

Childlessness in Bangladesh rural areas

Research proposal

Issue:

Childlessness in urban and rural Bangladesh

Group members:

Gertrude, Ibukun, Joe, Ngozi, Violet

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Introduction

Infertility is defined as “the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” [1]. The global burden has barely improved between 1990 to 2010-1.9% primary infertility and 10.5% secondary infertility [2]. Infertility affects both men and women and can cause social and personal discomfort such as depression, and discrimination as well as decreased quality of life [3].

There are about 14 million infertile couples in South Asia and Farely and Baisey reports an infertility rate of approximately 15% [4]. In Bangladesh, the state ideology is to control fertility due to the challenges of overpopulation, hence infertility is neither on the political agenda or policy discourse despite its grave implications [5]. For Bangladeshi women for example, the

consequences of childlessness are social, familial, emotional, economic, and medical [6]. There are a number of documented reports on the experience of or response to childlessness in various communal and patriarchal contexts as in Bangladesh. However these tend to be narrow, focusing on one aspect of the problem, or looking at the experience of childlessness from a single perspective- especially as it affects women only. Additionally, to the best of our knowledge there is yet no research that has explored possible mechanisms by which the potential negative effects of childlessness can be mitigated.

A possible reason for this gap in knowledge and action could be the use of a monodisciplinary research approach which unintentionally limits the scope in the understanding of this issue and fails to connect knowledge generated into action for societal benefit. This research therefore proposes a transdisciplinary study to explore the experiences of childlessness in multiple stakeholders, including those who remotely influence or are influenced by its effects. Additionally it is necessary to take this inquiry a step forward by testing possible interventions to improve the quality of life in childless families using the existing resources available in communities.

Research question

What are the experiences of childlessness in Bangladesh?

Research objectives

- To explore and describe the experiences of childlessness.
- To determine which individual and collective factors contribute to the experiences of childlessness.
- To explore which individual and collective strategies exist to confront the negative aspects of childlessness.
- To explore individual and collective approaches which could mediate the negative experiences of childlessness.
- To evaluate how childlessness affects quality of life.
- To understand cultural knowledge, attitudes and practices regarding childbearing and childlessness.

Methodology

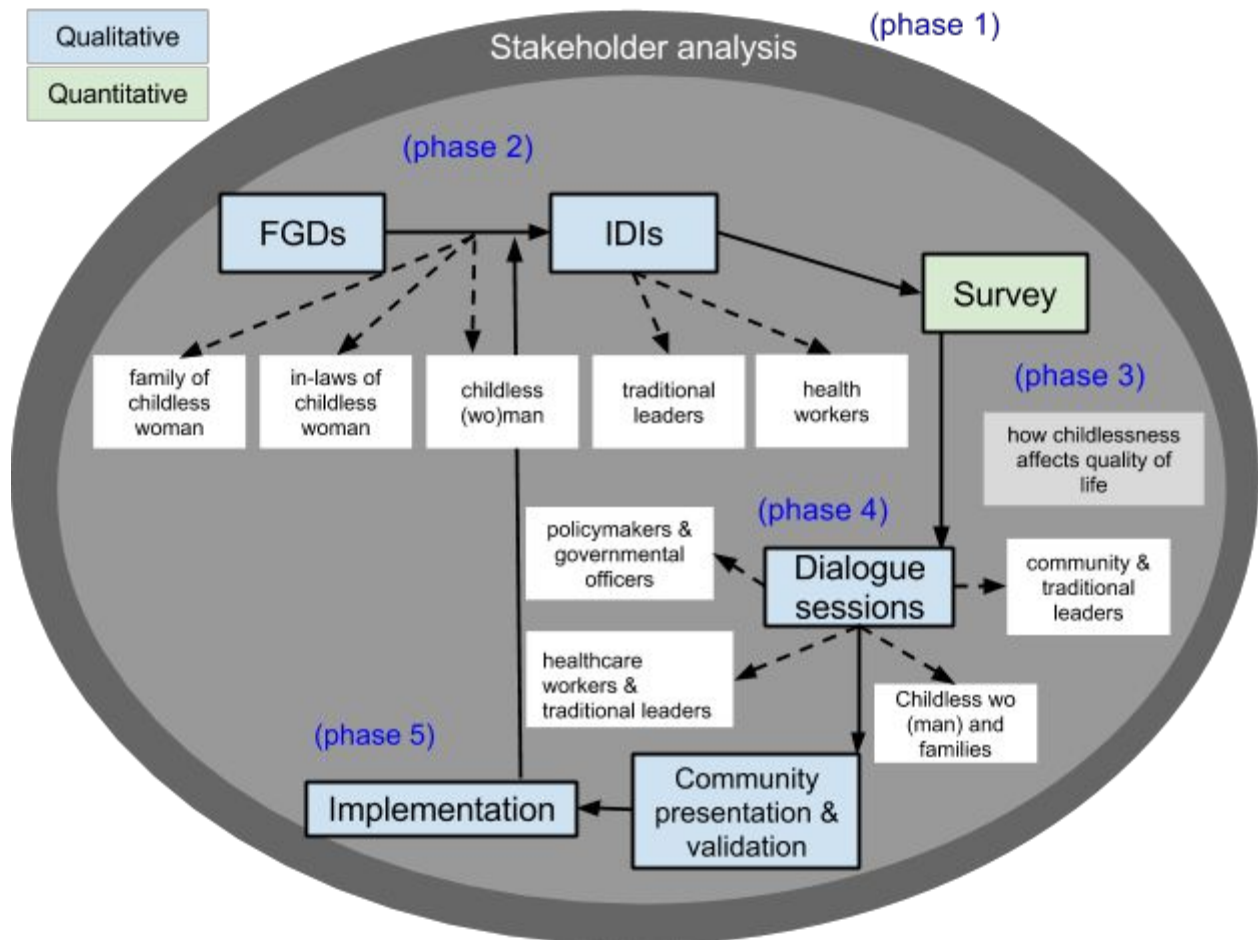


Figure 1: Overview - Study methodology.

This study consists of five phases (see figure 1): 1) A stakeholder analysis 2) A qualitative research on exploring the experiences of childlessness, 3) A quantitative research on the quality of life due to the impact of childlessness, 4) Dialogue sessions on how to improve existing experiences of childlessness and 5) Implementation of the interventions selected during the dialogue sessions. After the implementation, potential effects of the implemented interventions will be evaluated with follow up IDIs and a survey data (restart from phase 2b). Data will be analysed using an inductive thematic approach following the principles of grounded theory.

Phase 1: Stakeholder analysis

In collaboration with our partner local NGO- Family for All with whom our research institute has a long-standing collaboration, we developed a non-exhaustive stakeholder analysis (see

attachment 1) based on a literature review and community observations. The stakeholder analysis is iterative and dynamic, with a fluid list of key stakeholders and as such we envisage that it will be modified as appropriate for fine running the various stages of the study. The study will be conducted in two rural districts (with urban areas) located in northern Bangladesh namely: Mymensing and Netrakona. These sites were selected due to the presence of our collaborative NGO who have an existing relationship and recognised presence in these regions.

Phase 2: Exploring the experiences of childlessness

In this stage, the perceptions and experiences of childlessness will be explored with four formative FGDs consisting of 6-10 person each, conducted with four keys groups of homogeneous people (childless women / childless men / family of the childless person / in-laws of childless person). Views on how to improve the experiences of childless people will also be explored. Given the sensitive nature of the subject, participatory techniques will be used to maximise participation. The FGDs will be recorded after verbal and or informed consent, transcribed and analyzed with MAXqda.

Emerging themes from the analysis of the FGDs will then be used to design the discussion guide for in-depth interviews (IDIs) with around seven identified respondents for each of the four following groups: childless women (rural and urban), childless men, the parents and in-laws of childless person, four traditional healers, four health care providers and four beggars/middle-men. Purposive and snowballing sampling techniques will be used to identify and conduct these interviews until saturation point is reached. In total, about 40 in-depth interviews will be conducted in an interactive manner. Respondents will be interviewed at a private location recommended by the respondent and we estimate that interviews will be about one hour long. All the interviews will be open and semi-structured, recorded after verbal and or written informed consent, transcribed verbatim and analysed using MAXqda.

Phase 3: the impact of childlessness on the quality of life

The second stage will be developed based on the results in the first stage to examine the extent to which the quality of life is impacted due to childlessness. The survey will be based on a collection of existing quality of life surveys adapted and adjusted to the Bangladesh context with input from the NGO and administered to childless people and their spouses. The number of surveys to be conducted will be calculated with a desired confidence level of 95% and a power of 80%, with the prior supposed population-specific proportions being informed by the results of the FGDs; since scant data exist regarding sub-group specific proportions for our survey items of interest, the exact number will be informed by the FGDs.

Phase 4: formulating interventions to improve existing experiences of childlessness

The results of the surveys will feed into a discussion guide for three participatory dialogue sessions with homogenous groups of both policy makers and governmental parties, community members and healthcare workers. Within these dialogue sessions, opinions regarding the issues of childlessness will be explored with each group suggesting appropriate interventions.

Each group will consist of 6-10 people, will last for at least one hour, recorded after verbal and or written informed consent, transcribed and analyzed with MAXqda.

During the participatory dialogue sessions in phase 4, the potentially appropriate interventions will be further developed and subsequently presented to the community involving a cross section of all stakeholders for validation and communal intervention decisions.

Phase 5: Implementation of the selected interventions

Following the dialogue and intervention decisions taken in stage 4, the appropriate bodies such as policy makers and governmental officers, healthcare workers and the community will, in collaboration with local leaders of NGO implement the selected interventions. Six months after implementation of the interventions, follow-up in-depth interviews and a survey will be conducted and administered to explore any potential effects and recommendations for fine-tuning the interventions and to document any changes in the lives of those affected by childlessness.

Data Management

Data will be handled only by the research team and stored on a secured computer dedicated to the project for at least five years in the office of the local NGO. Recordings, surveys and transcripts will be numbered and the names corresponding with the interview numbers will be kept separately on a password-protected list. Transcripts will be password protected, marked by an interview number and all identifying information removed before analysis and reporting.

Timeline

This project will be implemented over a period of 18 months. The first quarter of the project will be used for community entry and stakeholder analysis and consensus. The results of this process will be used to refine the qualitative data collection of stage 1, which is expected to take a minimum of 4 months. Data analysis will be conducted over a month which will in turn contribute to the design and scope (ie, number of respondents) of the survey in stage 2. A multivariate analysis will be conducted using in open-source statistical software to define key themes that are needed for further exploration. The quantitative component of this study will take about 5 months. The identified key themes will be used to design a discussion guide on recommendations and options for the FGDs in stage 3 which are aimed to influence policy and community actions. The results will be compiled and compared with the results of stage 1 and 2 over a three-month period to inform an intervention design which will then be communicated to the communities.

Timeline					
Activity	Quarter 1 (month 1 to 4)	Quarter 2 (month 5 to 8)	Quarter 3 (month 9 to 12)	Quarter 4 (month 13-16)	Quarter 5 (month 17-18)
<i>Stage 1</i>					
1a. Community Entry					
1b. Stakeholder analysis					
<i>Stage 2</i>					
2a. Conducting FGDs					
2b. Data analysis FGDs					
2c. Conducting IDIs					
2d. Data analysis IDIs					
<i>Stage 3</i>					
3a. Developing and conducting Survey					
3b. Data analysis survey					
<i>Stage 4</i>					
4a. Conducting Dialogue sessions					
4b. Potential interventions setting and community validation					
<i>Stage 5</i>					
5.Implementing					

interventions					
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Ethics

This research will seek ethical approval from the Institutional Review Boards of both Vrije Universiteit as well as the Bangladeshi Ministry of Health and Family Welfare. Additionally, informed verbal (and, when possible, written) consent and ethical feedback will be sought from study participants in Bangladesh. Prior to study participation, all research subjects will be asked to provide informed consent (the “information” being presented in their language). Given the uncertainty regarding the outcome of the study, neither benefits nor risks will be presented; however, the discussion on consent will briefly cover the sensitive of the research topic, and subjects will explicitly be assured that their non-participation will incur no negative effects.

To protect privacy, participants will choose a time and place which is convenient and safe. Transportation will be facilitated for all participants.

Given the iterative nature of the research (ie, the survey content will not be designed until after the first round of focus group discussions and in-depth interviews), updated research protocols and research frameworks will need to be revised, submitted and reviewed regularly by the aforementioned three parties.

References

1. The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) Revised Glossary on ART Terminology (2009).,
2. Mascarenhas, M. N., Flaxman, S. R., Boerma, T., Vanderpoel, S., & Stevens, G. A. (2012). National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys.
3. Chachamovich JR, Chachamovich E, Ezer H, Fleck MP, Knauth D, et al. (2010) Investigating quality of life and health-related quality of life in infertility: a systematic review. *Journal of Psychosomatic Obstetrics & Gynecology*, 31(2), 101-110.
4. Farely, T. M. M., and E. M. Baisey (1998). The Prevalence of an Etiology of Infertility. *Proceedings, African Population Conference*, November 28, 1988, Dakar, Senegal.
5. Nahar P and van der Geest S. "How women in Bangladesh confront the stigma of childlessness: Agency, resilience and resistance." *Medical Anthropology Quarterly*. Vol 28, Issue 3, 2014, 381-398.
6. Nahar, P., and A. Richters (2011). Suffering of Childless Women in Bangladesh: The Intersection of Social Identities of Gender and Class. *Anthropology and Medicine* 18:327–338.

Stakeholder map

Issue:

The experience of childlessness among Bangladeshi women

Group members:

Violet, Gertrude, Joe, Ibukun, Ngozi

References:

- Method: Bryson, JM. "What to do when stakeholders matter". *Public Management Review*. Vol 6, Issue 1, 2004, 21-53.
- Content: Nahar P and van der Geest S. "How women in Bangladesh confront the stigma of childlessness: Agency, resilience and resistance." *Medical Anthropology Quarterly*. Vol 28, Issue 3, 2014, 381-398.

Overview:

The below is a stakeholder mapping based loosely on Nahar and de van der Geest's work on childlessness in Bangladesh. It employs both the "Problem-frame stakeholder mapping technique" (Nutt and Backoff, 1992) as well as the "Stakeholder-Issue Interrelationship diagram" (Bryant, 2003).

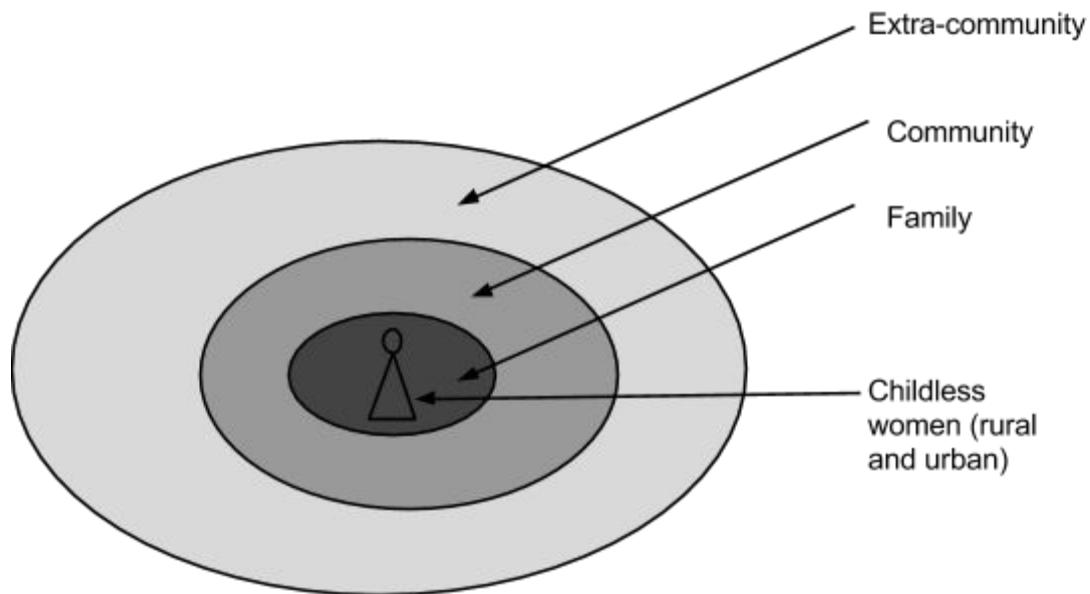
Basic stakeholder analysis technique (list)

Regarding the overall issue of "the experience of childlessness among Bangladeshi women," we identified multiple key stakeholders, belonging to several different groups. Once we devised our list, it occurred to us that our groups naturally formed concentric circles of proximity. At the center of the issue are the women themselves - from there, the most proximal stakeholder is the family, followed by members of the community and, finally, the "extra-community" (those outside of the community, but who may still have both an interest and impact upon it).

List:

- Childless women (rural and urban)
- The families of childless women:
 - husbands
 - parents
 - in-laws
 - others (brothers, sisters, cousins, etc.)
- The community:
 - health care workers
 - traditional healers / medicine men
 - female beggars / hawkers
 - islamic religious leaders
- Extra-community
 - employers
 - policy-makers
 - researchers / research team

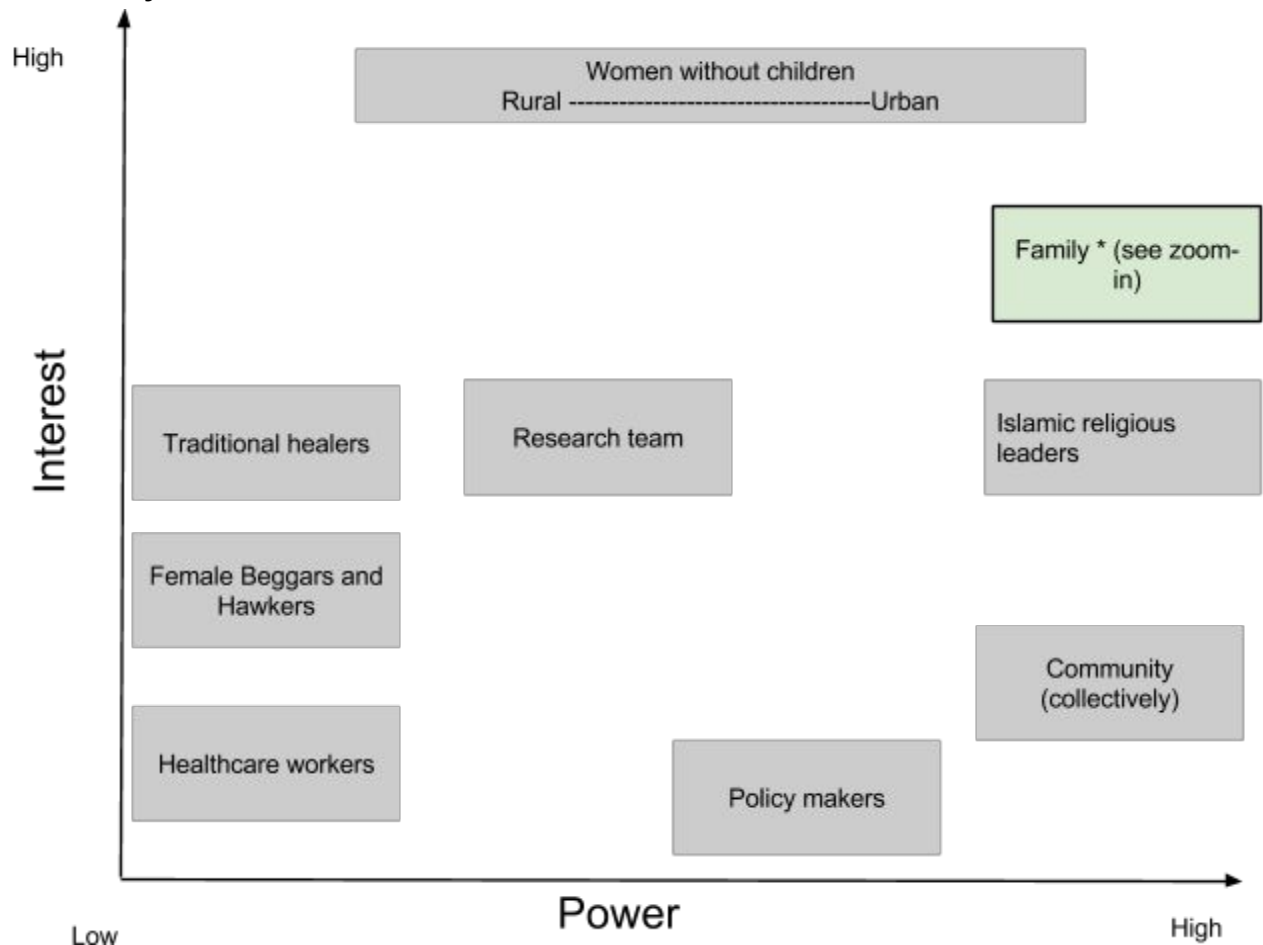
Visualization:



Power versus interest grid

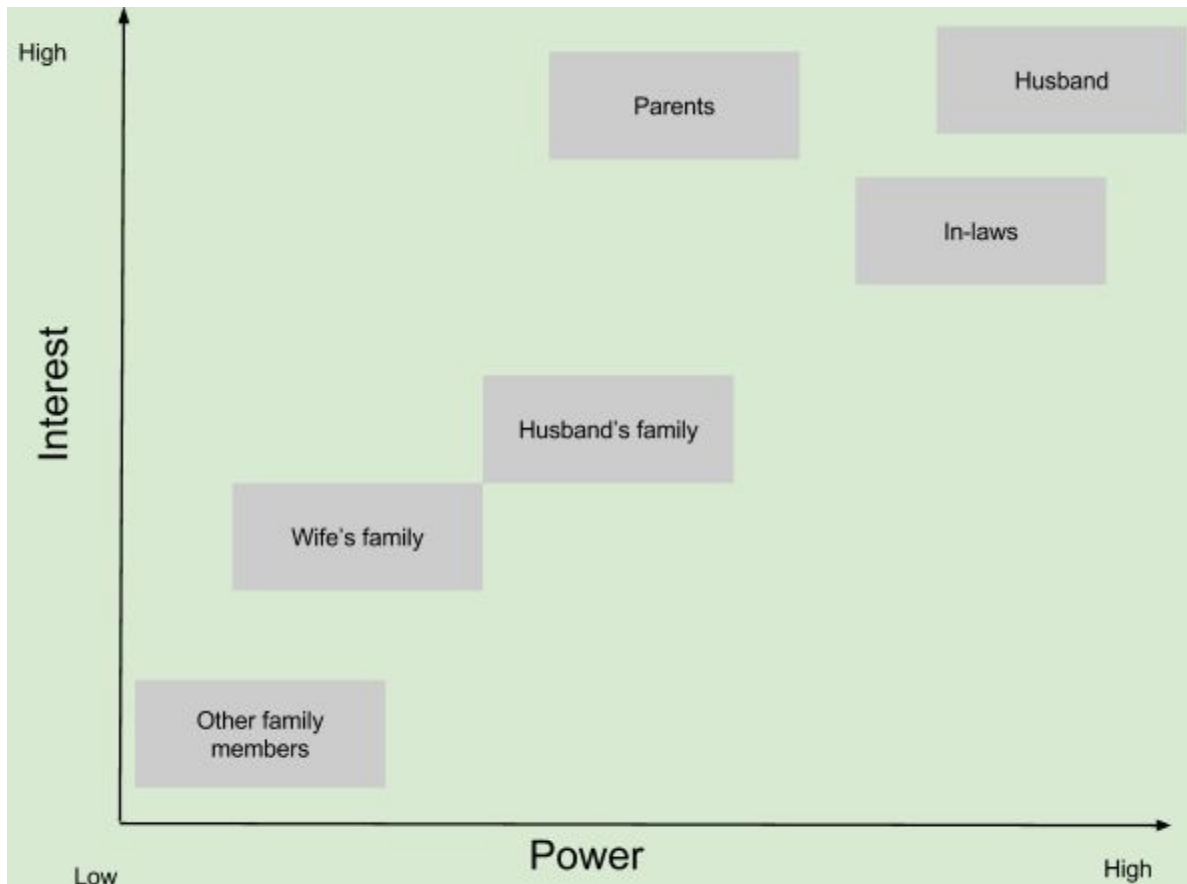
The “power versus interest” grid helped us to identify those with the greatest voice, as well as those whose voice would need most amplification (i.e, those with high interest and low power). Note that individual members of the community make up the vertical column with low power and relatively low interest; however, combined as a whole, these members make up a collective community whose power is high (bottom right). The female beggars and the hawkers, for example, though low societal status, act as important middle-men in the transaction of traditional medicine, and therefore influence the process of the experience of childlessness, without influencing the outcome directly. Also note the main actors (women without children) exercise varying degrees of power/agency over their situation due to the dynamic nature of their experiences or positioning, hence the elongated space along the top. This space caters both to the rural poor and urban middle class women who show distinctly different actions to generate change in their circumstances.

In summary:



Given the family's predominant role both in power and interest, a separate matrix was chart was devised only containing family members. The husband exercises both a high degree of power *and* interest in his family's childlessness, whereas the other family members have generally declining power and interest. Interestingly, unlike in the community at large, power and interest are largely linearly correlated within the family structures. Key players in the dynamic are the Islamic religious leaders - Islam has an influence on the individual and social levels and impacts decisions regarding fertility treatments sought, as well as the (un)acceptability of adoption and fostering of children.

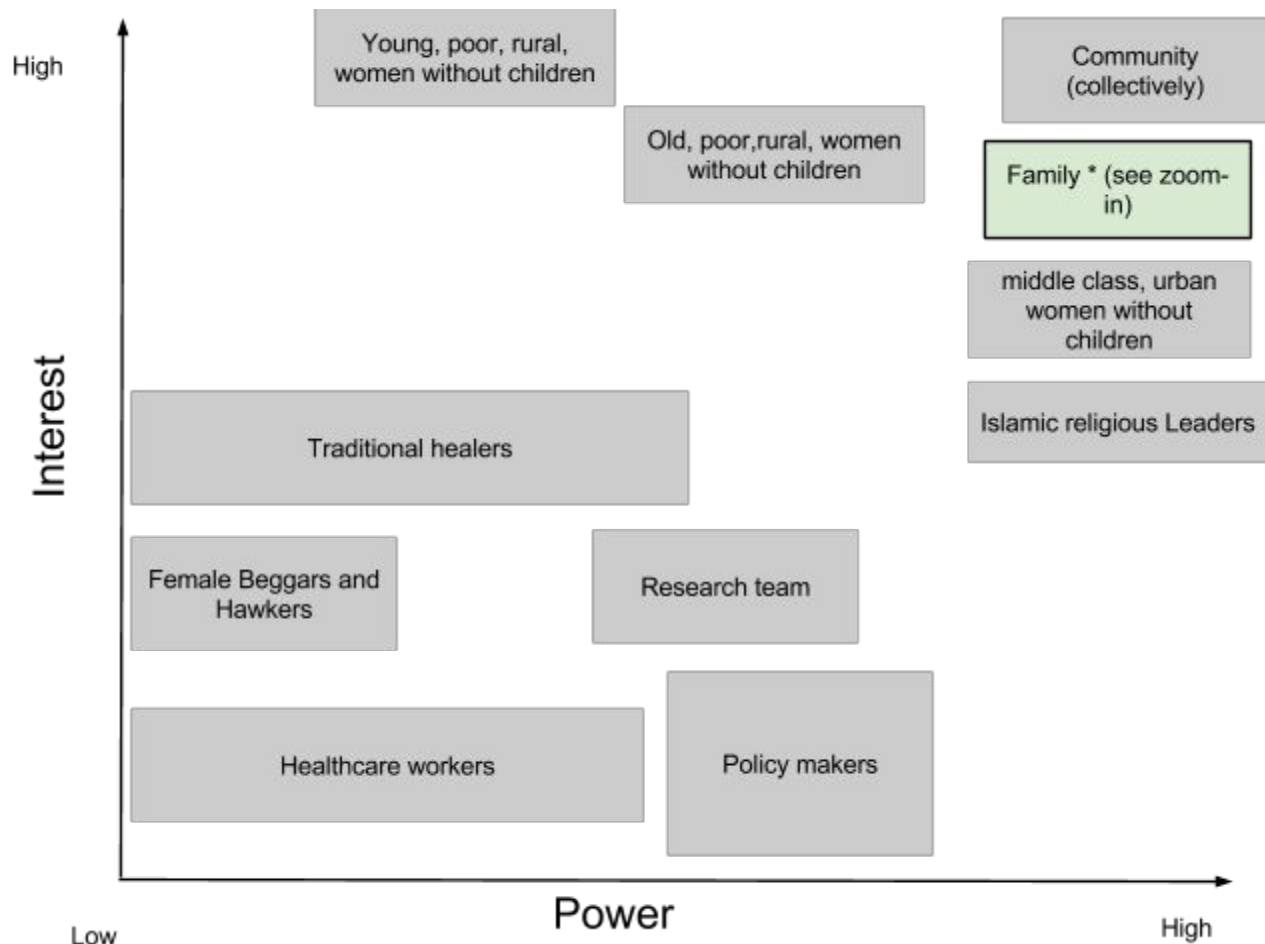
Power-interest matrix for family members of childless women:



We consider our stakeholder identification process to be iterative. Having mapped key stakeholders, we will carry out the initial qualitative phase of our research (FGD and IDI) with those stakeholders. Thereafter we anticipate two possible changes to our stakeholder mapping:

1. We will add/remove from the list of stakeholders
2. The stakeholders position on the power-interest grid may shift.

Following these changes, we anticipate a reformulated power-interest grid, with greater granularity (ie, better differentiation between different sub-groups of interest). The below is a *hypothetical* example of this reformulation:



Stakeholder-issue interrelationship diagram

The “stakeholder-issue interrelationship diagram” helped us to identify a major shortcoming in the research on the issue - namely, that researchers (who nominally addressed “stigmatization”) focused nearly all of their efforts on the loss of identity/role experienced by the women, and almost none of the stigmatizing factors that *caused* that loss of identity.

In summary, our stakeholder analysis progressed from a one dimensional to a three dimensional view and reflects power structures and social factors that define the value of identified groups to our proposed research.

Appendix

Original Stakeholder Map:

Key stakeholder mapping

Issue:

The experience of childlessness among Bangladeshi women

Group members:

Violet, Gertrude, Joe, Ibukun, Ngozi

References:

- Method: Bryson, JM. "What to do when stakeholders matter". Public Management Review. Vol 6, Issue 1, 2004, 21-53.
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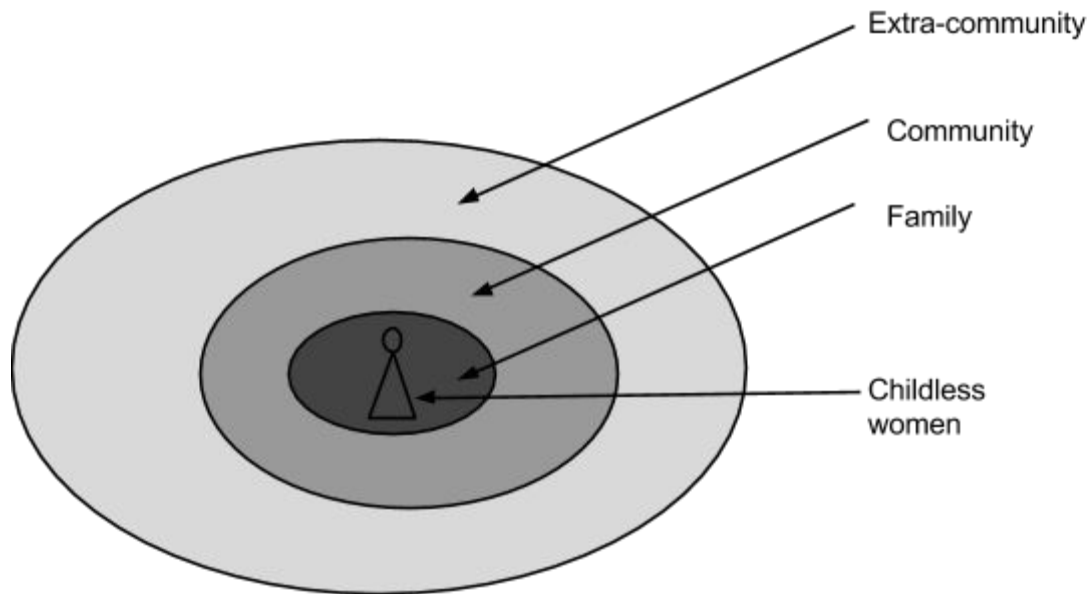
Regarding the overall issue of "the experience of childlessness among Bangladeshi women," we identified multiple key stakeholders, belonging to several different groups. Once we devised our list, it occurred to us that our groups naturally formed concentric circles of proximity. At the center of the issue are the women themselves - from there, the most proximal stakeholder is the family, followed by members of the community and, finally, the "extra-community" (those outside of the community, but who may still have both an interest and impact upon it).

List:

- Childless women
- The families of childless women:
 - husbands
 - parents
 - in-laws
 - others (brothers, sisters, cousins, etc.)
- The community:
 - health care workers
 - traditional healers / medicine men
 - beggars
 - religious leaders

- Extra-community
 - employers
 - policy-makers
 - researchers / research team

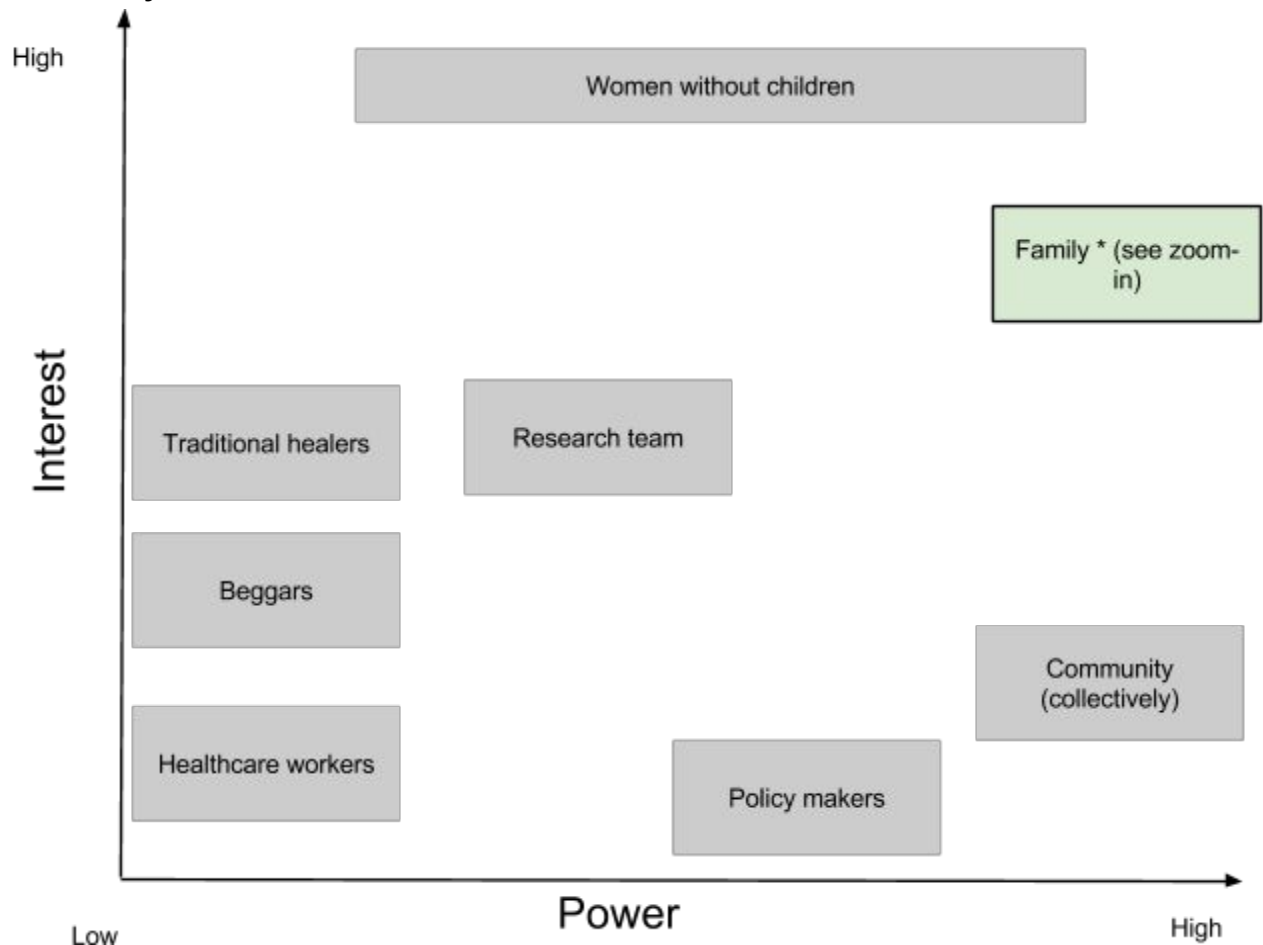
Visualization:



Power versus interest grid

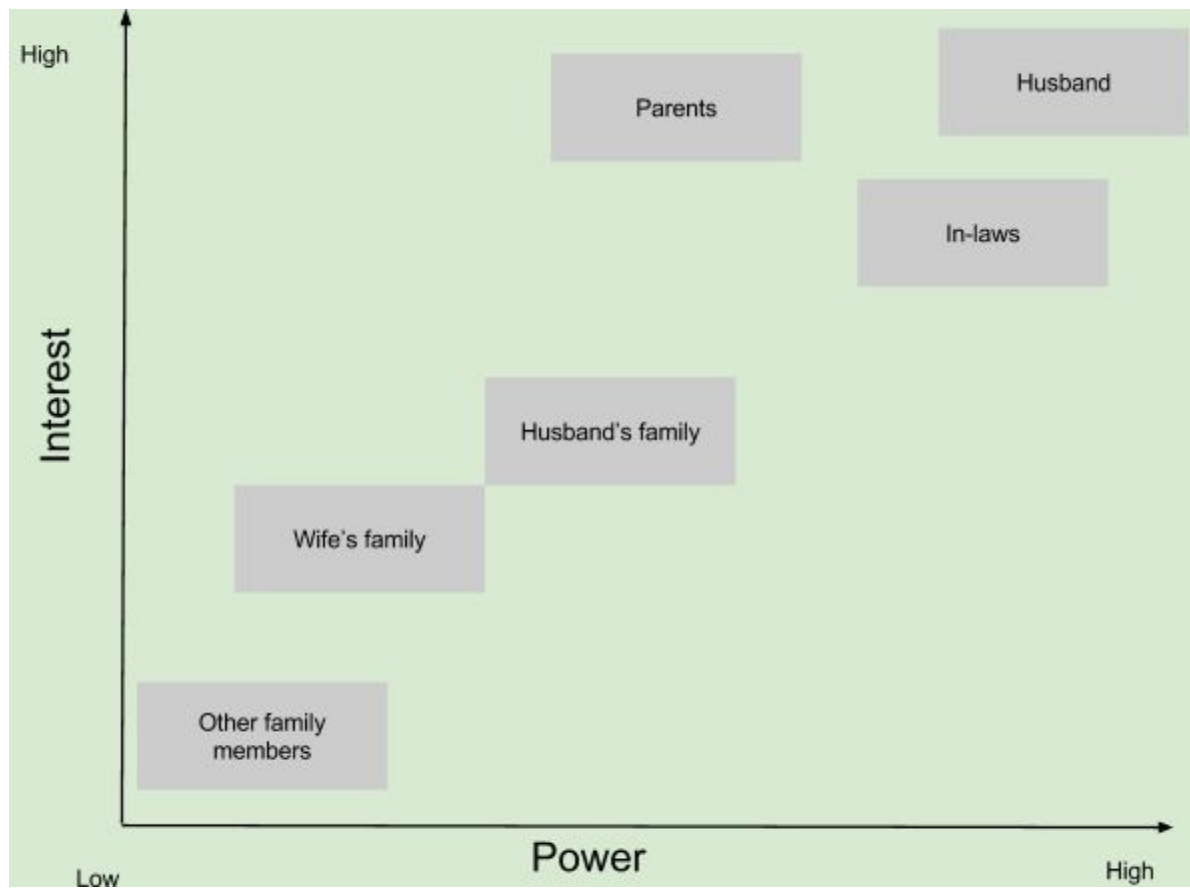
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In summary:



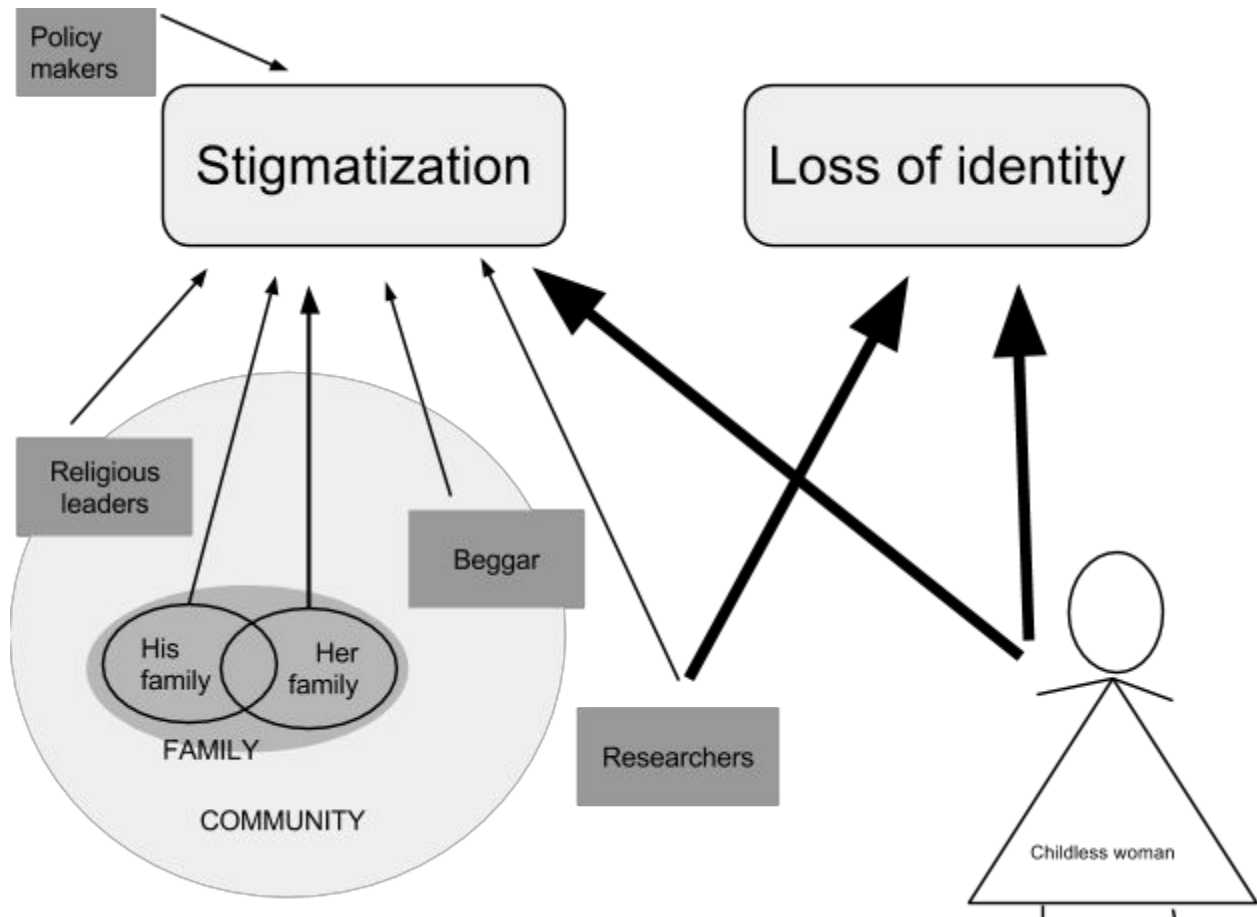
Given the family's predominant role both in power and interest, a separate matrix was charted only containing family members. The husband exercises both a high degree of power *and* interest in his family's childlessness, whereas the other family members have generally declining power and interest. Interestingly, unlike in the community at large, power and interest are largely linearly correlated within the family structures.

Power-interest matrix for family members of childless women:



Stakeholder-issue interrelationship diagram

The “stakeholder-issue interrelationship diagram” helped us to identify a major shortcoming in the research on the issue - namely, that researchers (who nominally addressed “stigmatization”) focused nearly all of their efforts on the loss of identity/role experienced by the women, and almost none of the stigmatizing factors that *caused* that loss of identity.



(thickness of line = degree of interest)

In summary, our stakeholder analysis progressed from a one dimensional to a three dimensional view and reflects power structures and social factors that define the value of identified groups to our proposed research.

Original Proposal:

Childlessness in Bangladesh rural areas

Original research proposal

Issue:

The experiences of childlessness in Bangladesh rural areas.

Group members:

Violet, Gertrude, Joe, Ibukun

Introduction

Infertility is defined as “the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” [1]. The global burden has barely improved between 1990 to 2010-1.9% primary infertility and 10.5% secondary infertility [2]. Infertility affects both men and women and can cause social and personal discomfort such as depression, and discrimination as well as decreased quality of life [3].

There are about 14 million infertile couples in South Asia and Farely and Baisey report an infertility rate of approximately 15% [4]. In Bangladesh, the state ideology is to control fertility due to the challenges of overpopulation, hence infertility is not on the political agenda or policy discourse despite its grave implications [5]. For Bangladeshi women for example, the consequences of childlessness are social, familial, emotional, economic, and medical [6]. There are a number of documented reports on the experience of or response to childlessness in various communal and patriarchal contexts as in Bangladesh. However these tend to be narrow- focusing on one aspect of the problem, or only looking at the experience of childlessness from a single perspective- especially women only. Additionally, to the best of our knowledge there is yet no research that has explored possible mechanisms by which the potential negative effects of childlessness can be mitigated.

A possible reason for this gap in knowledge and action could be the predominance of inter- or multidisciplinary research approaches which unintentionally limit the scope in the understanding of this issue and fail to connect knowledge generated into action for societal benefit. This research therefore proposes a transdisciplinary study to explore the experiences of childlessness in multiple stakeholder including those who remotely influence or are influenced by its effects. Additionally it is necessary to take this inquiry a step forward by testing possible approaches to improve the quality of life in childless families using existing resources available in the communities.

Research question

What are the experiences of childlessness in Bangladesh?

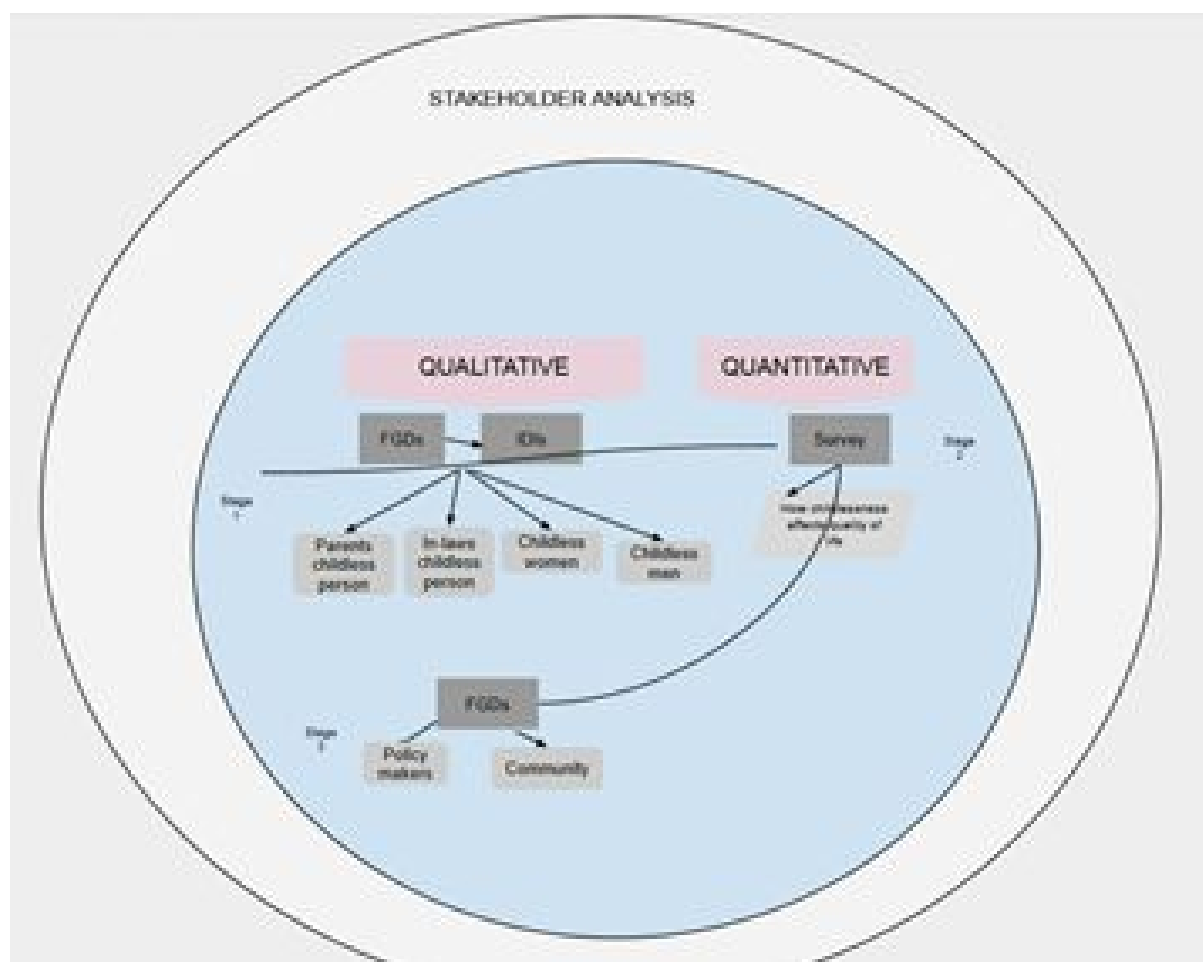
Research objectives

- To explore and describe the experiences of childlessness.
- To determine which individual and collective factors contribute to the experiences of childlessness.
- To explore which individual and collective strategies exist to confront the negative aspects of childlessness.
- To explore individual and collective approaches which could mediate the negative experiences of childlessness.
- To evaluate how childlessness affects quality of life.

Methodology

In collaboration with NGO <name> in Bangladesh, with whom our research institute has a long-standing collaboration, we developed a non-exhaustive stakeholder analysis (see attachment 1). The analysis is informed by a literature review and a community observation. The stakeholder analysis is iterative and dynamic, meaning the list of key stakeholders is fluid (informed by ongoing interviews).

Study conducted at two rural areas: 1) <name> and 2) <name>



This study consists of three stages (see figure 2). The qualitative component of this study consists of two interconnected stages: 1) exploring the experiences of childlessness 2) exploring ways to improve existing experiences of childlessness. The first stage will exist of a series of four FGDs with four keys groups of homogeneous people (childless women / childless men / parents of childless women / parents childless men). All four groups will consist of 6-10 people. Ideas how to improve their experiences with childless will be discussed. The FGDs will be recorded after informed consent, transcribed and analyzed with MAXqda. Emerging themes from the analysis of these FGDs will then be used to design the discussion guide for the in depth interviews (IDIs) to be conducted with seven identified respondents for each of the four separate groups: childless women, childless men and the parents and in-laws of childless person. in total, 28 in-depth interviews will be conducted. Respondents will be interviewed at a private location recommended by the respondent and would take at least one hour. All the interviews will be open and semi-structured.. All the interviews will be recorded after informed consent, transcribed in full and analysed using MAXqda.

The second stage will be developed based on the results in the first stage to examine the extent to which the quality of life is impacted due to childlessness. The survey will be based on a

collection of existing quality of life surveys adapted and adjusted to the Bangladesh context with input from the NGO. The number of surveys to be conducted will be calculated with a desired confidence level of 95% and a power of 80%, with the prior supposed population-specific proportions being informed by the results of the FGDs; since scant data exist regarding sub-group specific proportions for our survey items of interest, the exact number is unknowable until after the FGDs.

The results of the surveys will feed into a third stage which will be a discussion guide for two FGDs with homogenous groups of both policy makers and community members. Within the FGDs opportunities to improve the experiences of childlessness and ways how politics and community can help, are explored. All two groups consist of 6-10 people. These FGDs will also be recorded after informed consent, transcribed and analyzed with MAXqda.

Timeline

This project will be implemented in a period of 18 months. The first quarter of the project will be used for community entry and stakeholder analysis and consensus. The results of this process will be used to refine the qualitative data collection of stage 1, which is expected to take a minimum of 4 months. Data analysis will be conducted over a month which will in turn contribute to the design and scope (ie, number of respondents) of the survey in stage 2. A multivariate analysis will be conducted using in open-source statistical software to define key themes that are needed for further exploration. The quantitative component of this study will take about 5 months. The identified key themes will be used to design a discussion guide on recommendations and options for the FGDs in stage 3 which are aimed to influence policy and community actions. The results will be compiled and compared with the results of stage 1 and 2 over a three-month period to inform an intervention design which will then be communicated to the communities.

Timeline					
Activity	Quarter 1 (month 1 to 4)	Quarter 2 (month 5 to 8)	Quarter 3 (month 9 to 12)	Quarter 4 (month 13-16)	Quarter 5 (month 17-18)
Community Entry & Stakeholder analysis					
1a. FGDs					
1b. IDIs					
2. Survey					

3. FGDs					
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Ethics

This research will seek ethical approval from the Institutional Review Boards of both (1) Vrije Universiteit as well as (2) the Bangladeshi Ministry of Health and Family Welfare. Additionally, informal approval and ethical feedback will be sought from (3) community leaders and study participants in Bangladesh. Prior to study participation, all research subjects will be asked to provide informed consent (the “information” being presented in their language). Given the uncertainty regarding the outcome of the study, neither benefits nor risks will be presented; however, the discussion on consent will briefly cover the sensitive of the research topic, and subjects will explicitly be told that their non-participation will incur no negative effects. Given the iterative nature of the research (ie, the survey content will not be designed until after the first round of focus group discussions and in-depth interviews), updated research protocols and research frameworks will need to be revised, submitted and reviewed regularly by the aforementioned three parties.

References

1. The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) Revised Glossary on ART Terminology (2009).,
2. Mascarenhas, M. N., Flaxman, S. R., Boerma, T., Vanderpoel, S., & Stevens, G. A. (2012). National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys.
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5. Nahar P and van der Geest S. “How women in Bangladesh confront the stigma of childlessness: Agency, resilience and resistance.” Medical Anthropology Quarterly. Vol 28, Issue 3, 2014, 381-398.
6. Nahar, P., and A. Richters (2011). Suffering of Childless Women in Bangladesh: The Intersection of Social Identities of Gender and Class. Anthropology and Medicine 18:327–338.

Feedback from other team

From Vivian

What was done well:

- Very detailed and well written background providing statistics on the magnitude of the problem
- A very comprehensive stakeholder mapping, experimenting with several tools and providing justification for their choices. In particular, the stakeholder issue interrelationship diagram demonstrates the shortcoming of the original case study in terms of research focus (stigma), and provides a diagnosis of other potential areas of focus (loss of identity)
- Sampling of initial interview participants was carefully considered through a purposive strategy
- Very detailed data management and analysis section

What could be improved:

- The power vs interest grid is very linear and fails to accommodate other factors that could determine the exercise of one's power and coping with the situation e.g. for childless women their socio-economic status, literacy levels etc. Hence the possibility of making false assumption and compartmentalisation e.g. low power and low interest for certain interest groups. The grid fails to show interactions and connections between multiple stakeholders in one diagram
- I didn't understand how beggars were an important stakeholder, provide more justification
- The justification sentences in some instance sounds ambiguous e.g:
 - 1) The researchers suggest the problem was with the original research approach, yet there is a possibility that research question was not well understood and hence missed out on the target group so as to come with appropriate methods to answer the question
"...A possible reason for this gap in knowledge and action could be the predominance of interior multidisciplinary research approaches which unintentionally limit the scope in the understanding of this issue and fail to connect knowledge generated into action for societal benefit."
 - 2) This research proposes a trans disciplinary study to explore the experiences of childlessness in multiple stakeholders, including those who remotely influence or are influenced by its effects. Additionally it is necessary to take this inquiry a step forward by testing possible approaches to improve the quality of life in childless families using existing resources available in the communities.
- For methods I would expect the use power and influence matrix and how this
- Understanding the burden of childlessness and lived experiences for different interest groups (women of childbearing age, husbands, other senior family members e.g. mothers/fathers (in)law); what are the downside of childlessness (e.g. stigma looking at a whole spectrum of their needs e.g. social status, economic and emotional needs)

- Objective; could have considered the understanding of cultural practices in relation to childbearing (norms or beliefs on number/value of children; local knowledge on childbearing process) during the exploratory phase
- Data collection approach; due to the sensitivity of the topic (taboo), the FGDs could incorporate participatory techniques that will encourage maximum participation e.g. drawings of what could cause childlessness, where people seek help etc.
- There was no specific mention of the tools or activities specific for beggars, local NGOs traditional healers or health stakeholders to capture their perspectives, and at what point of the research cycle will these be administered
- Could include a few theoretical frameworks guiding the work e.g. power, gender etc
- Table with time frame missing some sections discussed in the text (data management & analysis)
- Rephrase the ethics section; the term informal approval from community leaders and participants is misleading, as it gives a sense their decision to participate is of less importance
- The objective of finding individual and collective approaches which could mediate the negative experiences of childlessness has not been effectively addressed by the suggested methods. Perhaps consider developing an intervention based on the findings to strengthen existing support systems e.g. raising awareness (interactive IEC), support groups for childless women to cope with stress, providing alternatives (adoption and legal support) where needed, platform for stakeholders to meet and discuss together

From Arseny

As a member of Bangladesh IRB board, we conclude, that since this experimentation has no rigid structure, thus, risk / benefit ratio could be different throughout the entire study and implementation. This means that vulnerability could variate at the different stages of the research. Since every alteration in(new “multidisciplinary” circle) the protocol has to be submitted to IRB prior to research modification, It might become a long-lasting, bureaucracy issue. However, in Bangladesh we don’t have strict normative regulations of HSR. As this sort of submission can be avoided, it becomes essential to develop personal understanding of ethics to prevent foreseeable issues.

We do not doubt capacity of researchers, but we recommend to conduct ethical rounds in a frequent way, moreover we suggest that those should be separate from “routine” research meetings.

Particular topic that should be acknowledged:

> Islam and informed consent?

> Verbal, or written informed consent?

- > How would you prevent family violence in case of participation disclosure?
- > Are you intending to implement compensations?
- > You are intending to approve a protocol from ministry of health. Without local ethical board this might be a challenge.
- > how many times are you intending to re-obtain informed consent?

From Alberto

Government point of view

The proposed methodology only seems to approach the policy makers, or government in the third stage, in order to see how we can help to improve the experiences of childless women in Bangladesh. However, to understand the problem and define the questionnaire, our input at an earlier stage would have been recommended.

It would be good to analyse some of the national data on childless women (National Statistics Unit), to see to what extent this is a problem. This is quantitative data that the government could provide upon request.

How do you intend to change policy making? What do you plan to do in order to translate your findings into real societal changes? It is not clear from the methodology or design.

From Cheikh

Like your detailed background on the problem. A good comprehensive stakeholder mapping with use of lots of tools. Infertility is a problem not only lived by the couple but also by parents and relatives of the couple. Basically, in such a patriarchal society as Thai society, one of the first reason of marriage is often the desire and the need to ensure the offspring. The progeny which usually belongs to the whole community. The infertility mechanism is not always understood and always is most often refer to the woman. So an infertile couple is often seen in perspective of a woman infertile and therefore constitutes a threat to the perpetuation of the family line. then from that point of view, the family interest can be very strong and often result in unwanted advice on how to procreate and as an intrusion into the lives of the couple. Although theoretically reduced, the influence of the family is still present and can affect the couple's life and perception of infertility.