Reviewer’s report

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

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Reviewer: Phillip Tabong

Reviewer’s report:

Abstract

The opening sentence of the results section mentioned the common reproductive health challenges identified in the study as gonorrhea, prostate and prostate cancer. There is this finding is missing in the main manuscript. This should feature in the results section of the main manuscript. There is an omission in second condition (prostate???). Prostate is a gland and must be qualified to turn it to a condition that can result in reproductive challenge (May be referring to prostate enlargement may affect a man's reproductive function). Gonorrhea is a sexually transmitted infection (STIs) with very little effects on the man's ability to perform his reproductive functions once it is treated. So, the authors may wish to differentiate between STIs and other conditions that can affect a man's reproductive functions.

Introduction

The entire introduction needs to be reorganized to improve flow. In the current state of this manuscript, the authors try to provide justification at the end of each paragraph. This breaks the flow. For example, there is break in the flow between the second and third paragraphs. The last sentence of paragraph 2 is providing a justification for the study. Then, the third paragraph begins with divorce rates. The entire paragraph (paragraph 3) is devoted to divorce and infertility. Are the authors suggesting that divorce rates are high in those countries mentioned in the introduction because of reproductive challenges of men? If so they should provide literature to support that. Though the authors set out to explore coping strategies, no reference is made to coping strategies in the entire introduction. There exist literature on the coping strategies employed by women who are married without a child. So the authors cannot claim that no literature exist on how women cope in this direction.

There are also inconsistent in-text citations. For example, on page 2, line 59 through to page 3, lines 4-6, one is not able to tell how these citations are organized.

Page 3, lines 32-33, the author made this statement "Extra-marital affairs and extra-marital births are unprecedentedly high in addition to preponderance of lone parents" This sounds hyperbolic. Can the authors provide statistics and reference to justify this statement?
Page 3, lines 37-41, the authors made a categorical statement "the incidence of male reproductive health challenges is real and at least three-quarters of married men experience one form or the other" It would be important to provide a source (citation) for this statement.

Methods and Materials

I am not clear how the study participants were selected. Just stating that key informants (medical and paramedical staff) led you to the potential participants is not enough. What exactly did the medical personnel do? Did they provide the researchers with names and addresses of people (men) who attended their facilities with reproductive challenges? If this is the case, what measures did they put in place to ensure privacy of patients since the patients (men with reproductive challenges) were not the participants in this study. Some of these men could have sought help without the knowledge of their wives, but the medical practitioners decided to disclose their problems to third party (researchers) and possibly in some cases fourth party (their wives). Did this study receive ethical approval? It would be important to state this clearly in the manuscripts as it raises some ethical issues. For example, a patient is entitled to privacy especially on culturally sensitive issues like reproductive challenges.

Why did the authors conduct only four FGDs? Is it because they reached a saturation or they were no more respondents? All these questions need to be addressed under methodology. It would also be important to add a table providing details of the type of reproductive health challenges the respondents’ partners were having. This will help readers interpret the findings in the context of the type of reproductive health challenges. As it stands now the methodology is not comprehensive enough to tell readers exactly what was done. Were the interview guide in English language or Yoruba? Were the FGDs conducted in English language or Yoruba? If in Yoruba, how was the guide translated from English to Yoruba? If the FGDs were conducted in Yoruba, how were the transcriptions done? How many people were in each group? Little details provided in data analysis. The authors need to explain the phrase "systematic content analysis technique which was moderated with content-observation" The author should following this with explanation of what exactly was done to the data that constitute systematic content analysis. Lay readers (in qualitative data analysis) should be able to understanding how the data analysis was done by simply reading the section on this. Did the authors use any computer assisted program (Nvivo, Atlas.ti, Max QDA etc) in the data analysis?

In summary, the methodology lack the rigour required for qualitative research. I will suggest the authors refer to RATS checklist on reporting qualitative research. They can also refer to the book "qualitative methods for health research" by Judith Green and Nicki Thorogood. It would be relevant to break methods section into sub-sections to help address the issues (e.g. Designs, selection of participants, data collection, data analysis etc). I will also recommend the authors include a RATS checklist (supplementary file) to ensure that these issues are adequately addressed.

Results and Discussion
The opening paragraph need to be revised. We are told majority of the participants were in the age group (30-45 years). There were four groups in the entire study (two in each age grouping), so readers may be wondering the basis for this conclusion when in the method section the authors did not tell us the number of participants in each of the FGDs. The statement "Cursory observations shows that the wives are matured enough to handle sexual issues and problems that might emanate within their marriages" [page 4] cannot be scientifically justified. Is age necessarily a determinant of one's ability to handle sexual issues or how can one look into another person's face and conclude that you can handle marital issues? The authors took field notes during data collection (not mentioned in method sections but my own deduction from the statement) but to use such notes to predict a complex phenomenon like ability to handle sexual and reproductive challenges in marriage will lack grounding in science.

In all, 27 people took part in this study and this is relatively a small number to be reporting percentages. Absolute number will be better. It is also clear from here that the FGDs could have been conducted in local language since it has been stated some respondents neither read nor write (so refer to comments under methods and address appropriately).

Coping Mechanism

It would be important to identify the sources of the illustrative quotes. Are they from the same person? Once the authors collected data on age of respondent, type of reproductive challenge their partners had, they could use that to differentiate the respondents or the identifier that was used during the FGDs. Coping strategies may vary with type of reproductive health challenge the partner has. So providing those details would help readers appreciate who is talking. This will also help readers know that these statements are coming from different respondents.

Page 6, lines 19-21 should be revised as there is a contradiction. The fact that couples still live together cannot confirm the effectiveness of a particular coping strategy unless the author specifically elicited this information from the respondents. Even with that, this qualitative study with 27 participants cannot draw this conclusion. Among Africans, separation or divorced is often viewed as unbiblical/ not Quranic (except for infidelity) and therefore frowned upon. So this could also account for couple still staying in such marriages with challenges.

On page 6, paragraph 2, the authors made this statement "For example, if the issues involved bother on misdemeanors, negligence or disobedience, the likelihood of success is high" Are these problems a result of reproductive challenges from men. If so, it must be stated clearly, otherwise readers may find it difficult to link this to the study topic.

In paragraph 3, the author should desist from using percentage, for example, 2 % of respondents failed to make contributions. This was a group discussion and not individual interviews, so other factors could account for their non-participation not necessarily the sensitive nature of the topic as concluded. The authors have also raised several issues without data to support. Though the authors decided to combine result with discussion, you first need to provide the results with illustrated quotes before the discussion. However, this is not the case here. So this can be restructured.
Reasons for enduring husband sexual challenges

Again, the authors need to present the results first with supporting evidence from the study before proceeding to discuss the findings. In reporting qualitative studies, the illustrated quotes are the data upon which you discuss. So where no quote is available to support a claim, one cannot tell if this is indeed a finding in the study.

Crumbling tendencies (possible separation)

The authors reported that young wives appeared not to condone their situation. Yet, the illustrated quotes are coming from FGDs with participants 35 years and above. The participants were put into two categories based on age (<35 years & ≥35 years). So if you refer to people who are younger women, you should provide quotes from respondents <35 years but the reverse is the case here.

Reporting level of husband's sexual defects

In paragraph 3, the authors suddenly introduced another group of respondents (women whose husbands have no reproductive health challenges described as control group by authors). It however appears the authors are still referring to the 4 FGDs that were conducted. If not the methodology need to revised to reflect this. The inclusion criteria in this study is that your husband should have had a reproductive health challenge and yet suddenly a "control group" appears in results without prior reference in methodology. The use of the word "control group" need to be revised as this study design does not allow the use of such a term. If women whose husbands have no reproductive health challenge were really interviewed, just refer to them as such and not "control group"

The author must also reorganized this section by providing the results from the study before discussion.

Conclusion and Recommendations

The conclusion does not reflect their research question and need to be revised. The conclusion as stated in the manuscripts is that "male reproductive health challenges are real and prevailing at the study location" However, the study was to explore coping strategies of women. These are two different research questions. Another statement by authors in conclusion "However, the fact that the wives are not at liberty to discuss or report sexual health defects of the husbands is adjudged inimical to emerging sick-free society" This statement should be rewritten in simple language.

References
As stated earlier, there are inconsistencies in in-text citations. I am unable to tell exactly the referencing style adopted because of the inconsistencies. I presume the authors might have used American Psychological Association (APA) because of the indentation which is even inconsistent with editorial requirements of this journal. The authors should consider using a reference manager (Endnote, Zotero, Refwork or Mendeley). This will help address the inconsistencies.

General Comments

The manuscript may have the potential to add to existing knowledge if thorough revision is carried out to improve flow and address the many questions raised. The authors should also add "limitations of the study" to the manuscript. There are also many typographical errors and word omissions throughout the manuscript.

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