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 reviews:

Reviewer reports:

Thank you for submitting this revised and much stronger draft of your manuscript. It truly is quite interesting and should help to provide much-needed insight into this important topic. Below, please find some additional suggestions to continue refining the manuscript. These are mostly minor grammatical changes to improve clarity and flow, though there are a few more substantive comments requesting additional clarification around the methods, results, and discussion sections.

Comment: p 3. 27, lines 27-29: “…have unmet need for family planning (defined as wanting to stop or delay childbearing but not using any method of contraception)…”

Response: we have made the corrections accordingly-(defined as wanting to stop or delay childbearing but are not using any method of contraception) p.3; line 12

Comment: p. 4, lines 5-8: “Similarly, unmet need for contraception has slowly but steadily declined, from 28% in 1998 to 26% in 2009 and 18% in 2014.”

Response: Thank you for the suggestion we have revised the text- Similarly, unmet need for contraception has slowly but steadily declined, from 28% in 1998 to 26% in 2009 and 18% in 2014. p.3; lines 19-21
Comment: p. 6; lines 1-2: “The County has a population of 661,941 of which, 298,175 are females and 363,766 are males (22).”

Response: Thank you for the suggestion we have revised the text as per suggestion- The county has a population of 661,941 of which, 298,175 are females and 363,766 are males- p.5; lines 8-9

Comment: p.6; line 21: “participants were selected based on their knowledge” of what? Family planning? Religious teachings? Customs and traditions? Knowledge of community norms?

Response: we have indicated the specific knowledge- such as on knowledge on socio-cultural practices, religious teaching and their role within the community p.5; line 28

Comment: p. 6; Study participants and sampling: It seems to me that the FGDs and IDIs sought to elicit information from different types of groups (e.g., community members and community/religious leaders, respectively), but I’m reading between the lines here and so be misinterpreting. It would strengthen this section to be a little more explicit about how the target participants differed and what information was sought, as this will make it clearer why FGDs were used with one group and IDIs with another. Then, it would also help to provide a bit more detail on the way in which the FGDs were stratified. You note age, sex, and position in the community as the stratifiers, but it’s not quite clear what this means in terms of the characteristics presented in Table 1. I don’t think you need to make a major change here, or do anything differently in the table – it seems like you could accomplish this clarity with just a sentence or so.

Maybe it’s as simple as saying something like “A total of 11 FGDs (Wajir n=6 and Lamu n=5) were conducted. FGDs were composed taking age, sex, and position in the community (e.g., religious leader) into account, such that in each county there was a FGD for young women (under age X), older women (above age X), younger and older men (under/over age X), and male and female community leaders. [sentence that describes why there is a discrepancy between the counties, i.e., only male religious leaders in Lamu].” I’m obviously making up these groupings, but I think doing something like that will give the reader a bit more clarity around exactly how these groups worked.
The description of the IDIs is very clear and straightforward – thank you.

Response: Thank you for the detailed guidance on how to improve on the description of the FGD participants we have appropriately incorporated reviewers comments to improve clarity. A total of 11 FGDs (Wajir n=6 and Lamu n=5) were conducted. FGDs were composed taking age, sex, and position in the community (e.g., religious leader) into account, such that in each county there was a FGD for young women (under age 24 years), older women (above age 30 years), younger and older men (under 24 years, over 30 years), male, and religious leaders. P.5 lines 30-36; p6; lines1-2

Comment: p.7; lines 1-2: “total 93 participants were recruited to participate in in 11 FGDs (7 with men and 4 with men).” Should this read 4 with women?

Response: Thank you for raising this important correction we have corrected the typo error - p.6; line 4

Comment: p. 8; line 1: “to conduct research activities in the community.”

Response: Thank you for the correction we have revised the text- p.6; line 32

Comment: p. 8; lines 1-8: In the response to review comments, you provided a nice justification for the use of verbal consent rather than written consent. It would be good to include a brief version of that here in the text to inform readers and others interested in replicating this type of work. For your convenience, I am copying that explanation here:

- 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.
Response: we have inserted the text as suggested p.6; lines 34-36

Comment: p. 8; Data Analysis: It would be helpful to provide a bit more detail here on the coding process. How many coders were involved in coding? Were transcripts coded by more than one coder? Are the “grouped categories” the codes, or are these aggregations of codes? Was the consensus reached among the entire research team or only the coders?

Response: Data coding was done by two coders, who consulted with the lead author closely, to ensure that the codes created were discussed and agreed upon by the team. This ensured that there was similar understanding of the meaning of each code, and that the coding process was done from a common understanding.

After the coding process, further analysis was done by grouping texts in analytic categories such as demographics, site, interview type (IDI or FGD), etc; and also by grouping thematically related codes into a code family, in order to gain a broader and deeper understanding of the issues discussed within that theme. The themes were compared across the transcripts and specifically the different analytic categories, to establish the range and similarities of the participants’ perceptions, experiences and views. Narrative texts were applied around the themes, with verbatim quotes used to illustrate the text and effectively communicate its meaning. P.7 lines 13-26.

Comment: p. 9: Please add “Table 1” to title of table

Response: Table 1 added p.8 1

Comment: Results

Minor formatting note throughout: In some locations you use a hyphen “- Religious leader” to denote the source of the quote and in others you use parentheses “(Islamic scholar)”. Either convention is fine, but please make consistent across the manuscript. Similarly, in some locations FGD/IDI goes first followed by a description of the participant and the location. In other locations, these are presented in different orders and commas are used inconsistently (e.g., “FGD religious leader, Wajir” vs “Maled FGD Lamu). Please choose one formulation and make consistent across the manuscript.

Response: We have taken note of this comment and standardized how the quotes are referenced and location of the quotes across the results section.

Comment: p. 11; line 19: This says “Religious leaders” should this be singular?
“This study explored the sociocultural factors that influence use of family planning among Muslim communities in Lamu and Wajir counties, Kenya. The counties vary substantially in terms of rates of poverty, level of education, and utilization of modern contraceptives. Interestingly, the findings highlight that the residents of the two counties also hold divergent interpretations of Islamic teaching on family planning, role of fertility preferences in contraceptive uptake and gender dynamics and decision-making on FP uptake.

The position of Islam on contraception has been a key subject of debate, centered on the permissibility family planning in Islam, with important consequences for contraceptive uptake in Muslim communities. As one of the few empirical studies in sub-Saharan Africa exploring sociocultural factors influencing uptake of family planning among Muslim populations, this study provides important insight into how varies interpretations of Islam intertwine with other cultural values to produce support for, or opposition to, modern contraceptive use. Specifically, findings highlight how cultural values have been labeled as religious teachings, with implications for contraceptive uptake.

Notably, our study shows that many Muslim scholars and leaders in both counties agree that FP is accepted in Islam. They accept it within the context of marriage and, more specifically, to aid with the spacing and timing of pregnancies. However, scholars interviewed…”

Response: Thank for the synthesis for the initial paragraphs of the discussion, we have adopted the suggested text p. 14 lines 13-33 and p. 15 lines 1-8
Comment: p. 18; lines 10-13: “Moreover, many respondents believe that FP is only allowed in special circumstances such as, when a woman is ill or has had a caesarian section, meaning that by the community standards many women will not ‘qualify’ to use FP.” This was not presented in the Results section. Please add data on this to the results section – it seems like it should fit under the first theme “Islam and family planning: the divergent opinions” Similarly, it would be good to present the finding about the discrepancy in beliefs around LAM between Wajir and Lamu in the Results so that it is not new information to the reader in the Discussion (if there were other discrepancies in the results/explanations between the two counties, this should be pulled out in the Results section as well).

Response: we have included the discrepancy in beliefs around lactational amenorrhea (LAM) in the results section including a quote. Respondents from wajir also alluded that women will not get pregnant during the two years of breastfeeding since they have lactational amenorrhea (absence of menstruation during breastfeeding).p.9 lines 18-20

Comment: p. 19; lines 25-26: “(Wajir county is located in this region) desire more children three times more as compared to men in Nairobi” Is that the reported desire is 3x higher or that the number of children desired is 3x higher?

Response: we have corrected this p.16 line 32

Comment. 20; lines 21-23: “The patriarchal system of most African households means that women continue to be relegated to low status within their communities” Please provide a citation.

Response: we have added relevant citation p.17 line 22
Comment: p. 20; lines 25-26: Our finding on women’s inability to decide how the number and timing of their children, which directly impacts contraceptive use, is in agreement with others studies (10,41,42).

Response: thank you for the suggesting on the wording we have amended accordingly p.17 lines 24-25

Comment: P. 21 limitations: It would help to strengthen the manuscript to be a bit more circumspect about the limitations and contributions of this manuscript. This study is by definition exploratory, which doesn’t make it any less valuable (particularly since this is an understudied topic), but the limitations section should address this head-on. A few points that jump out to me:

- Generalizability: The results are not “generalizable” per se, given the study design. Participants were drawn from two counties and the sampling strategy was purposeful, so it’s unclear how “representative” the findings are of the counties they are drawn from, and then how the findings can be generalized to other parts of Kenya and beyond. Yet as the purpose of this study was exploratory, these questions can and should be addressed by future research.

- Potential for confounding/limits of causal interpretation: This is an initial exploratory study into how sociocultural factors, including interpretation of Islam, influence family planning utilization. There is no way to be sure that the differences in CPR across the two counties is due to these differential interpretations as opposed to differences in levels of poverty, education, pastoralism, child mortality between the two counties – all of which are known to affect contraceptive utilization. It’s also hard to know whether it is the cultural values (e.g., desire for large families) driving the interpretation of Islamic teaching or the other way around. A limitation of this study is that it cannot tease out any of those differences. It’s not designed to. Again, that’s ok – this is an exploratory study and its real contribution is lifting up the role of Islamic teaching as an important factor to consider along with the other elements that we know matter.

- Omitted variables: There is no discussion of parity of the participants (or number of children/wives the male FGD respondents had). Similarly, there is no comparison of whether respondents’ answers varied by age and education, both of which have been shown to be correlated with family planning uptake and fertility desires. These are not flaws of this study, which was designed to look at general sociocultural factors that may influence fertility desires and contraceptive uptake, but they are limitations.
Again, given the exploratory nature of the study and the fact that it is one of the first looking at this understudied issue in sub-Saharan Africa, none of these things take away from the contribution. But addressing them directly in the manuscript helps the reader to be clear on how to assess this information in light of what is already known.

Response: Thank you for this important addition regarding the limitations of the study as well as the contribution to the knowledge base. We have included the key limitations highlighted by the reviews and the contribution of the manuscript to the existing body of knowledge. Due to the limited scope this study we did not explore how observed differences in CPR across the two counties is attributed to differential interpretations of Islam in the context of differences in levels of poverty, education, pastoralism, child mortality between the two counties – all of which are known to affect contraceptive utilization. Furthermore this study was not powered to compare whether respondents’ answers varied by age, education and parity which have been shown to be correlated with family planning uptake and fertility desires.

Comment: Finally, while some ideas for future research are mentioned in different parts of the manuscript, it would be helpful to corral them together in the discussion to give readers a clear roadmap for the kind of research that is needed. It would be good here to add something specifically about the kind of research that is needed to move from these findings to developing impactful interventions that meaningfully engage Muslim scholars and leaders as agents for change. P.18 lines 11-18

Response: We have pointed out the key areas for further research in our response. This an understudied area and to our knowledge this study is among the first few to explore the role of religion particularly Islam on family planning uptake in sub-Saharan Africa. Therefore, there is need to explore the role of Islamic teaching as an important factor to consider along with the other sociocultural elements when designing and implementing family planning programmes in similar settings. In the last decade the FP programmes have focused on system strengthening and addressing structural barriers around the supply and demand. However to achieve the global and national FP targets it is imperative that we understand and address the complexity around FP and sociocultural barriers particularly religion and design culturally appropriate FP programmes. Given the role of men at family level as key decision makers it is critical to understand better men’s fertility preference. Therefore, is need for further research on men fertility desires and its implication for contraceptive use especially in Wajir County. P. 18 lines 19-30.