Author's response to reviews

Title: Male Reproductive Health Challenges: Appraisal of Wives' Coping Strategies

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Author’s response to reviews:

Point-by-point response


Dear Sir

We hereby present the point-by-point response to the Editor

We accepted a number of suggestions made by the Reviewers in the Track changes. However, the key changes made are indicated as follows:

Query 1 (page 2)

What kind of damage in society could these disorders result in? I’m not sure this statement is well supported

- The points were re-written to indicate

- In addition, these disorders may also contribute to depression, low self-esteem, anxiety, poor quality of life which could reduce effective performance in workplace. The low performance or low productivity may affect income earnings with negative consequences on children’s and family’s welfare.
Query 2 (page 3) Raising public awareness of reproductive health challenges?

The public awareness was change to counselling. The section now reads:

• The authors recommend counselling on the management of men’s sexual health problems especially among women as a crucial tool to reduce marital conflict/dissolution in the study locations.

Query 3 (Page 4):

This was also change to:

• The authors recommend public enlightenment on men’s sexual health problems for the wives while medical officers and religious leaders could be trained in family-conflict management as the strategy to reduce marital conflict/dissolution in sub-Saharan Africa.

Query 5 (page 5): Split this into two sentences: 1 – results of reproductive disorders and, 2 – possible social consequences of these disorders

• Done as suggested

Query on Citations

• References have been inserted in the places indicated: Page 6, paragraph 1 & 2; Page 7, Paragraph 1

Para 3 (Page 6): This can all be summarized and stated in a few simple statement.

- What has increased
- The relative prevalence of these types of conditions in Nigeria or neighbouring regions

Page 6: paragraph 3

• Statements considered not within the scope of the study were removed completely.

• Para 2 on page 6 was amended.

Page 7 Para 2 - Query: Your theory is not clearly stated and described to start

This has been adjusted for clarity and understanding by all readers

The section now reads:

• The study is anchored on way-of-coping theory as developed by Folkman and Lazarus in 1980s. In the theory, Folkman and Lazarus (1980), defined coping as the sum of ongoing
cognitive and behavioural efforts that aim to handle particular demands (either internal or external) which are considered as taxing, demanding or problematic (Folkman & Lazarus 1980). In this regards, coping strategies are reactive activities or behaviour employed to seek solution or adapt to situations/problems that emerge because of the stressors (39) i.e. the husband sexual problem. They are therefore actions taken by the wives to avoid being harmed by life-strains (2) which could be regarded as the husband sexual problem. The general theory used is the way-of-coping theory; however, the tools utilized are cognitive and behavioural activities or reactions (Folkman & Lazarus 1980). Specifically, the cognitive and behaviour models assume that people actively respond to forces that impinge upon them and these interrupting forces are mostly social in nature (2).

• While there are variants of way-of-coping strategy typologies (3–6), the simplified idea as indicated by Folkman and Lazarus (1980) are in the areas of: altering the problem directly, altering one's way of viewing the problem, and managing the unpleasant feelings aroused by the problem (6). Other variants are regarded as the problem-focused approach that involves the actual undertaking of steps to alter the source of the threat (5). The emotion-focused approach includes the management of the emotional distress associated with the threat (5). Similar understandings of coping have been explored in other sexual health studies (5,7). Thus, this study is concerned with the specific coping efforts, including behavioral actions that women take in tolerating or reducing the sexual health problems of their husbands and its trajectories that have implications for their sexual activities or the marriage. These include but not limited to the following: asking for help, resignation to fate (thinking of people who are worse off) or avoidance and withdrawal such as keeping feelings to oneself.

**Methods and materials**

**Page 8 para 2: Query in this section are:**

How does this fit with your study?

What is the a priori reasoning used in this study?

How was this achieved? What different characteristics were used in recruitment?

Which characteristics are these?

Which method allowed this?

The edited version of this section has incorporated all the answers. The section now reads:

• Elements of framework analysis were used in data analysis. According to Ritchie and Spencer (1994) and Green & Thorogood (2004), framework analysis involves series of interconnected stages ranging from familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation. In addition, the technique permits the themes to evolve from the research questions as well as the responses from the participants (Green & Thorogood,
Framework analysis focuses on the development of real-life findings through the use of content analysis method in which responses were summarised and classified into themes (43,44). Framework analysis approach is suited for applied research where the concern is to have practicable approaches or proffer solutions to social problem especially in health related issues. It is considered suitable for our study that aimed at identifying and understand the coping strategies among the women whose husband have sexual health problem, given a limited time frame, with in a particular setting (45).

Page 11.

Move to recruitment section

• This has been done

Page 12 Para 1 Query

Consider removing this and attaching the guide as an appendix

Response: (1) This was particularly required in the previous reviewers’ comments. (1) We kindly seek the indulgence of the reviewer not to attached documents. Attaching focus group discussion guide seems not to be too important at this level. However, if it is extremely compulsory we may do so.

Page 12 Para 2: How did a range of characteristics add credibility to the data? This link is not clear

• We indicated that: The wide range participant characteristics (age, education, occupation, and sexual problem) added to the credibility of the data because it aided the variation and contrasting opinions among the participants.

To ensure the validity and integrity of the data, participant reviews were used where the text was reviewed by participants to ensure correctness

Page 15. Query on the length of the paragraph: Coping mechanism

This should be reduced in length and moved to ‘data analysis’ section

• The length is now reduced and the portion specified has been moved to the data analysis section

Query on Figure 1

Maintain the same order of themes here, in Figure 1 and following sections
This was complied with.

Page 21, Para 2, “Reporting level of husband’s sexual defects”

This was actually not part of primary theme. It is part of the crucial information derived on freedom to discuss sexual problem of their husband.

The following statements were made for their inclusion of the sub-heading.

- In addition to the primary themes identified, other findings indicated the challenge encounter by the wives in reporting or discussing the issue of husband sexual problem in their communities.

Page 24. Query- How is this related to your finding? the connection is not clearly made

Husbands are regarded as social gatekeepers, sacrilege authority and the wives are economically and emotionally dependent on them (8).

Replaced by:

- Husbands are held in high esteem in the community and sacrilege authority and reporting them might be regarded as violation of the traditions (8).

Limitation of the study

The limitation mentioned here is not clear

- Redundant statements have been removed.

- This study has added to the body of knowledge on coping strategies for sexual challenges which may be used to sustain the marital relationship. The study concludes that husband’s sexual ability is crucial to the sustenance of marital relationship and that religious leaders, as well as family doctors, are indispensable mediators in husband-wife conflict management. However, the fact that the wives are not at liberty to discuss or report sexual health defects of their husbands may be obstacle to emerging sick-free society and enduring healthy conjugal relationship. This work is essential for planning couple-sexual health services in Nigeria, and where necessary, couples could be encouraged to attend clinic together for sexual health counselling and treatment. Curbing concubinage is exigent in order to prevent the wives from becoming more vulnerable to STIs/HIV. The authors recommend counselling on the management of men’s sexual health problems especially among the wives. The medical officers and religious leaders could also be trained in family-conflict management as the strategy to reduce marital conflict/dissolution in Nigeria and by extension other countries in sub-Saharan Africa.
References

Query on:


• The study was extensive literature review on questionnaires measuring sexual function and sexual quality of life published in English and over 40 years (1957-2001). It assessed the domain of sexual behaviour examined the usefulness of numerous questionnaires on these issues using numerous search computerized engines. We found the questions therein very useful in the main couple study. In addition, the idea as what questions to discuss in the FGD was learnt from it. Thus we found it obligatory to reference it.