

## Authors' Reply to Comments on ASHAs' Perceptions on Depression

Sir,

We thank the authors for their interest in our paper.<sup>[1]</sup> We agree with the authors that training ASHAs' on depression will be useful as women's health is a thrust area of their work and since there is a higher prevalence of depression in women.<sup>[2]</sup> However, the article does not suggest that the focus of ASHAs' training on depression needs to be on the biological model. Instead, it highlights the need for utilization of a biopsychosocial model while training ASHAs'.

The authors' assertion that in Theme 1 (signs and symptoms of depression), the ASHAs identified depression as "tension" "because it is the prevalent

secondary manifestation of 'agitated or anxious depression,' which is commonly found in middle-aged women," may not be entirely accurate in the context of the present study, as tension is a common term in the vernacular language to indicate stress/distress and not necessarily only agitation. The ASHAs' who reported this predominantly considered "tension" in men and women as synonymous to depression, indicating that they understood clinical depression to be akin to stress/distress related to problems.

With regard to the concern raised about the usage of the directed content analysis<sup>[3]</sup> method, we believe that this method of analysis was suitable for the

present study as the focus group discussions (FGD) had a semi-structured format through the use of an FGD guide developed for the study. Further, it was the broad themes that were predetermined, thus bringing structure and focus to the research questions as well as the initial coding scheme. Therefore, the authors asserting a “forewarning” may not be indicated. We note that there was no data obtained that necessitated representation with a new broad theme.

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#### Conflicts of interest

There are no conflicts of interest.

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