Author’s response to reviews

Title: What makes pregnant workers sick: why, when, where and how? An exploratory study in the ready-made garment industry in Bangladesh

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Author’s response to reviews:

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To

The Editor-in-Chief
Journal of Reproductive Health
Re: Resubmission of manuscript reference No REPH-D-17-00185

Dear Editor,

Please find attached a revised version of our manuscript originally entitled “What makes female pregnant workers sick: why, when, where and how? An exploratory study in the ready-made garment industry in Bangladesh,” which we would like to resubmit for consideration for publication in the Journal of Reproductive Health.

The reviewers’ comments were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments. Revisions in the manuscript are shown through track change. In accordance with the comment, the entire manuscript has undergone substantial revision and English editing.

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the Journal of Reproductive Health.

Editor's comments:
Comment 1: Please revise the introduction- suggest not starting with a quote in the introduction, please expand more on what is known about hypertension and stress. Also, why did you specifically choose to focus on hypertension?

Response: Thank you. We appreciate your kind comment. We have removed quote from the introduction. We included some literature as per your suggestion on hypertension and stress to expand the “Introduction” (lines 94 –100). We have also addressed your comment about why we specifically choose to focus on hypertension end of the “Introduction” (please see lines 126-138).

Response:

Comment 2 a: In the methods section, please describe the study areas and the factories.

Response: In our manuscript in the method section we have described the “Study setting” (lines144-153). We are unable to provide more description about the factories to protect the privacy of workers and the factory informants. We have described the ethical issues of voluntary participation, confidentiality and anonymity of data.

Comment 2 b: You mention NGO worker- what NGO was involved.

Response: We have not added the name of the NGO in the section “Study participant recruitment and sampling” due to privacy reasons. We have added the word ‘local’ but as there are not many NGOs supporting these workers we wanted to protect their anonymity.

Comment 2c: Was there any translation? How did you construct your questionnaire? Did you pre specify themes?

Response: We addressed your both comments in the section titled “Data collection”. Please see lines number 186-199.

Comment 2d: Please state who these key informants were [i.e role/job description]- a table might be useful. Please clarify which language interviews were conducted

Response: We addressed your comment under the section titled “Study participant recruitment and sampling”, included a table about the key-informants. Please see lines 157-167). We couldn’t provide more detail about the Key informant [i.e role/job description] to maintain their anonymity. We did key informant interviews with high government officials from Ministry of Labour and Employment. That the only position in the Ministry, he holds, so it will be easily identifiable if we provide detail role/job description of the Key informant. We clarify language of interview under section “Data collection” please see lines 196-199.

Comment 3: The discussion section needs to be strengthened. Can you compare your findings to other studies?
Response: We agree with you and two reviewers’ comments about the discussion. According to your comments and suggestion we have revised the whole discussion section, please see under the heading “Discussion” (lines 428-481).

Two Reviewer reports

Reviewer 1

Report 1: Abstract: The conclusion is weak - it does not follow on from the results. Please rephrase. It appears that laws are there around maternity benefit but the factories are only looking for profit and don’t care - so how are they held accountable? It is not just the government and NGOs who need to help make gender sensitive polices... it is a societal thing too. Perhaps these women's husbands should also support them in the household duties

Response 1: Thank you so much for your insight about the abstract. In accordance with your suggestion, we have re-written and rephrased the entire “Abstract” including the conclusion in the revised manuscript (lines 21-62).

Report 2: Plain Summary: The current estimate of women dying during pregnancy /childbirth is nearer 350,000 not half million, please check - see your introduction. I would add in how many women die in Bangladesh every year through pregnancy related complications...

Response: We have re-written the Plain Summary and Introduction in accordance with your suggestion. By following your suggestion, we also added how many women die in Bangladesh in the introduction. Please find the changes (lines 69 and lines 102-106).

Report 3: I like the way you use a quote in the introduction - however if it was shorter might make it have more impact. line 95 - please use more up to date maternal mortality ratio numbers 2008 is almost 10 years ago. Would be good to have the Bangladesh MMR and also the proportion of women who died from hypertensive disorders of pregnancy (20%) PPH (31%) [Bangladesh Maternal mortality and Health Care Survey]

Response: Thank you so much your appreciation about starting the introduction with quote. However in accordance with the suggestion of the Journal Editors we have removed quote from the introduction. Nonetheless, we addressed the rest of the comments (i.e update reference, rate of MMR in Bangladesh) please find the changes in lines 102-106.

Report 4: Lines 115 sentence "this paper focuses on ..." should be swapped with the next sentence "The aim of this paper.."implying broad perspective of MH in the garment industry - followed by specific MH condition - hypertensive disorders of pregnancy.

Response: We swapped the sentence according to your suggestion. Please see in the lines 130-132.
Report 5: Please use 'hypertensive disorders in pregnancy' throughout rather than 'pregnancy induced hypertension' which is less commonly used these days. Also you do not know whether the pregnancy 'induced' it or whether the pregnancy exacerbated previously mild hypertension.

Response: Thank you so much for the correction. We used 'hypertensive disorders' rather than 'pregnancy induced hypertension'

Report 6: I am intrigued as to whether any other complications were mentioned by pregnant women? Did these women ever attend for routine ANC? It is not clear. Interesting that the factories have a clinic???

Report 7: Discussion captures the different responses and challenges these women face. - but I would like to know a bit more about the available health care - perhaps this should be discussed earlier.

Report 9: One of the recommendations I would make is for the factory clinic to provide ANC, and to update the doctors working there to provide ANC- obviously haven't got a clue how to manage the HPD. it is not clear if the women received any treatment for the high BP and there is no reason to restrict any food (salt or beef).... that might be doable. - i am not expecting you to write this in detail but could be an option too.

Response of Report 6, 7, 9: These three comments are related. We address them together here. According to data the pregnant women did not mention any other complications. We explored the issues i.e what are health services they receive from the factory? Where do they go for treatment other than factory clinics? Based on our findings, we added more findings to address your comments 6, 7 and 9, please see in the result section under headers “Health Services available to female workers” (lines 234-259), and “Discussion” (lines 449-457) “Research implications and conclusions”(lines 517-523).

Report 8: The final paragraph -334 -337 is weak especially the last sentence - please revise.

Response: We have re-written and revised the final paragraph including the last sentence. Please see in the Discussion (lines 474-481).

Report 8: Research implications and conclusion: This is also a bit weak and too long. Some of it could be in the discussion. I agree there something needs to be done - but a blanket list of everyone who might be involved and a catchall list of what needs to be done is not useful. I would expect the conclusion to summarize the key emerging point

Response: We agree with your suggestion. We have revised and re-written the whole section. Please see in the lines 503-543 under the section titled “Research implications and conclusion”.

Report 10: Please put the limitations as a paragraph toward the end of the discussion and a bit more detail.
Response: We added the section “Strength and limitations” of the study end of the discussion. Please see lines 483-501.

Reviewer 2

Report 1: The main issue is the link made between stress and PIH. It's unlikely to be supported by evidence and this is a big assumption for the working hypothesis. Was the hypertension validated or the women's perception? It's noted that Doctors diagnosed hypertension. The 2 references used to support link between stress and PIH are dated (1992 and 1999 respectively). Little is known on the pathophysiology of PIH and its more serious manifestation of pre-eclampsia however it is not caused by diet, stress etc. Other dimensions of stress around mental health issues would be equally applicable as are postural complaints.

Response: We agree with your comment about the link of stress and PIH. However, the maternal morbidity and mortality is big a challenge for a country like Bangladesh. This study presented the paradox of women’s work, health problems and pregnancy and their negotiation. The data of this study also highlighted that these women have little room for manoeuvre. The aim of this study is not to validate any hypothesis. It may or may not have link between stress and PIH. We describe the perceptions of the women. This study presented the reported problem of the pregnant women beyond the bio-medical explanation of cause of diseases and its associated link. It is significant to know that how these women work during pregnancy and how they are treated at work and home. How little support they receive from their employers. It also focused the limitations of the government to support these women. Further, we updated references and added some current literature in the “Discussion”; please see lines 426-481.

Report 2: Did the women have antenatal care - it’s not mentioned. If pregnant women have PIH the 'doctors' should also check other aspects maternal & fetal wellbeing.

Response: Thank you for your comments. We addressed your comments about ANC in result section under the header “Health Services available to female workers” (Lines 234-259), Discussion (lines 449-457) and “Research implications and conclusions” (lines 517-523) in the revised manuscript. Whether the factory doctors check the other aspects of maternal and foetal wellbeing, we are unable to comment on this as this was not the scope of our study. However, the factory clinics provide very limited health services including ANC visits.

Report 3: Some of the narrative around 'hypertension' is technically incorrect e.g. Morium is a 28 year-old 223 woman who developed hypertension during the first trimester of her pregnancy. Note - PIH only occurs after 20 weeks gestation 'She always feels tried, (tired) short of breath' - sounds more like anaemia which they possibly all have.

Response: We agree with your comment. It seemed to be incorrect from the medical point of view. It is qualitative research; we narrated the findings from the study participants’ point of view. The pregnant workers do not go to ANC visit; they are less/uneeducated and they hide the news of pregnancy from their supervisors for fear of losing their job. In our revised manuscript under header “Strength and limitations” we mentioned that it is result of recall bias (lines 493-
496). We agree with you that it is likely that they are anaemic. Our study participants described that they always feel tired because they do physically demanding work at workplace and home, they start their morning around 4:00 am, work four hours before they enter the factory, they do not get enough rest at home and work place. They even work seven days in a week. We presented the perspective of the study participants as she said that she always feels tired.

Report 4: TITLE What makes female pregnant workers sick: why, when, where and how? An exploratory study in the readymade garment industry in Bangladesh

1. Female could be removed from title unless a search term

2. Suggest revisit title as narrative does not address all questions

Response: In accordance with your suggestion we revisited the title. We revised our title and rewrite title. We also removed the word “female” from the title; please see lines 3-4.

Thank you again for giving us the opportunity to revise the manuscript based on advice of the editor and reviewers. We hope that this revised version is more acceptable for publication.

Yours sincerely

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Australia