Author's response to reviews

Title: Health Education for Microcredit Clients in Peru: A Randomized Controlled Trial

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Author's response to reviews: see over
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To the Editor:

We appreciate the valuable comments from the BMC Public Health reviewers regarding our research report, “Health Education for Microcredit Clients in Peru: A Randomized Controlled Trial.” We have completed the suggested revisions and are re-submitting this paper for your consideration.

Please find enclosed a revised document that incorporates their suggestions, as well as one that details these revisions using the “Track Changes” feature. We have included a table that enumerates the changes that were made.

We look forward to any further questions or comments. Thank you for your consideration.

Regards,

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Note: Changes in document indicated with red text.
<table>
<thead>
<tr>
<th>Reviewer #</th>
<th>Comment #</th>
<th>Summary of Reviewer Comment</th>
<th>Page</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/A</td>
<td>Paper doesn’t address the fact that the link between improved knowledge and improved health often involves changes in behavior.</td>
<td>18</td>
<td>We have added a brief discussion of this point in the Discussion section, lines 8-12.</td>
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<td>2</td>
<td>5</td>
<td>Data on child anthropometric measures were gathered at baseline, but were not included in the paper.</td>
<td>13, 15, 17</td>
<td>We have added data to Table 2 (page 15). Please note that, for these variables for which baseline data were collected (i.e. anthropometric measures, reported child health status), the regression analyses controlled for the baseline values. We mention this in the Data Analysis section (page 13, line 19), and have added a note at the bottom of Table 4 to emphasize this (page 17).</td>
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<tr>
<td>2</td>
<td>6, 9</td>
<td>Paper doesn’t include baseline data on client knowledge, therefore it cannot make any definitive conclusions about cause and effect.</td>
<td>14, 15</td>
<td>As shown in Tables 1 and 2 (pages 14-15), the subjects were very well-matched on several markers of demographics and socioeconomic status, which are known to correlate with client knowledge. Naturally we can not verify orthogonality on all variables, but given the large sample size, and the fact that the randomization successfully generated two groups orthogonal on the variables we did collect at baseline, we believe it is reasonable to assume the randomization also produced similar groups on variables we did not measure. Of course, as with all RCTs, there is no way to be completely certain that subjects in the two arms are perfectly identical, but we are confident that the randomization generated groups that are well matched for knowledge of basic child health issues. Therefore, any differences between the treatment and control groups can be assumed to have been caused by the treatment itself.</td>
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<tr>
<td>2</td>
<td>7</td>
<td>Paper doesn’t include evaluation of the effect of microcredit on knowledge and health. Microcredit itself might be affecting the outcome variables.</td>
<td>N/A</td>
<td>We are studying the effects of an education intervention in the context of a microcredit program. While it is true that microcredit itself might be affecting our outcome variables, it would be affecting both the treatment and control arms equally, since the administration of the microcredit program did not differ between the two groups. While there may be concerns that the added effect of health education is minimal in the context of an economic intervention, this is exactly the research question that we sought to answer. I.e. “What is the impact of administering a health education intervention to microcredit clients?”</td>
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