Author's response to reviews

Title: Chinese immigrant parents' vaccination decision making for children: a qualitative analysis

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Author's response to reviews: see over
Cover Letter

Dear Editor,

RE: MS: 1699818584107216

Title: Chinese immigrant parents’ vaccination decision making for children: a qualitative analysis

Authors: Linda D.L. Wang, Wendy W.T. Lam, Joseph T. Wu, Qiuyan Liao, Richard Fielding

We thank you very much for giving us an opportunity to revise our manuscript. Please see our amended manuscript with track changes. Please also see below for a point-by-point response to the reviewers’ comments and to the editorial requests. We are very grateful to you and the reviewers for positive and constructive comments and suggestions, and we feel that the quality of the manuscript has been significantly improved as a result.

We look forward to seeing our manuscript in your journal.

Yours sincerely,

Linda DL Wang
Wendy WT Lam
Joseph T Wu
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Richard Fielding
**Response to editorial request**

a) Please remove the second title and authors after the title page.

*Response: We have removed the second title and authors after the title page.*

b) Please provide context information within the background section of your abstract.

*Response: The background section of the abstract has been added.*

c) Please adhere to RATS guidelines for qualitative research

*Response: We have checked with RATS guidelines and amended our manuscript where necessary accordingly. Overall, we think our manuscript adhere to RATS guidelines.*

d) Please do ensure that your revised manuscript conforms to the journal style. It is important that your files are correctly formatted.

*Response: We have checked with the template for BMC-series medical journals – authors’ checklist for manuscript formatting, to help ensure our files are correctly formatted to the journal style, e.g. the font of article title, section and sub-section titles.*

**General comment:** We have generally reviewed and clarified the manuscript to remove any remaining ambiguities or imprecisions. Whilst we have tried to address the reviewers’ comments, we have offered what we believe are convincing arguments for retaining some features of the manuscript identified as needing amendment. We hope that the manuscript is now suitable for publication.

**Referee 1**

Major Compulsory Revisions

1. The authors indicated that no studies combined qualitative analyses on multiple vaccines and minority groups and must be modified. M. Dugas et al (2009) combined all three of these features in the BMC International Health and Human Rights article entitled: Portrait of a Lengthy Vaccination Trajectory in Burkina Faso: From Cultural Acceptance of Vaccines to Actual Immunization. It is an ethnographic work including both majority group in the studied region (the Bwaba and Marka) and the minority groups (the Peulh).
Despite the previous papers published in this topic, the particularities of the studied group (Chinese migrant) preserve the originality and importance of this paper.

Response: Thanks for your correction. We apologize for this oversight. The sentence has been revised to “No study we could find has combined all three of these features targeting Chinese migrants.”

2. The choice to interview only the mothers raises concerns. The authors justify the methodological choice of interviewing only mother by assessing: “Mothers are the main caretakers of children and make family healthcare decisions in most households”, while choosing simultaneously a Grounded Theory approach justified by the following: “because it allows for unconstrained study of the range and experiential aspects of target behaviours and underlying issues. It attempts to avoid presumptions, thereby enabling a broad-brush picture of key concerns to emerge as the ground for theory building. It is most useful when either little is known, or there is a wish to minimize presumptions about the target behaviours.”

It seems that the authors use contradictory justification for the sample characteristics and the theoretical approach. They indeed assumed that the mothers where the main caregiver and decision taker, while other similar studies revealed that even if the mothers are the caregivers, the fathers are usually the initial decision takers and, in that context, their views on vaccination becomes essential in any behavioral analysis.

Response: Using grounded theory as data collection and analysis approach helps to avoid presumption about study subjects’ perceptions, experience, practices and/or process of targeted behavior. Mothers were asked about the decision-making. They universally confirmed that they made such decisions.

We chose mothers as study subjects because mothers are the main caretakers of children in Chinese cultures and make family healthcare decisions in most households. Local studies including but not limited to this study on Hong Kong families have confirmed that mothers are the major decision makers for children’s vaccination although some families may make joint decisions. In Hong Kong and Chinese culture, mothers are almost universally perceived as being responsible for children’s health, for example collecting necessary vaccination-related information, and taking young
children for vaccination. Women in Hong Kong society carry significant authority in families, probably differing from other cultures or societies, such as in Burkina Faso where the main decision makers for children’s vaccination are fathers or even grandfathers who are the heads of household. Hong Kong is a highly developed post-industrial, ex-British colonial city. In this regard it probably differs considerably from Central Africa. Finally, fathers’ roles and potential influence have been explored in this study and categorized as the “opinions from significant others”. Moreover, most adult new immigrants from mainland China are females, thus, we purposively recruited mothers as participants. Consequently, there is good reason to argue that we have obtained robust information about how new immigrant parents make vaccination decisions for children by studying mothers’ narratives.

3. Also, the snowball approach for sampling poses serious bias problems, as the sample is rather small (problematic for exhaustively) and that the participant contributed actively in the recruitment, knowing that usually, friends and acquaintances shares similar views, background and ideologies.

Response: We agree that snowball approach has some limitations. However, accessing this hard-to-reach minority group through other means is infeasible. Since only a small portion of respondents were recruited this way, whereas the majority were selected from amongst referred participants only if they met the criteria of having different characteristics from the referring party. We believe this helps minimize any homogeneity among values held by respondents. Moreover, as stated in the Discussion section, our study sample characteristics are comparable to those in the wider population of new immigrant mothers generally. Finally, our findings are consistent with earlier childhood vaccination decision-making studies in Hong Kong using other methodologies. So there is good reason to believe that this study presents a valid and reliable picture of the situation faced by many new immigrant parents in Hong Kong.

4. The authors indicated that the interviews were conducted in Putonghua. More precision are needed to assess the translation process (before or after the analyses) and the mains medical concepts, semiology and nosology translation procedures and particularities.
Response: Thanks for your suggestions. We have added more clarification in the manuscript about translation issues. Data analysis were based on verbatim transcripts written in Chinese. Only the quotation in the Results section were translated into English and have been reviewed by all authors. Four of authors are native Chinese speakers, two from mainland China, and two from Hong Kong, all of whom are also fluent in English and one author is a native English speaker. The interview didn’t involve any semiology or nosology issues, any medical concepts involved during interview (such as pA/H1N1, HPV) were introduced using everyday language commonly used in mass media. Additionally, if participants had any difficulties understanding questions or concepts, the interviewer (fluent in both Putonghua and English) explained in a sample language.

5. The analyses and discussion should be more sensitive to the possible bias and revised accordingly.

Response: Thanks for your suggestions, as per your comments we have revised accordingly.

Referee 2

Major Compulsory Revisions

1. The data has less power for the study and need to be strengthened with percentage values than just the use of the words many, some and few based on one, two or three narratives from participants.

Response: Thanks for your suggestion. This is a common request from reviewers of qualitative studies. However, it is usually ill-conceived. Generally speaking, it is extremely unwise to use numerical data in qualitative studies such as this. There are three very good reasons why. First, because the sampling is non-random, the distribution of proportions is unlikely to reflect the underlying prevalence in the community. That will not stop people from misusing the data as indicating population prevalence and thereby misrepresenting the data. Second, qualitative studies are designed to capture the range of opinion on the subject of interest. Hence it is typical that qualitative terms,
confined at best, to “most”, “few” “a minority” and so forth, are used for linguistic purposes only. This is the universally-accepted approach. Third, the purpose of qualitative studies is not to estimate proportions of belief; rather it is to describe the spectrum of opinion that exists. Introducing numbers, particularly proportions, falsely gives the data an air or “scientific credibility” and implies representativeness to the data distribution that is unwarranted, but which many people crave. Numbers can, and will be quoted, but value-based statements provide a very different type of information. Quantitative researchers are often uncomfortable with the absence of numbers, but this should not blind readers to the necessity for methodological rigor when performing qualitative studies. Hence we have been as strict as we would have been were we performing a quantitative study in carrying out this qualitative study. When little is known of the subject, qualitative methods should be adopted to map out the land. Then quantitative methods should be used to assess the numerical elements on that landscape. It is premature therefore to introduce proportions in this paper.

We have however given proportions regarding the sample characteristics to enable comparison with the general immigrant population of Mainland Chinese women. We hope this is adequate.

Minor Essential Revision

1. Department of Health (DH)'s should written Department of Health (DH) and be separated from Maternal and Child Health Centres (MCHCs) with a comma (,)

Response: We apologize if our writing was misleading. The MCHCs are under the direction of the DH. The possessive apostrophe was in the wrong place. We have clarified this.

2. Is pA/H1N1 different from A/H1N1? Need to clarify or show consistency

Response: Thank you. We have used pA/H1N1 throughout after first defining it.

3. In table Age should be written Age (y); Birth of Place should be written as Birth Place or Place of Birth; Children’s age (range) should be written as Children's age range (m, y)

Response: Thanks for your correction. These have now been changed.
4. In table for Code IM4, Children's age range 14-15y does not represent study design and sampling.

Response: In the field work of data collection, one of the criteria for participants recruitment indeed include mothers who have at least one child aged 14 years or below (≤14 years). We have revised the expression error. The criteria is corrected as “Ethnic Chinese women who migrated from Mainland China to Hong Kong no more than 7 years ago (the minimum eligibility period for Hong Kong Special Administrative Region permanent residency), and have at least one child aged 14 years or younger living in a Hong Kong household were eligible for this study.” The authors apologize for this oversight.

Discretionary Revision

1. Abbreviations defined in writing need not be stated again

Response: We checked with the template for BMC-series medical journals – authors’ checklist for manuscript formatting, which require Abbreviations section.

2. HKSAR can be defined

Response: Thanks for your suggestion. We have given the whole name of HKSAR as Hong Kong Special Administrative Region.

3. In abstract conclusion, "help to inform" can be written "will help inform"

Response: Thanks for your correction. This has now been changed.

4. From the introduction, in paragraph 4, the statement having "principally" can end at the word "making". You can start as "Principally are"

Response: Thanks for your suggestion. This has now been revised.

5. In same paragraph 4, "even fewer" can be written "only fewer"

Response: Thanks for your correction. This has now been changed.