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-17-00185R1

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 changes. In accordance with the comments, the entire manuscript has undergone substantial revision and English editing.

In accordance with the suggestion of one reviewer, we have changed the title to “What makes pregnant workers sick? An exploratory study in ready-made garment factories in Bangladesh”. We then re-submitted revised manuscript on 8th September with this new title. But the manuscript was sent back with the suggestion to keep the original title to be consistent. If the journal gives us the opportunity to change the title, we would change it according to your suggestion.
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: We have removed the quote from the introduction. We have included some literature as per your suggestion on hypertension and stress to expand the “Introduction” (lines 96 –102). We have also addressed your comment about why we specifically chose to focus on hypertension end of the “Introduction” (please see lines 128-136).

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” (lines142-151). 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 to the study participants. Therefore we are obliged to the follow the ethical issues.

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’ (lines 160) 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 have addressed both comments in the section titled “Data collection”. Please see lines number 182-195.

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 have addressed your comment under the section “Study participant recruitment and sampling”, and included a table about the key informants. Please see lines 153-166). We have not provided more detail about the key informants [i.e role/job description] to maintain their anonymity. We did key informant interviews with high government officials from Ministry of Labour and Employment. The informant is the only person to hold the position in the Ministry, so the person will be easily identifiable if we provide detail role/job description of the key informant. We have clarified the language of interview under section “Data collection” please see lines 192-195.
Comment 3: The discussion section needs to be strengthened. Can you compare your findings to other studies?

Response: According to your comments and suggestion we have revised and re-written the whole discussion section, please see under the heading “Discussion” (lines 419-489).

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: In accordance with your suggestion, we have re-written and rephrased the entire “Abstract” including the conclusion in the revised manuscript (please see lines 23-65).

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 2: We have re-written the Plain Summary (lines 72) and Introduction (lines 104-108) in accordance with your suggestion with current estimates including how many women die in Bangladesh in the Introduction.

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 3: 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 the quote from the introduction. Nonetheless, we have addressed the rest of the comments with recent references (i.e updated the reference for the rate of MMR in Bangladesh). Please find the changes in lines 104-108.

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 4: We swapped the sentence according to your suggestion. Please see in the lines 132-133.
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. The two case histories are a powerful way to get a story across.

Response 5: Thank you so much for the correction. We have 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: Research implications and conclusion: This is also a bit weak and too long. Some of it could be in the discussion. I agree that 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. Make recommendations - suggestions - yes more research to tease out the issues. You interviewed very few pregnant women. 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. Please put the limitations as a paragraph toward the end of the discussion and a bit more detail. The references are very old.... there must be some more recent papers on this issue - please check. Although not maternity there has been quite a bit of work done in garment factories on access to FP - in Bangladesh and Cambodia.

Response to Report 6, 7, 9: The three comments are related. We have addressed them together here. In our 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 have 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” including ANC (lines 227-253), and “Discussion” highlighting the issue of ANC (lines 433-441). We have revised and re-written the whole section of recommendations including ANC. Please see at the end of the discussion in the lines 458-489. We have added the Strength and limitations (lines 491-509). We have re-written the conclusions (please lines 511-530)

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

Response 8: We have re-written and revised the final paragraph including the last sentence. Please see in the Discussion (lines 450-456).
Report 10: Please put the limitations as a paragraph toward the end of the discussion and a bit more detail.

Response 10: We added the section “Strength and limitations” of the study at the end of the discussion. Please see lines 491-509.

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. This study presents the paradox of women’s work, health problems and pregnancy and their power to negotiate. The data of this study highlighted that these women have little room for manoeuvre. The aim of this study is not to validate any hypothesis. There may or may not be a link between stress and PIH. We describe the perceptions of the women. This study presents the problems as they are reported by the pregnant women, beyond the bio-medical explanation of causes of diseases. It is significant to know that how these women work during pregnancy and how they are treated at work and home, and how little support they receive from their employers. It also focuses on the limitations of the government’s support for these women. Further, we have updated references, added some current literature in the entire “Discussion”; please see lines 419-456.

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 2 : Thank you for your comments. We have addressed your comments about ANC in result section under the header “Health Services available to female workers” (Lines 227-253), Discussion about ANC (lines 433-441) recommendations about ANC (lines 468-475) 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.

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 3 : We agree with your comment. It seemed to be incorrect from the medical point of view. However this 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/uneducated and they
hide the news of pregnancy and avoid ANC visits 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 499-504). 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: Thank you so much for the correction. We can clarify that “why” means work and stress make them sick, “when” = during pregnancy, “where” = work place and home, “how” = in the paper we describe how these women get sick. That’s how we attempt to address all questions. We have 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 will make the paper acceptable for publication. We are happy to address if you have any further comments to address for this paper.

Yours sincerely

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