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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BMC Reproductive health- Reviewer reports:

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Reviewers’ comments

Reviewer #1: Some of the findings may be strengthened by further analysis and reflection.

For example:  Response to comment

Comment 1 Page 13 lines 7-13: "poverty perpetuates the practice" please elaborate here what this means and how. Your analysis of this contextual fact needs to be explored further in your discussion and some thought given to how this would or might inform interventions. “Poverty perpetuates the practice” reflects the view of the interview participant and this viewpoint was not further explored in the interview. However, in our discussion we make reference to other work that has explored the relationship between poverty and FGM/C. In our discussion we note that there is no simplistic relationship between the two. We argue for the need to address those factors that are more readily amenable to change, for example education. (page 25 paragraph 1).
Comment 2 Page 14 lines 2-3: "The role of grandmothers" there is no further reference to this group in your discussion or conclusion, yet you state it was an important contributor to the practice. Take a look at studies by the Grandmother project in Senegal https://www.grandmotherproject.org/ and see if there are any insights that may be useful. As a group, grandmothers have a newly acquired increasing responsibility of children in many communities. Also see Shell-Duncan B, Moreau A, Wander K, Smith S (2018) The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis. PLoS ONE 13(7): e0199217. https://doi.org/10.1371/journal.pone.0199217

Thank you for these valuable suggestions. In light of our findings, we have reflected on this paper by Shell-Duncan et al. and the influential role of grandmothers in this context. (Page 24 paragraph 2)

Comment 3 It is unclear why and how women in the Meru community generally have great influence and power or why they are "taking on traditional male roles" page 14 or have "most responsibilities in the home" page 22. What has changed and why? You need to provide some context for the reader and as you explore its relevance for decision making roles and the abandonment of FGM/C. We take the reviewer’s point. We have revised this accordingly and provided a context to the reader in relation to changing gender roles in Kenya and the potential impact this has on men’s decision-making role and ultimately the abandonment of FGM/C. (page 25 paragraphs 3 & 4)

Comment 4 Page 15 Line 29-30 "social groups" I suggest a review of some of the work underway by those working on social norms such as "Changing Social Norms: The Importance of "Organized Diffusion" for Scaling Up Community Health Promotion and Women Empowerment Interventions. Cislaghi B, et al. https://www.ncbi.nlm.nih.gov/pubmed/30747395

This is a great point - thank you. These references have been reviewed and are now included in our discussion to support our findings. (Page 24 paragraph 2)

Discussion:

Thank you. We have added this reference to our discussion to illustrate our point about the known variation in the practice of FGM/C in Kenya. (Page 27 paragraph 2)

Comment 6 I find that there is a tendency to cite literature in this section that does not necessarily advance the point being raised from the findings. For example, if among the Meru, daughters are increasingly not being cut (line 37-8 page 27); if religious organizations have played a pivotal role in reducing the practice (line 46-49 page 27); or men are increasingly not wanting women who are cut (line 14-22 page 28) it is unclear why you choose to cite literature that challenge these statements if that literature is not relevant to this Meru context. Rather literature that highlights how you might work more successfully with religious leaders, girls, and men might be helpful here. Thank you for the suggestions. We have now added literature to this section to strengthen the justification for our argument.

On page 25 paragraph 3 we note the need for interventions to explore and strengthen opportunities for dialogue about the practice between men and women and inform the development of strategies to address FGM/C. Valuable lessons about the most effective ways to involve men and women to work collaboratively in the SSA can be learned from women’s health programmes that have involved men as partners, for example Wegner and colleagues (1998) study Men as Partners in Reproductive Health.

On Page 26 paragraph 2 we underline the importance of getting the commitment and support from religious leaders to enable successful implementation of interventions.

On page 26 paragraph 3 we make reference to a study conducted in Kuria and Kisii communities in Kenya that underscores the importance of working with and training teachers to build their confidence and enable them to discuss FGM/C with to pupils.

Comment 7 Line 40-55, 58-9 page 28 "lack of resources/resource constraints" will remain a perennial issue-how is this issue to be addressed? Some discussion needed here on what is, will be, or should be the role of county governments with regards to these resource challenges?

This is an excellent point and we have incorporated revisions stemming from it to highlight the role of the governments in funding anti-FGM/C interventions and research.
Comment 8 Line 44-48 page 28 "lack of understanding of local context," it's unclear who lacks understanding and why? This has now been clarified. This refers to the understanding of NGOs working on time limited projects. Such projects often do not allow for a thorough exploration and understanding of the local context that would inform the design of culturally relevant interventions.

Comment 9 Line 48-55 page 28: "realist evidence……" the relevance of this reference is not made unclear. You begun this paper by highlighting the multitude and diversity of interventions in Meru and how some of these e.g. ARPs have been rather successful so this paragraph will be confusing to the reader. Do you need to also "contextualize" and be specific about particularly districts in Meru county with your conclusions rather than broad generalizations about Meru in your conclusions? Thank you for highlighting this point. In light of this we have made reference to particular sub counties in Meru where FGM/C is believed to be prevalent (page 27, paragraph 1).

Comment 10 If this study only focused on the voices of activists (line 4-6 page 29) there is little support for the conclusion you make that "our study underscores……" (line 31 page 29) all the groups, you list unless some explanation is provided. In line with the reviewer’s suggestions we have now amended this to reflect the voices of the activists alone and the role that ARPs, led by activist, can play in challenging FGM/C. In our introduction/ background - page 3 paragraph 2, we also note that while ARPs have been rather successful in Meru they are not a one-size-fits all intervention; as far as ARPs go outcomes within a community vary and are dependent on the context, time and the manner in which the intervention is implemented.

Comment 11 Provide a rationale for why you suggest a "diagnosis of readiness to change" and "systems approach" in your conclusion. Also see Dennis Matanda's work among the Kisii and Maasai in Kenya that focuses on this issue of readiness to change.

We take the reviewer’s point and provide a rationale for suggesting a ‘diagnosis of readiness’ to change backed by the suggested work of Matanda and colleagues. (Page 28-29)