Author's response to reviews

Title: Gender differences in the association of social support and social network with self-rated health status among older adults: a population-based study

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Author's response to reviews: see over
Dear Ms. Emily Crow,

We should be grateful if you would consider the revised version of our article entitled “Gender differences in the association of perceived social support and social network with self-rated health status among older adults: a population-based study” for publication in the BMC Geriatrics.

This is original research that is not presently under consideration for publication elsewhere. It is free of conflict of interest and was conducted applying the highest ethical principles on human subjects.

We thank for the reviewer comments and we have responded to all items that were not considered “Adequate addressed”. The English language of the manuscript was revised by a professional editing service (Editage) and a certificate of English editing was included in the submission of the revised version of our manuscript.

Yours sincerely,

Dr. Cosme Marcelo Furtado Passos da Silva
Reviewer: Wendy Birmingham
Reviewer's report:
Title: Gender differences on the association of social support and social network with self-rated health status among older adults: a population-based study

6. The authors’ definition of social support and social networks is less than adequate. Social support and social networks should be more well-defined (networks being the web of social relationships that we maintain; support being the structures of an individual’s social life and the function they may serve, such as emotional support, informational support, belonging support and tangible support). The authors say that social support is usually referred to as “some kind of perceived assistance that people receive ...” and then go on to describe belonging support. There are differences between the benefits from received support and perceived support. This is still a bit murky. Perceived social support is some type of assistance (emotional, tangible, informational) that the person perceives is available to him if needed, not that the person feels they have received. The authors could add a line specifying there are different types of social support, such as emotional support, tangible support, informational support. Then add the line “the different types of social support are embedded within an individual’s social network ....” That would be clearer.
Answer: The suggestion of the reviewer was accepted and the text on the definition of social networks and social support were changed.

# Introduction, Paragraph 2, line 2
Removed: “… broadly defined as social ties with friends, family …”
Added: “… broadly defined as the web of social relationships and social ties with friends, family …”

# Introduction, Paragraph 2, lines 4-5
Removed: “Perceived social support is commonly considered a form of assistance that people feel they receive from others.”
Added: “Perceived social support is commonly considered a form of assistance that people perceive is available to them if needed.”

# Introduction, Paragraph 2, lines 4-5
Added: “There are different types of social support, such as emotional support (expressions of positive affect, understanding, and feelings of confidence), informational support (availability of people to obtain advice or guidance), tangible/material support (provision of material aid), positive social interaction (availability of other persons to have fun or relax), and affectionate support (physical expressions of love and affection) [5].”
4. I need more information regarding “use of health services” being assessed by “health insurance”. Does this mean that someone who does not have health insurance does not use health services at all?

Not addressed. Does having no insurance mean no use of the health care system? This may be true in Brazil; I’m just not sure and would like a sentence clarifying.

**Answer:** The National Health Care System in Brazil, named as Unified Health System (“Sistema Único de Saúde - SUS”), is a universal, publicly-funded, rights-based health system. Although universality, comprehensive care and equity are the core principles of SUS, Brazil is marked by profound social and health inequalities. Therefore, even though those without health insurance have the constitutional rights to access to health care, inequalities in access to health care persist. A recent study from Channon and colleagues (2012) highlighted these inequalities among older people in Brazil. In addition, upper and middle-class consumption of private health insurance has grown hugely since the introduction of the SUS reinforcing the inequalities in the access of health care.


Additional information regarding “use of health services” was included in the Methods section.

**# Methods, paragraph 13**

**Removed:** “Use of health services was assessed by health insurance status (Yes/No) and type of health services received when being treated for disease (Public/Private).”

**Added:** “Universality, comprehensive care and equity are the core principles of the national health care system in Brazil (SUS). However, profound inequalities in access to health care persist and elderly people with health insurance are more likely to receive care [38]. Therefore, use of health services was assessed whether the participant had health insurance (Yes/No) and type of health services received when being treated for disease (Public/Private).”

**# References**