Author’s response to reviews

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

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**See uploaded version of this letter, in document named "Response to Reviewers" with easier to read formatting**

Dear Eva Szunyogova and Reviewers, May 7, 2019

We thank the reviewer for their comments and feedback on the revised version of the paper. We have listed the reviewer’s comments, with our responses and additions below.

REVIEWER COMMENT 1A

1a) Though author(s) are very clear and thorough about the Introduction, they do not make a strong case for why this study is important to this field though. The Introduction section is about depression, gender inequality and building CMH Competence. These topics are important, but they are not the study's objective. If the study's objective is about the factors influencing women's participation in psychosocial support groups, the author(s) should provide an Introduction that focuses on a) what we already know from the factors influencing factors influencing women's participation in psychosocial support groups, and b) what new concepts and empirical evidence this study can address that make a distinct contribution beyond the prior studies.
AUTHOR RESPONSE 1A

We thank the reviewer for indicating we could further emphasize the unique contribution of our study. We have reinserted a description of the limited literature on women in PSSGs to situate our study and its importance in this literature, which existed in an earlier version of our paper.

As we state below, there are very few PSSG studies in the South Asian context, and more importantly, no study has yet focused on the factors that influence participation in PSSGs. We have clearly flagged that this is a gap in the limited existing literature.

Please see page 6-7, lines 120-148, where we have added this new section (4 paragraphs):

“1.3 Psychosocial Support Group (PSSG) Interventions

One application of CMH Competence is community-based psychosocial support groups (PSSGs) as one way to increase social support and reduce depressive symptoms [20-24], while building on community resources for care. The majority of studies providing PSSG or PSSG-like interventions primarily worked with populations living with HIV, mostly in the African context [20-23, 25]. In the this context, PSSGs have provided women with emotional assistance and coping [26], and improved mental and physical health, including reducing depression and increasing functionality [20-22].

However, very few studies have examined PSSGs in the Indian context. One study with injecting drug use widows in Eastern India used participatory action groups to promote mental health and reduce risky HIV behaviours [23]. After 10 sessions, the proportion of women experiencing a common mental disorder decreased from 70% to 42% [23]. Another study, conducted in Southern India, combined a mental health intervention with a microcredit economic activity and found a reduction of psychological symptoms and increases in social support [27]. In Pakistan, a South Asian country where women have similarly low levels of autonomy [28], two randomized control trials found PSSGs to be beneficial: one 6-week social support intervention found women improved their mental health and resilience [29], and one 5-week Group PM+ intervention found significant improvements in anxiety, depression, and psychological wellbeing [30].

While these studies advance understanding on the potential impact of PSSGs for South Asian women’s mental health, only one study included any mention of participation barriers. The Group PM+ intervention found three barriers to participation: session time length (two hours was too long to be away from home), monetary compensation (no compensation meant less motivation to attend), and confidentiality (having two family members from same household limited participation) [30]. Besides this mention, no study has examined factors that influence participation in PSSGs in South Asian context, and this represent a clear gap in the literature.
Understanding the factors that influence women’s participation in PSSGs is important for two reasons. Given the high mental health treatment gap with minimal access to mental health services in Northern India, for a community-based service such as PSSGs that does exist, it is important to understand how to enable more women and communities to participate fully. This becomes even more crucial in the context of high levels of gender inequality that inhibit women’s access to healthcare.

REVIEWER COMMENT 1B

1b) In terms of the following statement: "The Introduction section is about depression, gender inequality and building CMH Competence. These topics are important, but they are not the study's objective.”

AUTHOR RESPONSE 1B

We would respectfully disagree with this reading of the introduction. Our introduction in its current form does explicitly outline, with reference to the literature, that gender inequality in India is a key factor influencing women's need for, and access to (mental) healthcare. It also highlights how social support interventions can improve women’s mental health. See, for example, page 4, lines 87-93:

"Gender inequality in India impacts both women’s experience of mental health and options to access health care. Women are less likely to seek out proper care for diseases [8], even though, as in the case of depression, they are disproportionately affected and many experience the “double burden of gender disadvantage and poverty.” In response to high levels of distress, interventions focused on the provision of social support for Indian women have been shown to improve their mental health [7, 10].”

REVIEWER COMMENT 2A

2a) I read that this study was part of an evaluation and was therefore practical. However, this study, as it stands at the moment, is not an evaluation of a project or an intervention.

AUTHOR RESPONSE 2A

Thank you for this comment. We have revised references to this study being an evaluation as this was confusing. We have reclarified that this study was simply part of a larger research project examining CMH Competence. This study’s goal was not to evaluate, but to examine PSSGs. See Page 7, lines 154-156.
REVIEWER COMMENT 2B

2b) Again, if the study's objective is about the factors influencing women's participation in psychosocial support groups, this has both theoretical and practical implications. The lack of a clear theoretical rationale addressing the factors influencing women's participation in psychosocial support groups reduces the potential impact of this manuscript.

AUTHOR RESPONSE 2B

We have clarified further the rationale for focusing on participation factors. See page 7, lines 144-149:

“Understanding the factors that influence women’s participation in PSSGs is important for two reasons. Given the high mental health treatment gap with minimal access to mental health services in Northern India, for a community-based service such as PSSGs that does exist, it is important to understand how to enable more women and communities to engage in mental health treatment. This becomes even more crucial in the context of high levels of gender inequality that inhibit women’s access to healthcare.”

Furthermore, it is important to note that this is not the only rationale for our study. We also already state on page 7-8, lines 166-171:

“Outside of this specific intervention, it is important to note that there is a general paucity of mental health research from Northern India. The majority of Indian mental health research emerges from Southern states, with uncertain transferability to Northern India [32]. This research becomes even more important when considering that women in Northern India are more disadvantaged than those from Southern regions; they experience more restrictions on their autonomy and freedom of movement, and have fewer inheritance rights [28].”

REVIEWER COMMENT 2C

2c) It reads "few studies have examined the contribution of PSSGs for women in the Indian context". This study did not examine the contribution of PSSGs for women in the Indian context.

AUTHOR RESPONSE 2C

This sentence has been removed from the manuscript and replaced with the sentence:

“no study has examined factors that influence participation in PSSGs in South Asian context, and this represent a clear gap in the literature” See page 6, lines 141-143.