Author's response to reviews

Title: Postnatal depression in Southern Brazil: prevalence and its demographic and socioeconomic determinants

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Author's response to reviews: see over
Dear Dr. Moylan,

Please, enclosed is the manuscript “Postnatal depression in Southern Brazil: prevalence and its demographic and socioeconomic determinants” nº MS: 6195470951250461, which we are submitting to be considered for publication in BCM Psychiatry.

Suitable changes have been carried out according to the reviewers´ suggestions. We hope we have been clear enough in the responses and in the changes made, so that the study can be published. Once again, we would like to stress how important its publication will be for the continuation of our research.

Thanks for your concern and attention.

Below is a point-by-point response to the reviewers´ comments, as requested. We look forward to hearing from you. Please, feel free to contact us if you require any additional information.

Sincerely,

Leila Tannous, MD, PhD

Luciana P. Gigante, MD, PhD

Sandra C. Fuchs, MD, PhD

Ellis D’Arrigo Busnello, MD, PhD
Reviewer Ricardo Tavares Pinheiro

Dear Professor, thanks for your careful review.

a) As suggested by you, we added the sample size to the abstract/method.

b) Of a total of 300 women selected at random, we located and interviewed 271: 3 did not agree to participate in the study, 18 did not reside at the address informed and the neighbors did not know them, and 8 addresses could not be located. We consider the number of non-located women to be small, and despite our efforts, we do not have information available on these women that might allow us to establish how influential this was on the results.

As regards our failure to locate the addresses and the women, we infer that, as a result of the healthcare model (health municipalization in Porto Alegre in 1996), pregnant women from neighboring cities in the metropolitan area have made use of some scams, such as providing wrong addresses, so that they could be admitted into Porto Alegre’s hospitals. We must also bear in mind that the classes D and E are often moving from one address to another.

On the other hand, it is important to point out that in order to get less than 10% of losses, a great effort was made to locate 300 addresses and 300 women among 1,400,000 inhabitants, in a time period between six and eight weeks after childbirth. Initially, 30% of the Records of Living Newborn Infants did not have correctly informed addresses. We needed an authorization from the Ethics Committees of the hospitals informed in the Records (14 hospitals), so that win
order to gain access to the addresses informed upon hospitalization (only the main researcher). From that point on we started a new search.

c) A clarification about the losses shown in the table: the difference identified in the variable “age” possibly results from a typographical error. The correct value for n in the 30-39 age group is 75. It was corrected in the table.

The losses in the variables per capita income and primary income earner’s schooling are accounted for by the failure in obtaining information (informer’s refusal to provide it) or in entering and storing the information adequately. This was noticed in a footnote under the table.

d) As properly pointed out by you, it is very difficult to address the ethnicity issue in Brazil. And reflecting upon your and Dr. Jane Fisher’s observations, I believe that, in accepting the suggestion to change the variable name from “skin color” to “ethnicity”, I failed to improve the understanding about the research. Thus, a clarification is necessary:

In this study, when we investigated “skin color”, we considered this to be a way of approaching race-related issues. Race is regarded as a traditional and arbitrary division of human groups sorted out by a set of inherited physical features (skin color, head shape, type of hair, etc.) (1).

Among the methods proposed to characterize race in epidemiological studies is the observation of skin color, and color and type of hair (2, 3).
In this study, for the identification of the variable race/skin color, the interviewers were trained with the purpose to standardize the identification of this variable, the greatest difficulty encountered for this stemming from the miscegenation of the Brazilian people.

However, the place occupied by the variable skin color in the analysis model took into account the effects of socioeconomic variables, which are historically related to “non-whites” in Brazil. Data from the 2000 and 2005 census carried out by IBGE (Brazilian Institute for Geography and Statistics) in Porto Alegre, follow a historic trend pointing out that “non-white” subjects have fewer years of schooling, greater illiteracy rate, and lower performance than “Whites”. Under this point-of-view, it is possible to consider that the place occupied by the variable in the analysis model is close to the concept of ethnicity: a group of individuals differentiated by its sociocultural specificity, which is expressed mainly through language, religion and behavior (1). In the description of the model, an explanation will be added about the place occupied by the variable skin color (p 11).

References:

3. Sandra C Fuchs, Sylvia M Guimarães , Cristina Sortica, Fernanda Wainberg, Karine O Dias, Mariana Ughini, José Augusto S Castro, Flávio Fuchs:

e) I understood as being those of the variables age, per capita income and primary income earner’s schooling. If there are others, please, indicate them, so that we can make corrections and/or provide some clarification.
Reviewer Jane Fisher

Dear Dr.

Thanks for your careful reading and suggestions. I hope I can make myself completely clear.

1. Since the 1988 constitution, health is a state´s obligation and its access is universal, that is, every Brazilian is entitled to health services regardless of whether one is a tax payer or not. In Porto Alegre, as in the rest of Brazil, those who enjoy a better economic condition pay for private health plans. As occurs with education and security, there are both public and private health services. By and large, 2/3 of the population uses public services. In Porto Alegre, the public health services are divided into 8 sanitary districts. There are no previous criteria for the location of these services. Most of these services had existed before the implantation of districts. Thus, there may be a concentration of services in one particular region and lack thereof in others. Generally, there are primary health clinics all across the city. There are government programs encouraging prenatal care, which is a priority program. The mean of prenatal visits made by the women participating in this study was 10 and the mode was 6. The registration of visits occurs through an ID card carried by every pregnant patient. There is a careful follow-up program for women whose pregnancy is at high risk. However, the prenatal visit does not ensure the scheduling of delivery in hospitals. The women who took part in this study did not hail from a particular district in the city, since they were randomly selected. As an illustration, a figure is annexed presenting the distribution of women in the city.
We added some of these data in the paragraph following the description of the city (p.6).

2. An explanation was added in order to clarify the origin of the sample (p 9).

As for the willingness of women to participate in the study, I believe it is important to say that once the address was located, up to 3 visits were made with the purpose to interview the mother. If she was at home at the first visit, the study was introduced, with its goals being highlighted, and the mother was invited to participate. The interviewers were trained to answer to every doubt that might arise, and the women were informed that they could decline to participate. Even if they agreed to participate, they would still have the right to quit at any time per the free informed consent. Around 70% of the interviews were conducted during the first visit, after the address was located. We added to the paper a clarification about the right to decline to participate (p 7).
As suggested by you, we change “investigated” to “recruited” (p12).

3. The terms ‘drop out’ (p12) and ‘attrition’ (p14) were changed (failures to locate and non-recruitment respectively).

4. Actually, I am afraid we rushed into changing the variable name from skin color to ethnicity. Therefore, I clarify (according to a reply to Dr. Ricardo Tavares): in this study, when we investigated “skin color”, we considered it to be a way of dealing with issues relative to race. Race is regarded as a traditional and arbitrary division of human groups sorted out by a set of inherited physical features (skin color, head shape, type of hair, etc.). The variable race is commonly investigated as a risk factor or a potential confounding variable in studies, for instance, about hypertension or osteoporosis, conditions known to differently affect both White and Black individuals (1).

Among the methods proposed to characterize race in epidemiological studies is the observation of skin color, and color and type of hair (2, 3).

In this study, for the identification of the variable race/skin color, the interviewers were trained so as to standardize its identification, and the greatest difficulty encountered stemmed from the miscegenation of the Brazilian people. However, the place occupied by the variable race/skin color in the analysis model took into account the effects of socioeconomic variables, which are historically related to “non-whites” in Brazil. Data from the 2000 and 2005 census carried out by IBGE (Brazilian Institute for Geography and Statistics) in
Porto Alegre follow a historic trend pointing out that “non-white” subjects have fewer years of schooling, greater illiteracy rate, and lower performance than “Whites”. Under this point-of-view, it is possible to consider that the place occupied by the variable in the analysis model is close to the concept of ethnicity: a group of individuals differentiated by their sociocultural specificity, which is expressed mainly through language, religion and behavior (1).

In the description of the model, an explanation will be added about the place occupied by the variable skin color (p 11).

References:


5. As suggested by you, we moved the presentation of the study’s strengths and limitations to the beginning of the Discussion.

We understand your concern with characterizing gender-related issues, and tried to better contextualize the findings. However, what was possible to show in this paper, with the findings presented, is that income has an influence over
other social variables. According to the Applied Economic Research Institute (Ipea), of the Ministry of Planning, 1% of the wealthier Brazilians, 1.7 million people, have an income equivalent to that of the 50% poorer (86.5 million people). Also per Ipea, Brazil has the second worst income distribution in the world according to the Gini index – which measures income inequality in values from 0 (perfect equality) to 1 (perfect inequality). Brazil’s index is 0.60, being excelled only by Sierra Leone (0.62). In Brazil, the index that measures income inequality rose from 0.53 to 0.56 between 1991 and 2000. Governmental programs intended for improving health and education have attempted to minimize the effects of this inequality, but the results have not been consistent. Amongst other policies that have been currently proposed is the “Bolsa Família”, which is an income transfer from the state to needy families, as long as these are committed to keeping their children at school. There are also policies intended for social and racial inclusion. Quota programs for African-Brazilians and needy students are being implemented in public universities. Policies specially aimed at women are still incipient, despite the effort of governmental and, most notably, non-governmental organizations to provide visibility to gender issues. The government, for instance, has set up women’s police stations in an attempt to deal with violence against women.

This paper presents the partial result from the study aimed at identifying women with postpartum depression and associated risk factors. Results including variables related to mother’s and infant’s health, quality of marital relationship, history of mental disorders are presented in another article submitted to publication. If you are interested, I can send it to you for consideration.