Author's response to reviews

Title: Elderly care in activities of daily living in rural Vietnam: Need and its socioeconomic determinants

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Author's response to reviews: see over
Dear the Editorial Team and the Reviewers,

Thank you very much for providing us very useful comments. We have revised the manuscript accordingly. As you suggested, all the revisions are in track changes.

Please also find our detailed responses to your comments in each of the reviewer’s reports below.

With our best regards,

LV Hoi

RESPONSES TO REVIEWER’S REPORTS

Report 1
(Code: 8096193215438738)

Reviewer’s report

Title: Elderly care in activities of daily living in rural Vietnam: Need and its socioeconomic determinants

Version: 2 Date: 22 April 2011

Reviewer: Iris Chi

Reviewer's report:

This manuscript aims to assess the daily care needs and their socio-economic determinants among older Vietnamese in a rural setting. The advantage of this study lies on using a representative sample and well-established instruments. Although this study only provides basic descriptive information, there is little knowledge about the care needs among older Vietnamese residing in rural area. Therefore, this manuscript can fill the research gap. However, authors are advised to revise their manuscript in the following areas in order to strengthen the contribution of their study.

1. There are quite a few publications on the ADL and IADL care needs in the rural areas around the world. Although there might be differences in methods
used, it is still worthwhile for authors to review those studies and make some comparisons. This will help readers better understand the situation in Vietnam.

More comparisons are added in the discussion.

2 Again, there are many publications on the socioeconomic determinants of ADL index. Authors should build on others’ studies to formulate their conceptual framework and guide the multivariate analyses.

More publications are referred to in order to formulate the framework and guide the multivariate analyses.

3. Some of the variables included in the study need more background information. For instance, living in the lowlands or highlands; listening to radio and watching TV as intellectual ADL needs; short-term and long-term economic conditions.

More background information on the variables is added in appropriate sections.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.

Report 2
(Code: 1283538264548584)

Reviewer's report

Title: Elderly care in activities of daily living in rural Vietnam: Need and its socioeconomic determinants

Version: 2 Date: 6 May 2011

Reviewer: Masamine Jimba

Reviewer's report:
Comments

This is potentially a high quality paper with a large sample size in which the authors try to assess the daily needs and their socioeconomic determinants among older people in a rural setting in Vietnam. The elderly population is increasing in Vietnam and other developing countries, but little has been studied, which makes this paper very valuable. However, it can be much more improved.

The specific comments are shown below.

Abstract

P2L8 In the results, it is better show the data of main results, though it depends on the journal policy. In the same way, it might be better to describe the results in the past tense, but it also depends on the journal policy.

The paragraph is revised accordingly.

P2L8 In page 7 of the main text, the authors clearly stated that the majority of respondents have 'no need' based on the results shown in Table 2. This point seems to be one of major findings, but it is not listed as a main result in the abstract and in the discussion of the main text, either.

This point is now mentioned in the abstract and the discussion.

P2L9 In the methods, please show your study design in the methods.

The study design is described more completely in the methods section.

P2L13 FilaBavi repeat census and Filabavi DSS are the same?

The repeat census repeats the same survey methods and questions as the original FilaBavi DSS.

P3L1 Conclusion is redundant. I wonder which evidence in the results of the abstract is linked with the second sentence of the conclusions (‘the development of a social network…’). Home-based care should be given through the social network? Who does what, more specifically?

The conclusions are revised accordingly.

Main text

P1L7 Who are the most vulnerable groups?
They are older people living below the poverty lines and those living without adult children. This information is added.

P1L9 Please define ‘older people.’

The definition is added.

P1L18 Please define ‘the elderly.’

The definition is added.

P2L13 …in health facilities when older people…: a phrase is missing?

The sentence is revised.

P3L5 What do you mean by ‘two-thirds of the population (263,763?) are farmers (39% of men, 57% of women)…? Two-thirds means about 66%. The combination of 39% of total men and 57% of total women do not seem to make 66% of total population.

This fraction of the population is composed of farmers and other workers. The sentence is revised accordingly.

P4L19~ Regarding ADL measurement, nothing is written about its reliability and validity, including the translation and back-translation. Are all the questions (that were developed perhaps in the western country) relevant for Vietnam?

All of the items of these scales are essential activities. The wording of the questions about these activities was made suitable to the context of rural areas in Vietnam. This information is added.

P5L1 According to the results, several participants were illiterate. It is not clear how the 'Intellectual ADL-questions (such as writing and reading skills) were asked to participants? Similarly, did all the study participants had radio or television? If not, how they (participants) answered these questions. The authors should provide the detail description.

Discussion on these issues is added.

P5L5 Regarding the measurement of chronic diseases, is it common to get the diagnosis of chronic diseases in Vietnam (or how many of the elderly people are regularly checking their health for the diagnosis of such problems)? If it is common, how these questions were asked? For example, is it possible that the participants know what is COPD? Please specifically describe your measurement.
Chronic diseases are increasing in Vietnam. It is common to get the diagnosis of the most common disease, such as hypertension, arthritis/osteoarthritis or rheumatism, stroke, angina or angina pectoris, bronchitis, cancer, cataracts. The first question is: “Do you currently have any of the following chronic illness?” If an interviewee answers “yes” for any listed disease, and then the next question is “Has ever been this disease diagnosed by physicians?”

P6L1 The ADL score of 0 is defined as “none” and “some help.” Since you focused on the participants who need help and their status of receiving support, it may be easier to convince readers the significance of needed help, if “some help” would be categorized separately from “none,” or is categorized together with “complete dependence” variable as 1.

Different ways of categorizing ADL scores are applied. Table 1 presents the percentages of older people by ADL index. The first method is applied in calculating the index by its common definition (score of 0 is defined as “none” and “some help”). Table 2 presents the percentages of older people by their need of support. The second categorization is applied by specifying the level of need (no need, some help, and complete dependence). Table A2 presents the percentages of older people who need support (some or complete) for at least one item in each ADL scale by socioeconomic status.

P6L7 The presence of the acute or chronic diseases (if any) will influence the need of the daily care. If possible, I would suggest the authors to adjust this variable in the multivariate model.

Yes, the number of present chronic diseases is included in the model.

P7L18 As is already mentioned for my comments on the abstract, the majority of respondents expressed ‘no need’ for support based on the results shown in Table 2. Although this point seems to be one of major findings, it is completely overlooked in the discussion of the main text. Under this context, other major findings should be discussed.

A discussion on this point is added.

P8L1 The text stated “a significant group does not receive any or enough help.” In P9L2, however, you mentioned that, “need of help in one or more specific ADLs for almost one-third of rural older people”, and “over one-third of those who need help do not receive enough support.” These statements seem to be a little exaggerated, as only 3 out of 14 specific types of ADL did not satisfy the needs of one-third of people in need of help. These statements are also contrasted from the sentence under P9L4 from the bottom; “Among those who express the need for support, most require some help, and the majority receive enough support. Only a few receive no support.”
The statement that “over one-third of those who need help do not receive enough support” is revised as “Over three-fifths of those who need help receive enough support in all ADL dimensions”.

The statement that “At least two-thirds have problems in one or more ADLs” is revised as “Almost three-fifths have problems in one or more ADL in each scale”.

P8L1 Although you stated that ‘the ADL supports received among those in need are presented in Table 3’, clearer description in the methods or results would help readers to understand that the sample size is different between Table 2 and Table 3 and that the sample sizes of specific ADL types vary from around 90 to 600 affecting the range of CI.

The descriptions are added in the methods and results.

P8L3 What did you try to indicate by (Table4) in this sentence?

This was a mistake in numbering the tables and has been deleted.

P10 L5 Please show evidence about ‘increasing migration of the young labour force’ and ‘transition from extended households to nuclear households.’

References on these trends are provided.

P12L12 Please show evidence that ‘people in mountainous areas have a poorer general health status.’

References on this characteristic are provided.

P14L2 What do you mean by ‘the vulnerable’? Why ‘80 years or older’ and the illiterate are the most vulnerable? Compared with who, and by what reason, they are the most vulnerable? For example, were they more vulnerable than those who might be younger and literate but live alone and have serious diseases without social support?

The term “vulnerable” is replaced by “disadvantaged”.

P15L3 What do you mean by ‘social network’? Any direct data are available about the need for ‘social network’ in this paper? In this social network, who does what to whom?

This is a network of social care for the elderly that is still lacking in the rural areas. The recommendation is based upon our research finding that there is an unmet need of care for older people from their families. This is especially important in the context of the increasing temporary movement of the young
labour force from rural to urban for job opportunities and the impact of other socioeconomic changes that leave more elderly on their own and with less family support. Social organizations and community members at the grassroots level, together with health professionals in the current health system, should be motivated to participate in the network to fill the gaps of formal and informal care. The specific structure of the recommended network and roles of its members will be discussed and piloted in the next phases of our research project.

Tables: For each table, the size of population should be clearly stated. In particular, it is necessary for Table 2 and Table 4.

*The sample sizes are added into the tables.*

TableA1. Of total, 54.8% are married but only 30.5% live with spouse. What does it mean? 24.3% of the total are married but separated? In the same table, the percentage of ‘separated, divorced, or single’ is only 2.4%. I cannot understand how I should interpret this? In the results, the support from spouse is very low. I wonder which denominator did you use to show this result.

In the rural areas, it is common for older married couples to temporarily live in different households of their children. This phenomenon accounts for 24.3% among married subjects in the present study (Table A1). On one hand, this allows for adult children to share responsibilities of nurturing and caring for older parents, especially among the poor. On the other hand, a proportion of older people provide help for their adult children by doing housework or taking care of their grandchildren. This type of living arrangement may also explain the low proportions of having support from a spouse. As added in Table 4, the denominator is the number of people who received support from caregivers for each type of ADL.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests.