Author’s response to reviews

Title: Women with infertility complying with and resisting polygyny: an explorative qualitative study in urban Gambia

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Dear Editor and Reviewers,

Concerning the minor revisions of the paper ‘Women with infertility complying with and resisting polygyny: an explorative qualitative study in urban Gambia’, we would like to thank the academic editor and reviewers for carefully evaluating our manuscript and their valuable contributions. We have tried to address their suggestions as much as possible as is outlined in the response to reviewers letter.

Best wishes,

Susan Dierickx

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Reviewer #1:

The manuscript is good to be published but take note of the following comment and suggestions...

Response: We would like to thank the reviewer for the thoughtful considerations and recommendation.

Lines 156-157 provide clarity on the number of months state the SPECIFIC four months used for the work.

Response: We now provide more details on the months doing fieldwork. To give a correct portrayal of the research period the exact research dates are mentioned, p. 7 line 160-163: The study is based on a qualitative enquiry carried out intermittently between October 2017 and May 2018 (from 26/09/2017 until 23/10/2017; from 8/11/2017 until 6/12/2017; from 18/01/2018 until 12/2/2018; from 13/3/3/2018 until 10/4/2018) in the urban communities of the West Coast region of The Gambia.

Line 180 Better stated as in-depth interview and Focus Group Discussions

Response: We thank the reviewer for the careful attention, this was adapted accordingly. We decided to leave out the information about the focus group discussion after feedback received from reviewer 2. The paper has always started from the voices of women with infertility, however, in the focus group discussion also other people (i.e. men and women without infertility problems) were involved. However, their opinions were not reflected in this paper because the sample was too small. To avoid any confusion for readers, the methods and results are now solely based on the data gathered by in-depth interviews among women with infertility.

Line 230 How many respondents were involved in the analyses? Wouldn't this introduce some bias into the findings.

Response: Thank you for this question, we now explain this in more detail on page 10, line 225-235: The analysis done by the first author consisted of repeatedly reading each of these transcripts, identifying statements and quotes, and then labelling and connecting these to particular themes (e.g. divorce, inheritance). These were then analysed interpretatively into higher-order themes (e.g. resistance strategies, experiences of financial challenges) according to their conceptual coherence resulting in a coding tree in NVivo 11 Analysis Software (QSR International Pty Ltd. Cardigan UK). To limit potential bias, respondents were encouraged to participate in the analysis process by inviting them to explain preliminary findings and
contradictions during interviews [56]. Discussion of preliminary findings showed that the results found resonance with how participants experienced their reality. The first author received feedback from senior authors based on analytic discussions, which informed the final interpretations as presented here.

Line 427 Delete repeated words
Response: We changed this in the text.

***** Kindly State the number of respondents formed the FDG
Response: See comment above.

***** How long did the discussions last?
Response: Based on this question, information about the duration of the in-depth interviews was included on page 9, line 208-210: Interviews lasted on average 45 minutes and were conducted at private places where respondents felt at ease such as the privacy of their residences, the houses of trusted friends, or in a room at a local organization working with women with infertility.

Reviewer #2: Yared Abera (MD, MPH)

General:

It is an interesting mix of study for 'Reproductive Health Journal' focusing on gender aspect of RH. The Authors have reviewed several similar studies conducted in Africa and in Gambia, and gave us additional in the methodology section on the magnitude of polygyny in Gambia. Characteristically, the older the women and less educated and economically not liberated, it is likely that they would be in polygyny marriage.

The study is good and has tried to show us the various experience of an infertile woman in patriarchal and religious society where polygyny is a norm. This does not mean it has given us a very different information different what we knew. Referring to the references, similar studies referenced date back to the 90's. After nearly three decades these women are facing the same gender based violence, no clear infertility health-care despite the high unmet need for. This may
be a good reminder to policy makers to see the mental health aspect of and unmet reproductive health need for infertility in Gambian rural and semi urban areas.

Response: Thank you very much for these positive comments and for the valuable recommendations.

Editorial - Line 107 - change 'scholarship' to 'Scholars'
Line 427- delete one of the 'as part'
Response: Thank you for pointing out these grammatical errors, we have revised the paper.

Methodology:

Study area well explained with information that was missed in the introduction/background section. Qualitative design is often good to elicit such information from participants of the study with similar experience.

* The study described that participants of qualitative study couldn't speak English if English is a language spoken at schools and workplaces…may be they are less educated and economically more dependent on husbands introducing bias into the study, what about those financially well off and their copying mechanism

Response: Thank you for this question, in the previous paper we did not formulate clearly enough that some respondents could speak English and others not. Often this related to their education and socio-economic status, but not always: see page 9 line 211-217: In-depth interviews were conducted by the first author and took place in English if the respondents were fluent in this language. This was the case with most financially independent women with infertility who were highly educated. In other cases, data collection was carried out with the assistance of a local female translator who translated the questions of the first author into the local language. This was done if respondents were not speaking English or if they preferred to discuss this sensitive topic in their local language. How people’s different social positions influenced their experiences and coping and resistance strategies is mentioned were relevant throughout the whole manuscript. For example page 17 line 401-404: Interviewed women with infertility having their own business or professional job could escape tensions at home during their working hours. Women without a professional job often spent their time working on their farms or at the market.
* The method explained the selection criteria of participants (inclusion criteria)…what was the intention of including in the discussion women who don't have fertility problems

Response: Thank you for this question, we explain this on page 8, line 186-191: This study included women regardless of their current marital status since previous research has pointed out that Gambian women with infertility who are currently in a monogamous marriage might experience mental stress about the possibility that their husband will engage in polygyny or could have been previously in a polygynous marriage, making their perspectives and experiences relevant for this study [12].

* What is the operational definition of infertility, primary and secondary?

Response: We re-wrote this paragraph to provide more details on how we defined our sample of women with infertility on page 8; line 181-186: When analyzing infertility, it is important to acknowledge that standard epidemiological and demographical conceptualizations of infertility are not always meaningful for people living in low-and middle-income countries [12, 63–65]. Conceptualizations about what is natural, normal or expected in terms of fertility varies in time and over situation. Therefore, this study defined women as infertile when they considered themselves as such, regardless of the duration of their fertility problems and their number of living children.

* Did the study included the 27 women in the in depth interview also in the group discussion…explain

Response: We decided to omit the information from the focus group discussion because some focus group discussion included women and men without infertility problems. However, their voices were not reflected in this paper because the sample was too small. To avoid any confusion for readers, the methods and results are now solely based on the data gathered by in-depth interviews among women with infertility.

* In male and culturally influenced society women may not speak out their home experience related to polygyny in the presence of men. So, the author should clearly show who conducted the interview, here is only the translator's gender described and the well experienced principal investigator (one foreign researcher)

Response: Thank you for this interesting remark. The authors were indeed aware about the sensitivity of this topic. Therefore, we conducted the in-depth interviews in private (i.e. the husband and any other household members were not within hearing distance). This information
Interviews lasted on average 45 minutes and were conducted at private places where respondents felt at ease such as the privacy of their residences, the houses of trusted friends, or in a room at a local organization working with women with infertility. The researcher and translator made sure that nobody could overhear the conversation. Furthermore, we included more information about who conducted the interview. In-depth interviews were conducted by the first author and took place in English if the respondents were fluent in this language. This was the case with most financially independent women with infertility who were highly educated. In other cases, data collection was carried out with the assistance of a local female translator who translated the questions of the first author into the local language. This was done if respondents were not speaking English or if they preferred to discuss this sensitive topic in their local language. We further reflect on the background and translator on page 10-11.

The first author and the translator are women which might have led to more openness about the challenges of polygynous marriages [38]. At the same time the position of the first author as a foreign researcher made her a confidential conversation partner for those wanting to share their stories. The translator was a married Gambian woman who had a child, this was important as previous research experience learned that married women were less likely to talk about their experience to unmarried women. The translator was living in the urban area but not in the same communities as the participants. At the beginning of each in-depth interview she identified herself as a translator and promised confidentiality to respondents.

Results

In the methodology section...the men and women who are not fertile were included, but there is nothing in the result section referring this discussant group?

Response: Based on this reflection and a question below, we decided to omit the information from the focus group discussion because some focus group discussion included also women and men who don’t have infertility problems. However, their voices were not reflected in this paper because the sample was too small. To avoid any confusion for readers, the methods and results are now solely based on the data gathered by in-depth interviews among women with infertility.

The experience of women with infertility section - anything about the support from husband to deal with the infertility instead of rushing for having another wife - religio-cultural medicine, medical support?

Response: Thank you for this question, the researchers struggled with this question during the writing phase. Women with infertility indeed engage in health-seeking behavior and their husbands are to a certain extend involved in this. These results are now described in the section...
on coping strategies because looking for children is a strategy used to overcome not only the challenges of infertility but also the challenges polygynous households bring, page 15-16, line 369-388: An important strategy for women with infertility in coping with the challenges that polygynous marriages bring, is to overcome their childlessness. Many women are looking for health care, both indigenous as biomedical. Some women discussed how their husbands provided financial and emotional support, but mentioned that they would rarely go for diagnosis. In most instances, when husbands are in polygynous marriages the financial support decreases or stops because of the many competing demands from other household members. In addition, children can be given by kin and close friends to women with infertility. It was recurrently mentioned that fosterage is a widely accepted practice in The Gambia that happened because of multiple reasons e.g. to help people with infertility, to strengthen the relations between birth and foster parents, to solve practical problems in child care, to provide a home to children whose parents died or divorced. Fosterage may provide women with children who can provide domestic help, company and affection. However, it is often experienced as a second-best option as there is no guarantee that the child remains loyal and will support the foster parent in old age. Though it is considered to be cruel to take children away from women with infertility, a few interviewed women experienced this which they still felt difficult to handle: Of all of those I fostered, two of them when they were about to complete high school, they transferred to their mothers’ house. Now the children here with me are the children of my sisters and my co-wife (…) I really feel sad about that. If they were my own children they would not have gone.

Decision making section - anything on who decide for the infertile woman at time when to visit witch doctor or health workers?

Response: We provided now more details on decision-making for health care seeking. However, we describe this only shortly as the authors wanted to put the experiences with polygyny central (see research questions). We would like to refer to a previous article based on the larger research project that describes in detail the health seeking behavior of women with infertility in The Gambia (see Dierickx et al., 2019). Page 15-16, line 371-375: Many women are looking for health care, both indigenous as biomedical. Some women discussed how their husbands provided financial and emotional support, but mentioned that they would rarely go for diagnosis. In most instances, when husbands are in polygynous marriages the financial support decreases or stops because of the many competing demands from other household members.

Coping - Beyond the emotion, the stress these women are facing could be immense to the level of mental breakage leading to mental health problem…but not mentioned?

Response: In the paper, we describe how women experience mental health problems such as distress, jealousy, sadness, negative self-image and stress. The interviewed women that did
describe more serious mental health problems related this to their infertility, and not to their experiences within polygynous marriages. The mental health problems due to infertility are discussed in a previous article published as part of the larger research project (see Dierickx et al., 2018). In this paper, we reflect about the stories women with infertility have when it comes to polygynous marriage (see research question). Based on the feedback of the reviewer, we highlight this now on page 21-22 line 523-526: In The Gambia there is a strong pro-natal norm and female identity is often equated with motherhood and experiences of emotional neglect, mental health problems, physical abuse, (fear of) divorce and extramarital relationships occur both within monogamous and polygynous marriages [12].

Discussion

This section discuss the results well. It is good to see that the discussants mentioned the need for infertility health care like any other health problem.

Contrary to the method section, here lines 494-497 included men's experience in polygyny is exclusion as limitation - check?

Response: Based on this question and a comment above, we decided to omit the information from the focus group discussion because some focus group discussion included women and men without infertility problems. However, their voices were not reflected in this paper because the sample was too small. To avoid any confusion for readers, the methods and results are now solely based on the data gathered by in-depth interviews among women with infertility.

Conclusion

Here this section needs a recommendations of further study or quantification of the extent of mental health problems among these segment of population

Response: Thank you for this idea, this was included in the discussion and conclusion, page 22 line 526-528: All women with infertility, therefore, would benefit not only from better access to treatment, but also from counselling. More research should be carried out on how to develop counselling programs in a culturally-sensitive way. Page 22 line 536-540: In general, the study indicated that polygyny did have a negative influence on women’s financial, social and emotional wellbeing. The complexity of challenges that women with infertility in polygynous marriages experience, as well as their decision-making abilities, requires more attention in qualitative and quantitative research.
I like the idea of women empowerment economically - interventions focusing in income generation to target this group of the population

Bring out the best coping mechanisms at household, community and other social structures to support the group

Evidence-based advocacy for mental health and access for infertility health-care

Response: We would like to thank the reviewer for this constructive feedback. In response to this feedback, coping and resistance strategies are now explicitly mentioned in the conclusion, page 22 line 540-544: Several coping and resistance strategies (i.e. overcoming childlessness, addressing conflict, spending time outside the compound, looking for social support, the institution of the kanyaleng kafoolu, living separately and divorce) are identified which were used by women to navigate the challenges of polygynous marriages, but most interviewed women thought the practice was unlikely to change. The need for mental health services and access to infertility care is also mentioned, for example on page 22, line 526-528: All women with infertility, therefore, would benefit not only from better access to treatment, but also from counselling. More research should be carried out on how to develop counselling programs in a culturally-sensitive way.