Author’s response to reviews

Title: Understanding sexual and reproductive health needs of young women living in Zika affected regions: A qualitative study in northeastern Brazil

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Author’s response to reviews:

Dear editor and reviewers,

Thank you very much for your time and consideration. Please, find below the point-by-point responses. Please, do not hesitate to contact us for further clarifications.

Reviewer reports:

Reviewer #1:

Thank you for your review. Your summary is the essence of the work presented here. Placing the most affected women and the population who continues to be at risk at the center of the discussion is the major conclusion of this study as you noted.

Reviewer #2:

1. Abstract (page 3/ line 7): the authors stated that the study "examined barriers faced by young women...", but the title ("sexual and reproductive health perceptions, needs and challenges...") and the objective statement (page 6/ lines 10-13: "to describe the adolescents and young women's perception on sexual and reproductive health as well as their experience when seeking sexual health and reproductive planning"…) bring different information.

We have modified the title in order to reflect the article's content we also have adjusted a few aspects of the abstract. The revised title and abstract changes are highlighted in the manuscript document and are is also included bellow:
Article title: Understanding sexual and reproductive health needs of young women living in Zika affected regions: A qualitative study in northeastern Brazil

This study examined the barriers faced by young women who seek sexual and reproductive health (SRH) care services living in affected areas and their attitudes towards SRH needs and the available services

Objective: This paper aims to describe the adolescents’ and young women’s perception and their needs on sexual and reproductive health and services as well as the barriers they faced when seeking sexual health and reproductive planning in Brazilian public health care facilities located in regions most affected by Zika virus.

2. Abstract: the first sentence does not appear to be based on data of study. I suggest rethinking it.

We have revised the excerpt. The revised details are presented below. Abstract’s conclusion now stands:

The young women's attitudes towards their SRH needs exposes the barriers to access care. It also implies that comprehensive, biopsychosocial and political, understanding is necessary in order to adequately provide SRH to this population and meet their needs. The government should place women at the center of the discussion and focus on improving access to information and family planning services in a culturally and age appropriate manner.

3. Methods: little is known about the form of "selection" of participants. Besides the fact that they are young women, there were some other criteria? How were they contacted?

We have included the paragraph bellow in order to explain in more detail participants selection, exclusion/inclusion criteria and how they were contacted.

Health care workers invited women seeking sexual and reproductive health services at these sites between November 2017 and July 2018 to participate in the study. An informed opt-in procedure was used, participants were only contacted by the research team after providing their consent for the contact to the health care workers. Data was stratified by age and only women younger than 24 years old were considered for this analysis.

4. Methods: it was not clear what were the questions that guided the interview. I suggest informing the main topics.

We have included the required information on the manuscript. The excerpts are also listed below:
Initial questions were on sociodemographic items – age, ethnicity, occupation, level of education, marital status, number of children, religion if any, location of residency. Questions about their attitude and knowledge on Zika virus, CZS, sexual transmission of Zika, contraception, abortion, pregnancy, SRH needs and services followed.

5. Methods: although not mentioned, the number of participants was limited by theoretical saturation?

Thank you very much for your question. We produced theoretical reflection on collected data, because of that, there was no intent to survey a representative sample of this population for generalization. We included a statement regarding this matter. The excerpt is below:

Our study was based on qualitative research methodology, because of that, we did not intend to specify frequencies, nor produce generalizing statistical inferences. Our aim was to investigate in a purposive sample and through in-depth analysis a theoretical reflection on young women’s sexual and reproductive health needs as well as the barriers faced by them to access the health care services.

6. Results and discussion: this sentence is confusing and deserves to be revised since it is later reported that "the mosquito was described by most of them as the main vector of transmission of the Zika's illness and microcephaly in babies as one of the consequences of virus…”

The sentence on (page 10 line 15-16) “The silence about Zika virus adverse effects was understood as a barrier to access due to lack of health awareness” has been removed from the text in order to avoid any misunderstandings.

7. Results and discussion: in describing barriers to accessing health services, the authors focus on reporting "communication failures" and this is very important. But no woman reported difficulty in accessing medical consultation? Or availability of contraceptives in the health facilities?

We included the paragraph below about this point in order to clarify this point:

The persistent inadequate and inefficient communication between the health care facilities and the women contributes to their perception and attitudes about the services. In addition, the community perception of a long-standing state of deficits in the public health services available lead women to understand them as unreliable. The long waiting periods for appointments, lack of wished birth controls such as LARCs or the communication and information gaps were reported by women as circumstances that led them to not entrust that the services will cater for their needs. In order to overcome this barrier to access, their preemptive attitude is to first seek SRH elsewhere, such as in their close community of friends and relatives and/or with a local pharmacist.
8. Results and discussion (page 11/ lines 21-22): despite the importance of reproductive coercion in female sterilization, this category ("reproductive coercion") emerged from the data?

Reproductive coercion it not an emic classification, but it is a theoretical category discussed by previous studies. In this sense, “reproductive coercion” might have been one of the reasons why young women reported their perception on sterilization as we discussed in the manuscript. We have modified the sentence in order to clarify this issue

(page 13 line 11-15) One possible way to understand this perception towards irreversible contraceptive method could be due to reproductive coercion as well as stereotyping of women in health care. The category of reproductive coercion could be influencing young women's understanding on female sterilization.33,34

Reviewer #3: It is an important article in this field, despite the limitations of a qualitative study.

It highlights the vulnerabilities of young women in northeastern Brazil related to unplanned pregnancy and the risk of Zika virus infection.

Socioeconomic profile associated with the difficulty of access to safe information and failures in health care of these young women were the stage for adverse reproductive outcome.

Thank you for your comments and review. We would like to add however, that every qualitative and quantitative study have limitations. We believe we have adequately discussed the limitations of our study in our conclusions. The fact that this study utilizes qualitative methodology should not be seen as a way to undermine the values of our findings. We hope it will be evaluated as an equally worthy scientific study like many others.

Suggestions for adequacy of summary:

1. Results and conclusions need adjustment.

We have made the following adjustments in the results and discussion sessions

• The sentence on (page 10 line 15-16) “The silence about Zika virus adverse effects was understood as a barrier to access due to lack of health awareness” has been removed from the text in order to avoid any misunderstandings.

• We included the following paragraph: (page 15 line 5-13) The persistent inadequate and inefficient communication between the health care facilities and the women contributes to their perception and attitudes about the services. In addition, the community perception of a long-standing state of deficits in the public health services available lead women to understand them as unreliable. The long waiting periods for appointments, lack of wished birth controls such as LARCs or the communication and information gaps were reported by women as circumstances that led them to not entrust that the services will
cater for their needs. In order to overcome this barrier to access, their preemptive attitude is to first seek SRH elsewhere, such as in their close community of friends and relatives and/or with a local pharmacist.

- We have adjusted the following sentence: (page 13 line 11-15) One possible way to understand this perception towards irreversible contraceptive method could be due to reproductive coercion as well as stereotyping of women in health care. The category of reproductive coercion could be influencing young women's understanding on female sterilization.33,

2. The conclusions do not match the findings in the results.

We have made the following changes in the conclusion section

(page 17 Line 4-11) Our data suggest that young women in Zika affected areas have knowledge gaps on Zika related illnesses and about SRH. It was their perception that at national and also at the health-care facility level family planning and Zika illness is no longer a health concern. The description of the young women’s perceptions and challenges lived provides a comprehensive overview of their SRH needs and barriers to access. Lack of information on contraceptives use and its effects along with communication failure regarding SRH and unawareness about Zika creates access barriers and it likely contributes to the unmet sexual and reproductive needs of young women living in high risk areas for Zika

(Page 17 Line 20-22) To conclude, in order to provide culturally sensitive, age appropriate and effective SRH care for young women living in Zika affected regions who continue to be at risk for Zika, it is essential that young women and girls must be placed at the center of the discussion