Addressing the rehabilitation needs of women experiencing infertility in Ethiopia: Time for Action

Response for reviewers

Reviewer three

Comments and Suggestions for Authors

The article aims to determine what rehabilitation-related services and supports were available to women with infertility in Ethiopia.

1. First: as I mentioned in the previous review, infertility is a disease that results in the inability of men and women to have children. There are, however, authors, doctors, who argue that it could be considered a physical disability or genetic anomaly. You can use this author to defend this argument. See this author https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395292/.

   As this author assumes, if infertility is considered as a disability, interventions can be created to combat the stigma and taboo that exists in the case of fertility in most cultures. Couples who are unable to reproduce may be looked down upon due to social stigmatization.

   However, just defending this thesis does not mean that there will be less social exclusion, perhaps even exclusion increases when infertility is associated with a disability. It can certainly be understood as a deficiency of physical organs, but assuming this fact can bring to light the dark side of disability (stigma, discrimination, exclusion). That is, between one thing and another, there seems to be no better choice between these two positions.

   Response: Thank you for your valuable insight. We have updated our introduction section by adding the article you mentioned and a statement on lines 53-56. We recognize that labeling infertility as a disability might not be universally accepted and could have negative consequences. Therefore, further research is needed in this area. Currently, we have a limited number of studies that explore the concept of defining infertility as a disability, and we aim to contribute to this body of evidence.

2. Second, in the article the authors assume infertility as a disability. To argue this thesis, they refer to the WHO disability report, where they say that infertility is classified by the WHO as the 5th most serious global disability among women under 60 years of age. When looking at this report, in English, it only has the word infertility referenced twice: the first refers to disabilities associated with preventable causes, such as unintentional injuries and infertility originating from unsafe abortions and maternal sepsis (page 296) and the second is on page 297 in the table presented on that page. Nowhere in this report written in English does it mention that infertility is classified by the WHO as the 5th most serious global disability among women under 60 years of age, as is written in the article on the first page see https://iris.who.int /handle/10665/44575. I advise you to review this note, perhaps it is from another report that I am not familiar with.

Response: Thank you for bringing this to our attention. We have updated the introduction section with the full description stated in the original WHO report. The document mentions infertility caused by unsafe abortion as well as maternal sepsis. In the table provided by WHO, the prevalence of moderate to severe disability among people under the age of 60 in low and middle-income countries is listed, and we ranked them accordingly.

1. Depression 77.6
2. Refractile errors 68.1
3. Hearing loss 54.3
4. Unintentional injuries 35.4
5. Infertility due to unsafe abortion and maternal sepsis 32.5

Therefore, even if the WHO report did not explicitly put the ranking like that, the above ranking makes infertility the 5th most serious global disability under 60.

Additionally, please look at some of the following peer-reviewed articles that have cited the WHO report as we did: https://journals.unizik.edu.ng/jcpl/article/view/2230

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://link-springer-com.proxy.queensu.ca/content/pdf/10.1007/978-3-030-45009-0_43.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7429753/#:~:text=Infertility%20is%20a%20disease%20of,years%20of%20age%20%5B6%5D.

3. Third, the word rehabilitation is used, but it is never clearly explained what rehabilitation means: whether they are medical support services for these women and men and or whether they are social services that have that name, or whether they are both. It is necessary to clarify to the audience what the author understands by rehabilitation: are these services that exist in the community to support women? These are not specific in this area, but they support and help women to overcome, from a psychosocial point of view, the fact of not having children, and are these necessary to support these people in the face of the discrimination they may suffer for cultural and religious reasons?
4. Fourth, although the study is relevant, there is a disruption here that has to do with the different responsibilities and training of the professionals involved. Because not everyone undergoes psychosocial “rehabilitation”. One suggestion is for the author to look at the results and focus on what they bring to the analysis. Clearly what these professionals do is provide biopsychosocial support to these women. So why not call it biopsychosocial support instead of rehabilitation? Rehabilitation implies recovering, redoing, something that doesn't work well... in this specific case what these professionals do is work to restore rights, capacity and social, cultural and religious position lost after knowing they are infertile.
5. A last suggestion is to use the title “Services for infertile women in Ethiopia” instead of rehabilitation services, as this would perhaps be more in line with the study carried out, as not all interviewed professionals promote rehabilitation services, but before support, counselling, or clinical support.

Response: We will address the three comments/questions mentioned above since they relate to a similar concept and would address your concerns. This paper is part of a PhD dissertation that focuses on the experience of infertility and potential rehabilitation services. The first author is pursuing a PhD in Rehabilitation Sciences, which is why the focus is on rehabilitation services.

Moreover, the definition of rehabilitation can be found in lines 75-78. "Rehabilitation" is a term that encompasses a wide range of methods aimed at maximizing a person's functionality leading to improved overall health outcomes, quality of life, and holistic well-being. "Biopsychosocial supports" refer to specific services that can be provided to an individual to enhance their biological, psychological, and social functionality. We have added biopsychosocial support on line 511 since it is an important part of the rehabilitation process. However, biopsychosocial support cannot replace rehabilitation in our study.

We recognize that not all service providers (medical service providers) in our study have received training in psychosocial rehabilitation. However, the insights we gathered from these providers, based on their daily interactions with women, indicate a clear need for psychosocial support. As a result, they have explicitly expressed the need for such support.

6. Fifth, the questions asked by the authors to the participants focus on: 1. What support do you provide for people who experience psychological distress secondary to their disabilities? 2. What support do you provide for people who experience social isolation and stigmatization secondary to their disabilities? 3. How do you see the role of spirituality in the services you provide? 4. How can women with infertility be included in the current rehabilitation services in Ethiopia, only this last one concerns the topic, so the rest should not be considered as they focus on disabled people in general. If you consider all the questions in the analysis, then the article must include other disabled people and not just those who are infertile, which implies changing the initial part of the article. Perhaps the authors intended to focus on the rehabilitation of disabled people including people who are infertile. Or just erase the first questions.

   Response: Thank you for your insight. We are conducting research on infertility services for women in Ethiopia. Unfortunately, there is currently no such service available. Therefore, we had to use a speculative method to gather information. We initially asked rehabilitation service providers about their services to people with disabilities, even though this was not our primary focus. We then drew a connection between the symptoms shown by people with disabilities and those experienced by women with infertility. Please find below the questions we used to interview rehabilitation service providers. For medical service providers and policymakers, we directly focused on questions related to women with infertility. Please note that we have used other probes based on the participants' responses. To save space, we did not show all the questions in the manuscript.

- Can you tell me briefly what your job entails?
- What kind of work do you do with people who have disabilities and need rehabilitation?
- What support do you provide for people who experience psychological distress secondary to their disabilities?
    - Probe: People who experience depression, anxiety, loneliness, self-blame, feelings of worthlessness or purposelessness, and suicidal thoughts.
- What support do you provide for people who experience social isolation and stigmatization secondary to their disabilities?

        - Probe: People who experience decreased participation in social gatherings, blaming or pointing fingers when seen, seeing the person as cursed, being seen differently by society, thinking that they are flawed.
- What kind of support do you provide for people with difficulty carrying out their daily activities due to psychological and social problems?
        - Probe: People who have a lack of interest in work, self-care,
- How do you see the role of spirituality in the services you provide?
        - Probe: Do you think it should be included in mental health services?

Now let's talk about another group of people whom you don't give service to currently but who experience the above-mentioned characteristics. I am interested in women living with infertility.

Current estimates of infertility prevalence in Ethiopia range from 7.6-24.1%. This depends on the definitions used to define infertility.

- As a rehabilitation service provider, what services can you provide to infertile women?
        - Probe: In addition to what you mentioned above for people with disabilities, what professional services can you provide for women who experience infertility?
        - Probe: Besides medical infertility treatment, what kind of services do you think these women need?
- How can women with infertility be included in the rehabilitation services in Ethiopia now?
        - Probe: Is there a place for these women in the rehabilitation sector?
        - Probe: Do you think these women need rehabilitation? Why/why not?
- What do you think of the idea of seeing or conceptualizing infertility as a disability?
        - Probe: How do you distinguish women with infertility from the people with disabilities you work with now?
        - Probe: Can you see the pros and cons of conceptualizing infertility as a disability in Ethiopia?
- Are there any additional ideas you would like to share regarding your experience and expertise as a rehabilitation service provider?

Finally, we would like to express our sincerest gratitude for your time and effort in reviewing our paper. We have carefully considered your comments and questions and have provided a response that we hope will clarify any doubts you may have had. We greatly value your insightful comments and feedback, as they have helped us improve the quality of our write-up. Your contribution has been immensely valuable, and we appreciate your dedication to helping us refine our work.