Author’s response to reviews

Title: "Children are a blessing from God” – A qualitative study exploring the socio-cultural factors influencing contraceptive use in two Muslim communities in Kenya.

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Author’s response to reviewers

Editor in chief
Reproductive Health
Dear Editor,

On behalf of my co-authors, I submit a revised version of our manuscript entitled ‘Children are a blessing from God’ – A qualitative study exploring the socio-cultural factors influencing contraceptive use in two Muslim communities in Kenya.

We are appreciative of the feedback provided by both reviewers who noted the relevance of the study. Below you will find point by point response to the reviewers’ comments follows. In addition, all changes made when revising the manuscript have been highlighted through ‘track changes’.

Reviewer #1:

1. Excellent paper, makes one very pessimistic about the future of the area (Clashes between pastoralists and farmers are archetypical), climate change will make it all very worse probably. Any awareness of this?

Response: We appreciate the different perspective provided by the reviewer, however in this paper we focused solely on the public health perspective of family planning. This could be an interesting area for further research.

2. Any thoughts about vicious circle: More child mortality, more children needed for "insurance" but &gt; children, less resources per child also from the Government side (health, food, education) and agricultural or grazing land per child, therefore more child mortality. Or is this the common, Tragedy of the Commons? Was there any hint of using emigration as safety valve? Like the Irish (Poles, Italians, Spanish), especially used the Western Hemisphere, an option largely missing in Wajir and Lamu.

Response: We acknowledge valid observations and considerations shared by the reviewer. Until very recently emigration in this region remained to a large extent internal (within the region), and mostly rural/urban. Evidence suggests migration influences family planning choices among migrating women in this region (1,2). While prospects for increased contraceptive prevalence in Africa may depend heavily on changes in population distribution that influence the demand for children, specifically movement to cities; there is paucity of evidence on how this phenomena influences the choices of subsequent and (by-enlarge non-immigrant generations) involved in our study. Therefore, this paper we focused on the public health perspective of family planning. This could be an interesting area for further research.
3. Discussion is mainly about the "Islam" and then regional differences, you do not like to dedicate a sentence or two to Shi'ites? i.e., 154 to 200 million people and the millions of Alevites?

Response: Majority of the Muslim in East Africa are Sunni Muslim and the study area is 100% sunni we therefore focused on the teaching among the Sunnis.

Then there are a few small mistakes:

4. Abstract, results: "inability of women to decisions on their reproductive health"

Response: We have corrected this accordingly

5. Plain English Summary:" that influence the utilization of family in"

Islam and family planning: the divergent opinions: "However, most respondents from Wajir believed that FP was strictly limited to child spacing for two years only. They implied that women should give birth after every two years until menopause. Often the responses referred to the Quranic recommendation that mothers breastfeed their children for two years to restore their physical and psychological wellbeing before another pregnancy." Not clear what is meant. 2 years between pregnancies (so space of at least 2 years and 9 months) or 2 years between deliveries somewhat confusing

Response: We corrected this accordingly the two years spacing implied between pregnancies of which after delivery will be 2 years and 9 months.

Discussion

6. "Subject of debate centered on the permissibility? Family planning in Islam" word missing

Response: We have made the correction by inserting the missing word
7. "Woman is sick or has had a caesarian section" sick is a Dutchism/Flemishism, should be ill I think
Response: we have replaced the word sick with ill

8. "This is also evident from the finding of KDHS, which shows the TFR for Wajir is double (7.8%) that of the national average 3.9 % (6)." TFRs are not expressed in %
Response: We have corrected this and removed percentage

9. "Giving birth until they get a son thus? and contraceptive use."
Response: We have inserted the missing word and corrected the language

Reviewer #2:
I would like to sincerely commend the authors for the innovative idea implemented in this research. The research topic is not only interesting but a very important one in our bid to understand potential barriers and enablers of contraceptive acceptance and use.

That said, I have some serious concerns about the scientific quality of the study and some more general comments on the writing and presentation of the paper as indicated in the comments below:

1. Plain English summary, page 3, line 25 is missing a word after "family."
Response: We have corrected this and inserted the missing word.

2. Page 4, lines 10-15 should be revised for clarity
Response:
3. Page 4, line 10: the definition of unmet need for family planning should be moved up to page 3, line 56 where the term is first used.

Response: The definition of unmet has been moved appropriately to the paragraph where it is mentioned for the first time.

4. Page 4, line 35, should read "knock-on"

Response: This has been corrected.

5. Page 4, line 46: the statement referring to specific recommendation that mother’s breastfeeding for two complete years should be cited.

Response: Relevant citation from the Quran has been inserted.

6. Page 5, lines 19-23: The authors reference verses from the Quran without including what the verses say. What is the argument used to oppose contraception based on these verses? At a minimum, the authors should summarize what the verses say.

Response: Correct relevant verse from the Quran inserted.

7. Page 5, lines 29-37: Besides the differences in contraceptive prevalence rates reported in both counties, are there other factors that informed the choice of these two counties in Kenya? Have previous studies assessed contraceptive use or other reproductive health outcomes in these areas? What could be inferred from the literature that may have informed the authors' choice of these two areas?

Response: The two counties population are predominantly of Islam faith but have huge disparities in contraceptive prevalence rates according to the Kenya Demographic Health Survey. Besides we sought to understand how social cultural factors including religion affects FP uptake in a context with limited literature on the subject.

8. Page 6, line 10: revise sentence and use punctuations as needed

Response: We have reworded the sentence and punctuated it accordingly.
9. Page 6, line 25: the CPR cited for Lamu is not consistent with page 5, line 35

Response: We have made the correction on the CPR

10. Methodology: I have serious concerns about the study methodology

A. Study setting should include more background information on the study population

B. Study participants and sampling procedure: a lot more clarity and detail is warranted.

- How many participants were recruited from each county? How do these numbers break down in each county by sex, age, and role in the community?

- Of the total 11 FGDs, how many were conducted in each county? What was the composition of the focus groups? Were participants grouped according to certain characteristics? If so, what were these characteristics?

Response: The point has been taken and the section updated. A table with key characteristics of the participants as well as distribution per county has been included.

- Was parity taken into consideration in participant selection and in focus group composition? One would expect contraceptive intention and behavior to be significantly influenced by parity

Response: Unfortunately we did not take the issue if parity into account during selection of participants. Rather, FGD participants were selected based on age, sex and role in the community such as religious leaders. However, the suggestion for parity is an excellent suggestion for future research though the quantitative component of this study took this into consideration.

- Regarding IDIs, I have similar questions to the above: What participants took part in in-depth interviews? Of the total 13 IDIs, what is the breakdown by county?

Response: As mentioned above this had updated with a table.
- Overall, more men than women participated in the study. What was the rationale for recruiting more men than women? Were women less willing than men to participate? The authors should discuss the reason for this difference.

Response: The study recruited more men than women because of the patriarchal nature of these communities where men are the key actors in the social and religious arena. For instance, all the FGD with religious leaders and scholars were largely composed of men because of the unavailability of women occupying these roles. However, to compliment opinions of men initial study activity entailed a quantitative component which focused on women of reproductive age. A draft journal paper containing findings of the quantitative survey with women have been finalized and submitted for publication.

C. Data Collection:
- What was the average duration of the FGDs and also the IDIs?
Response: The average duration was 45 minutes

- Who collected the data? By "the team" do the authors mean they collected the data? This should be explicitly stated
Response: The data was collected by a team of experienced qualitative interviewers who were supervised by the first author.

D. Ethical consideration:
- Is there a reason informed consent was verbal and not written? Could participants not have provided thumb prints in lieu of signatures since most have no education?
Response: Considering the cultural sensitivities, literacy levels and precedent set by other researchers it was deemed appropriate to obtain verbal consent followed by signature from the research team verifying that consent was indeed taken. Besides this approach of taking consent was approved by the local Ethics and Research Ethics Committee who are well conversant with the social and cultural context of the study sites.

- Page 7, line 46: Please include, in parenthesis, what you mean by emancipated minors. The term may not be known to all readers.
Response: The definition of emancipated minors in this case has been inserted in parenthesis.

D. Data analysis

- Page 7, line 58: briefly describe the review process used to validate the accuracy of transcripts. Where there were differences between the two transcribers, how were these handled?

Response: Review and validation was done by comparing the emerging themes, discrepancies were discussed and consensus was reached. There were no major disagreements on the themes.

Results

- The results section should begin with a summary of participants' background characteristics to help the reader contextualize the findings described

Response: This has been update in the manuscript.

- Page 11, lines 4-10: This should come up earlier in description of the study setting or introduction

Response: We have updated this accordingly in the manuscript

- Page 12, lines 11-13: Who is the quote from? The authors should provide some context about this participant- sex, role

Response: we have corrected this accordingly

- Page 12, lines 19-28: both sentences should be revised for completeness (sentence 1) and clarity

Response: We have corrected this by revising the language for clarity in the manuscript

11. Discussion

- The unique contribution of this study to the literature should be highlighted in the first paragraph of discussion. What is unique about this study? How does the current study extend the literature on contraceptive behavior?

Response: We have articulated the contribution of this study in text as well as the uniqueness of the study.
- The discussion fails to adequately analyze the findings from this study in relation to existing literature. The authors need to do a better job of triangulating their findings with the literature, including highlighting similarities and/or differences between current study population and those from previous studies.

Response: we acknowledge this challenge and the struggle encountered by authors in drawing lessons from relevant comparison to our finding. We have incorporated some comparisons within the limitation and paucity of similar studies from this region and the broader Muslim world.

- Arguably, fertility preference and gender dynamics reported in the current study are not necessarily limited to Muslim populations. The authors need to make a stronger case for why these themes are important considerations in this population

Response: These themes emerged from the qualitative feedback / data generated from the interviews. Researchers did not pre determine categories but formulated them based on consensus reached from extracted data. Although fertility preferences and gender dynamics are cross cutting to most population groups, Muslim women’s use of contraceptives methods are disproportionately affected by a number of factors (including religious misinterpretations, fertility preferences and gender dynamics). Given the social and cultural context of the study sites it is no surprising that these factors emerged strongly as affecting contraceptive use.

- What are the limitations of the study? These should be discussed

Response: The limitation of the study is included in the manuscript.

- The authors should address the implications of their findings for contraceptive acceptance and use in this population

Response: The implications of the study findings have been included in the conclusion section of the manuscript which articulates what needs to be done both at policy (national) and county level

- What are the recommendations for future research in this area? What do the authors wish they had done differently that may inform future research efforts?

Response: Areas for further research has been included in the manuscript these include the further analysis men fertility desires and its implication for contraceptive use especially in Wajir County.
12. Conclusion

- Page 18, line 51: first sentence in the conclusion should be contextualized - include the study population. Also, the sentence needs revision.

Response: We have rephrased the conclusion accordingly.

We look forward to hearing from you,

Sincerely,

Batula Abdi – on behalf of the co-authors