Author’s response to reviews

Title: Women’s Freedom of Movement and Participation in Psychosocial Support Groups: Qualitative Study in Northern India

Authors:
Nicola Gailits (nicola.gailits@mail.utoronto.ca)
Kaaren Mathias (kaaren@eha-health.org)
Elysée Nouvet (enouvet@uwo.ca)
Pooja Pillai (poojasharadp@gmail.com)
Lisa Schwartz (schwar@mcmaster.ca)

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Author’s response to reviews:

Read below, or see attached file "Reviewer Response + Cover Letter"

Dear Eva Szunyogova,

March 31st, 2019

Please find enclosed our revised original research article entitled, “Women’s Freedom of Movement and Participation in Psychosocial Support Groups: Qualitative Study in Northern India,” BMC Public Health article (PUBH-D-17-01896). We thank the reviewers for their thorough reading of the paper and insightful comments. Based on the feedback, we have made significantly additions to the paper, in particular clarifying the study’s objective, methods, and limitations, and being more explicit about integrating our study’s theoretical framework.

This submission represents original work that has not been previously published, either in whole or in part, and no similar paper is in press or under review elsewhere. All co-authors involved approve the manuscript for submission. None of the authors have any competing interests to declare.

Below you will find our response to reviewer comments. Thank you for your consideration and we look forward to hearing from you.
Sincerely,

Nicola Gailits
PhD Student
Dalla Lana School of Public Health
University of Toronto
Toronto, ON, Canada
M5T 1P8
nicola.gailits@mail.utoronto.ca
1-647-978-2256

RESPONSES TO REVIEWER COMMENTS

Editor Comments:

Please include a blank English language copy of your FGD and interview guide as an additional file and refer to this in the appropriate place in the methods. If already published you do not need to do this but we ask that you cite or provide a link to where they can be found.

We have included English versions of the FGD Guides 1 and 2, and the KII guide.

Reviewer Reports: Eugenia Oviedo-Joekes (Reviewer 1):

The authors have done a great work revising the paper. The selection of the participants quotes work well with the described themes and are descriptive. The findings have been meaningfully integrated in the discussion section. The paper has improved notably, specially the discussion.

Reviewer 1, Comment 1:

To the discretion of the authors, the limitation section could be improved to explore, in a critical appraisal, how not being able to interview women that could not attend due to mobility barriers, diminishes the validity of your research. Just mentioning the limitation diminishes power of your research because it leaves the reader wondering how all this affected the interpretation of your
work. You could just answer the question yourselves: to what extent these limitations matter to the main conclusions of the paper?

Thanks for your great feedback. That is an excellent point. In the methods, we have more clearly explained why total population sampling was used, making it impossible to reach women outside PSSGs. We have also expanded the limitations section in several new ways, and also included this paragraph:

“This study has limitations due to its sampling, whereby, all women in FGDs were part of PSSGs; however, the perspectives of women outside of PSSGs were not included, meaning that the perspectives of women who could not participate in PSSG are not presented. This an important limitation for the study, as there may be other factors restricting PSSG participation, for example, types of mobility or accessibility barriers, of which we are unaware. However, accessing women with limited ability to leave their household and few connections to community programs may prove challenging. There is therefore a need for further study to be done, to engage women in the community who may be difficult to reach, and examine the breadth of reasons for non-attendance to PSSGs.”

(see Methodological Considerations, page 26, lines 582-590)

Reviewer 2: PEER REVIEWER ASSESSMENTS:

GENERAL COMMENTS: This is an interesting study and results are interesting. Overall, this investigation has the potential to contribute to the existing literature, particularly in relation to women's participation in community-based psychosocial support groups. However, the lack of a clear theoretical rationale, which is linked directly to the objective and integration of relevant literature, reduce the potential impact of this manuscript.

Thanks very much for your helpful feedback. We have taken much time to review and revise the manuscript based on your comments. In response to your comment about theory, our study was part of an evaluation and was therefore practical. However, it did derive from a theoretical framework that co-author KM has been working to develop further, Community Mental Health (CMH) Competence. We have now explained the framework, how it framed our study, as well as integrated its theoretical impact throughout the manuscript. See Section 1.1 CMH Competence Theoretical Framework in Background, page 5, for details on the framework.

Reviewer 2, Comment 1:
The aim of the study is too generic. It is not clear to me how the objective of the study was derived from theory or are logically connected to previous data and argumentation. Moreover, it is not clear to me the main focus of the study. Are (1) the factors influencing psychosocial support group participation or (2) the factors influencing restrictions on women’s freedom of movement.

Thank you for this useful feedback. We have reorganized and rewritten the Background section. We have also rewritten the study objective to optimize its clarity (See 1.2 Study Objective in Background, page 5-6, lines 120-143). We have included further details on the study’s objective under 2.3 Data Collection in Methods, page 9, lines 197-203.

Here is an excerpt from parts of Study Objective section 1.2:

“This study was partnered with the non-governmental organization (NGO) Emmanuel Hospital Association and their mental health project, Burans. The study was part of a larger evaluation examining successes and challenges of building CMH competence in Dehradun district, Uttarakhand (Northern India)...This study’s initial objective was to examine the successes and challenges of women’s PSSGs, and ways PSSGs worked to build CMH competence...However, during the research process, it became apparent that there were significant challenges for women in the community to access and participate in the group in the first place. As such, the study’s objective shifted towards examining the complex factors influencing North Indian women’s participation in PSSGs, all within an overall objective of building CMH competence.”

Reviewer 2, Comment 2:

Figure 1 is about the factors influencing restrictions on women's freedom of movement.

We have redesigned Figure 1 to have it more clearly what reflect what we want it to demonstrate: that all PSSG participation factors, at the individual, household, and community levels were related to women’s freedom of movement. As such, women’s freedom of movement became the central gatekeeper to participation in PSSGs. It is for this reason it was the focus on the Results section. See new Figure 1 (uploaded).

Reviewer 2, Comment 3:

One of the major problems is that the article does not offer enough information to warrant publication. It is well-known that the quality of an answer depends significantly on the quality of the question. Information about the questions posed to participants in focus group discussions and key informant interviews is missing. What are the questions and how they were chosen?
3a. In response to the comment: “One of the major problems is that the article does not offer enough information to warrant publication.”

We disagree. This article identifies and analyzes factors that affect women’s participation in psychosocial support groups in Northern India, with quotes (gathered through robust, community-engaged research) that bring to life the lived experiences of participants in these groups and make a significant contribution to the scholarship on community-based mental health in India. To the best of our knowledge, ours is the first study to clearly document and analyze the connection between women’s freedom of movement and access to community mental health services in South Asia. The majority of mental health research in India emerges from Southern India: this piece identifies and analyzes factors that affect women’s participation in psychosocial support groups in Northern India. In terms of policy relevance, our results demonstrate that community mental health policies and interventions will need to address the gender constraints that restrict women’s freedom of movement in order to address root issues of access to mental health services.

In response to 3b: “It is well-known that the quality of an answer depends significantly on the quality of the question. Information about the questions posed to participants in focus group discussions and key informant interviews is missing. What are the questions and how they were chosen?”

The authors fully agree that a key factor in the quality of responses depends on questions asked. This revised version of the manuscript includes the two FGD guides (round 1 and 2) and the KII guide as supplementary material. We have also added detail on the development of the guides used (see Methods, section 2.3, page 9, lines 189-192). We are confident that the guides were well suited to the context and goals of the study. As is now described in the Methods section, questions posed to participants were developed carefully by a team including qualitative and locally experienced researchers, with particular strengths in researching sensitive topics with limited literacy adults. Perhaps most importantly, the FGD and interview guides were developed in dialogue with local partners. This was done as part of a broader commitment to community-partnered approach, but ethically and practically, aimed to ensure questions posed would open dialogue according to cultural norms of what is acceptable or not acceptable to discuss, and with attention to wording and order of questions to optimize participant comprehension of questions.

Reviewer 2, Comment 4:

Any limitations of the data were not mentioned (such as non-response, refusal to take part).
Thank you for catching this. The revised limitations section is informed by Reviewer 2’s comments 4, 7, 9-12. see Methodological Considerations, page 25-26)

Reviewer 2, Comment 5:
What was the criteria for achieving an appropriate sample size?
We have given further explanation as to how this study was part of a larger evaluation, and therefore total population sampling was used (meaning that every support group was included). See Methods section 2.2, line 177-180.

Reviewer 2, Comment 6:
How was the research was explained to participants?
We have added the following detail on explanation of the study to participants (See Methods section 2.3, page 9-10, lines 204-210):

“After gathering the women together, PP explained that the purpose of the study was to understand any positive or negative impacts of participating in the PSSGs, with an overarching objective of learning from participants. As individuals experiencing the program first hand, this could also be seen as an opportunity to benefit from program improvements or support sustainability.”

Reviewer 2, Comment 7:
How desirability bias may have affected the findings?
We have further expanded on this element. (See Methodological Considerations, page 25, lines 562-571).

Reviewer 2, Comment 8:
Please provide information about inter-rater reliability.
We had already included this, but have reworded to clarify the process used. See Methods section 2.4, page 10, lines 228-231 and the following excerpt from the revised manuscript:
“After the first round of FGDs, there was a preliminary analysis stage where PP and NG separately coded four transcripts (mix of KII and FGD), developing preliminary codebooks. These codebooks were compared, and consensus reached on differences for the naming and inclusion of key emerging themes, with a third analyst familiar with the local setting, KM, providing additional insight for this stage of the analysis.”

Reviewer 2, Comment 9:
Concerning triangulation, it is not clear to me how did you compare information to determine corroboration.

We have expanded upon our triangulation section to explain exactly how our four types of triangulation strengthened our study’s credibility. See Methodological Considerations, page 25, lines 572-579

Reviewer 2, Comment 10:
The limitations of the research were not fully acknowledged. For instance, the transferability to other contexts is not granted given the use of a convenience sample.

We agree and did intend to communicate this important point. We have reworded our previous statement to this effect in the limitations section (See Methodological Considerations, page 26, lines 593-594).

Reviewer 2, Comment 11:
Most important, data were gathered from women who already knew the team members of a host organization. What about the perspective of women who do not attend PSSGs? I think you probably would have achieved different results by including other participants.

Thank you. This was brought up by Reviewer #1, and the answer is listed above (Reviewer 1, Comment 1 response). It is addressed in the revised manuscript under Methodological Considerations, page 26, lines 582-590.

Reviewer 2, Comment 12:
It is not clear to me how dependability and confirmability was addressed by reflexivity journals, audio recordings, and notes on research process.
We have added more detail about our approach, in Methodological Considerations, page 26, lines 597-604. Specifically, we state:

“Lastly, dependability and confirmability was addressed by using reflexivity journals, audio recordings, and notes on research process. After each FGD and KII, NG and PP recorded an audio on their initial thoughts and any need for small improvements to the research process. This ensured that a paper trail detailed the research process, any changes made, and their justification (ex. better ways of phrasing questions). In terms of dependability, reflexivity allowed the researcher’s values and assumptions to be clearly stated, in order to better understand their impact on the interpretation of findings.”

Reviewer 2, Comment 13:

Most of the Discussion section is about the issue of restrictions on women's freedom of movement. Other factors affecting PSSG participation were not appropriately discussed.

This was very helpful as we do intend to highlight additional factors. We have reorganized and rewritten the Discussion section, in order for it to clearly reflect that we focused equally on three separate participation factors: freedom of movement, community mental health awareness, and women’s education and employment. See Discussion, pages 20-25.