Author’s response to reviews

Title: "Promote locally led initiatives to fight Female Genital Mutilation/Cutting (FGM/C)"
Lessons from anti-FGM/C advocates in rural Kenya.

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Author’s response to reviews:

Comment 1.0: Make clear these participants are advocates even if stated above

Response to comment 1.0: This has now been made clear as follows;

Data were obtained using 4 Focus Groups (FGs) with 30 anti-FGM/C advocates from Tigania East and West in Meru county.

Comment 1.1

This qualitative exploratory study employed FGs with anti-FGM/C advocates from two rural sub-counties in Meru, Kenya, where according to recent reports, FGM/C continues to be practiced [10], [11], [14].

Why this group? why not other groups with a divergence of perspectives, make this clear here. Why did you want to know about their perspectives over other groups who might have dramatically different and more varied perspectives? What is important to changing practice of their group? Are their current recommendations any different than they might have been a few years ago? Where are the barriers and facilitators?
Response to comment 1.1

In Meru, efforts to abandon FGM/C have been led by anti-FGM/C advocates, particularly through Alternative Rites Programmes (ARPs) which consist of a series of activities replacing FGM/C with non-harmful traditional rituals highlighting girls’ initiation into adulthood. Anti-FGM advocates have been involved in education programs for families, teaching them about the dangers of FGM/C and challenging the stigmas around uncut girls, who are traditionally ostracized from society and find it hard to marry. This group is therefore potentially knowledgeable about the gaps and opportunities for designing successful anti-FGM/C initiatives.

Comment 2.0: These are your objectives or questionnaire guides, not the results

Response to comment 2.0: This has been revised as suggested

Comment 2.1 Thematic framework analysis guided the analysis so is part of methods, maybe describe the types of questions asked.

Response to comment 2.1 Thematic framework analysis guided the analysis based on four main questions:

1) How has the cultural meaning of FGM/C evolved over time? 2) What are the perceptions in relation to the effectiveness of FGM interventions? 3) How effective are interventions and campaigns to end FGM/C in Meru County? 4) What actions are perceived as the most likely to bring about change?

Comment 3.0

The rest of the statement from "four main themes" on are RESULTS, not methods.

Comment 3.0

This has been moved to the results section

Comment 3.1

Prevalence is an epidemiological term, use something else, in your results you did not estimate or count anything so you didn't find in your study "drastically decreased" rates of FGM/C
There has been a substantial shift in the culture of FGM/C and prevalence has drastically decreased in recent years.

Response to comment 3.1

The term prevalence has been changed as follows:
The practice of FGM/C is changing; from the perspectives of anti-FGM/C advocates, the number of families carrying out the practice in Meru county has decreased.

Comment 4.0

If education (keeping girls in school) is most important put it at the beginning of the sentence before church....

Response to comment 4

This has been amended as follows:

Our findings demonstrate the significance of locally led initiatives to fight FGM/C. It also became clear that change would have to start at the family level with parents, particularly fathers, taking on a more active role in the lives of their daughters. Providing education about FGM/C coupled with keeping girls in school appeared one of the most effective ways of fighting FGM/C. At the community level, the church became particularly crucial in challenging the practice and providing education about the practice.
Comment 4.1

The conclusion is unclear what do you conclude from this study? include more details, this is so vague...

Clearly, contextualised, comprehensive approaches are needed that combine comprehensive education at primary, secondary and adult education levels, attention to the risk of orphans to be exposed to the practice, the support of religious leaders, women as role models and men gaining a voice in the debate to advocate openly for the abandonment of the practice. Information dissemination is not sufficient to change the practice. It requires a combination of behaviour change support at the community level, law enforcement and monitoring, and open and persistent advocacy by diverse representatives of communities.

Response to comment 4.1

Our study shows that current and past efforts to tackle FGM/C are clearly not working. Information dissemination is not sufficient to change the practice and while the practice of FGM/C is illegal in Kenya it is still being conducted in secret. It became clear from our study that standardised approaches in the form of ‘one size fits all’ clearly do not work. It would appear that efforts to tackle FGM/C have been highly fragmented and not followed a whole system approach.

Our study underscores the importance of combining multiple initiatives, involving a large network of local stakeholders, tackling FGM/C through community elders and leaders as well as through schools (education) including peer to peer interventions. Clearly, contextualised, comprehensive approaches are needed that combine comprehensive education at primary, secondary and adult education levels, attention to the risk of orphans to be exposed to the practice, the support of religious leaders, women as role models and men gaining a voice in the debate to advocate openly for the abandonment of the practice. It requires a combination of behaviour change support at the community level, law enforcement and monitoring, and open and persistent advocacy by diverse representatives of communities. We also suggest that future interventions conduct a form of ‘diagnosis’ of readiness to change and then a whole systems approach tailored to the specific circumstances of communities.