above 25, interacted about sexuality.

Below are specific comments on the methods, results and the discussion

Methods:

-What is the justification of using TPB? It is an individualized approach, yet you mention social normative behavior change. Looking at adolescents, their SRH issues should be approached holistically in the context of socio-cultural community norms. TPB greatly undermines
contextual factors. TPB operates at the individual level and often is criticized for being highly individualistic, rationalistic and static in nature, and fail to account for social-cultural, political, or macro-economic factors that influence health behaviors.

R: TPB it is an individualized approach which can create a bias on information, once adolescents sexual and reproductive health needs approaches which can allow screaming factors influencing not only factors resulting from individual behaviour but also those such as interpersonal, cultural and societal. However, in this study, this model was used as a guide to elicit barriers, facilitators for the intention to share experience about sexuality during the sexuality communication sections with other participants. This was due to the fact that the assumption of this model says that the intention to perform certain behaviour depends on the perception of the existence of others which can or cannot approve certain behaviour. In this case, the intention to share information in a group which was composed of adults and young.

We adapted the third paragraph in the section “the theory and implementation of coached interaction sessions” as follows:

“TPB focuses on individual factors influencing behaviour. However, ones behaviour highly depends on the perception of the existence of others which can or cannot approve certain conduct. Therefore we added to the concepts of TPB the assumption that interpersonal interaction is the main driver for changing norms, attitudes and perceived behaviour control [37]. This leads to the key hypothesis of our intervention: interaction on sexuality in a safe environment might contribute to a change in behavioural factors that make it difficult for adolescents and adults to communicate with each other on sexuality topics”.

-Page 7, line 15, it is stated that there were 16 participants who were part of the sessions, however, only 13 participants participated in the IDIs- how many were adults and how many were adolescents/young women?

R: Among the 13 interviewed participants, six were young women (ages 15-24), and seven were adults.

-It would also be helpful if you could provide some clarity on what your definition of young women is? 15-24 or 20-24? (Also adolescents include those aged 10-19)- You should try to make clear your distinction between adolescents, young people, youth and adults.

R: Young people include people at the ages of 10-24 years [UNPFA 2014]. In this study, we used the word young to designate the sub-groups of women aged between 15-24. In the
manuscript, we clarified this in the section “description of the intervention” and removed the term adolescents.

-Why were boys/men excluded in the study? This is a limitation as some SRH issues that adolescents face are influenced by boys/men’s behavior e.g. the ability to use contraceptives such as condoms as well as gendered norms.

R: We recognize that using mixed group based on sex could be more interesting given that young women’ Sexual and reproductive health depends also on the boys/men’ behaviour, not captured in this study, which is a limitation. However, this was developed with the aim of inducing dialogue about sexuality between mothers and their daughters because it was pointed as the reason for early pregnancy, and consequently, for the decision to induce abortion. We think, once women (adult and young) become conscious about their similar needs and worries in sexual and reproductive health, and the importance of communicating about it, it could be a step forward to reach a phase in which this information is shared between males and women. We recommend future intervention to observe this aspect of the gender mix group.

We included in the discussion section the following paragraph:

“Boys and men were not included in the intervention. This is a limitation as women’s sexual health is largely influenced by men's behaviour e.g. the ability to use contraceptives and gendered norms. We opted for exclusive female meetings intending to create an environment where women feel free to talk about sensitive topics. However, the inclusion of boys, together with the acceptance of persons from the same household, is an important recommendation for similar interventions in the future that aim to induce parents/families to communicate on sexuality.”

Was the session for young people also facilitated by an adult? - This might be another limitation or a cause for bias, because young people tend to talk more freely between peers and shy away from sharing their SRH experiences with adults.

R: Sexual and reproductive health communication between young people and adults is the issue aimed at inducing at community through this piolet. Recognizing that young women can be shy to talk about their experience the facilitator group was composed of one adult and one young woman. This was designed as such to make it balanced, with each part of the group identified with.

We added in the description of the intervention the sentence:

“In order to improve the exchange of sensitive experiences between women of different age, the sessions were facilitated by both a female adult and a young woman.”
Were any of the adolescents or young women also parents or just the adults?

R: There were some young women who were a mother.

On page 7, second paragraph, it was mentioned as follows:

“Among young women three were mothers, three did not complete primary school, and three were attending secondary school”.

Page 9, line 42 - grammatical error, please address this.

We reformulated the text as follows:

“Similarly as for the implementation of the intervention, we conducted the interviews in both Cichangana and Portuguese languages”.

Results

Page 10, table 1 is a little confusing, please clarify by what is meant by 15 & 19, is this to clarify the age range? i.e. 15-19? If so please amend accordingly.

R: Done. Now can be read 15 – 19; 20 – 24; 25 – 58 years.

Discussion

It would be good to have a discussion of also other studies done in Mozambique addressing this topic and how it deviates or is similar to your findings. There is a scarcity of information on the Mozambique context or countries with similar context in your discussion.

R: We added in the discussion section the following paragraph:

From the early 90’s the Mozambican government implemented several interventions with the aim to improve the sexual health of young people. A variety of methods were used: face to face education, youth-friendly health services, peer-led education, digital communication (SMS, facebook, voice calls, interactive platforms and virtual counselling) [52,53,54]. As far as we
know this piloted intervention appears to be one of few experience in Mozambique in using facilitated interaction between young people and adults from the community as a tool to promote intergenerational communication on sexuality.