Author's response to reviews

Title: Why do mothers encourage their children to control their weight? A cross-sectional study of possible contributing factors.

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Author's response to reviews: see over
Dear Ms Aguirre,

Dear Editorial Board,

Based on the instructions provided in your e-mail, we uploaded the file of the revised manuscript through the provided link.

We have revised the manuscript and included another figure based on the comments made by the reviewers. Further, we copyedited the manuscript with the help of a native English speaking colleague.

Appended to this letter is our detailed response to the comments raised by the reviewers. As you notice, we agreed with almost all the comments raised by the reviewers. We would like to take this opportunity to express our sincere thanks to the reviewers who identified areas of our manuscript that needed corrections or modification.

I hope that the revised manuscript is accepted for publication in BMC Public Health.

Sincerely,

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Response to reviewers

We would like to thank you for reviewing our manuscript and for your helpful comments. We hope we could address your concerns to your satisfaction.

Point-by-point response to comments of Reviewer 1:

1) “For the term “to control their weight”, this should be stated if this is to lose or gain weight. There is no mention in the paper what control of weight is referring to exactly.”

Thank you for pointing out this issue. In this study, the term “control their weight” refers to efforts to lose weight or at least not gain weight. The original German question has apparently a stronger connotation towards losing weight/staying slim than our English translation “encouragement to control weight”. Also in the context of the obesity prevention programme where this study was conducted the direction of weight control seemed evident. However, a corresponding caveat was added to the limitations section (see page 6 of the revised manuscript).
2) “Variables of interest need to be more clearly labelled as maternal or child characteristics. The paper sometimes interchanges between maternal and child variables so it is important to clearly state each time if it is a maternal or child characteristic especially in the case of BMI, level of education, age …”

& 11)a) “For table 1, it would be easier to read if there was a clearer definition between maternal and child characteristics. Perhaps labelling characteristics as maternal or child or splitting the table up based on these characteristics, might make the table clearer.”

As recommended, the manuscript was revised to make sure the variables are labeled more clearly as maternal or child characteristics. Additionally, the tables were changed to distinguish more clearly between child and maternal characteristics by adding subheadings.

3) “For the variable “maternal self-efficacy”, I think a sentence offering some explanation of this term is required for readers to fully grasp this concept. Self-efficacy is a defined psychological concept so it should be defined or explained in the methods section when first mentioned.”

As suggested, to explain the term maternal self-efficacy a sentence was added to the method section as follows (see page 3): “Self-efficacy refers to a person’s belief about their capability to successfully perform a particular behaviour or in a particular situation.”

4) “The labelling/ names of the variables on maternal encouragement and maternal health behaviours are a little difficult to understand. The uses of these names in the tables are especially difficult to understand such as “high perceived influence on health”. They may need a little more explanation in the methods section. These variable names could be changed to be more precise and easily understood.”

Further descriptions of the variables were added to the section describing the instrument and changes made for the data analyses were explained in more detail in the corresponding section. See page 4: “Health consciousness refers to the amount of concern an individual shows for the healthiness of their lifestyle. The perceived degree of influence on health refers to the respondent’s belief about to which degree an individual's behaviour can have a positive impact on their health status.” and “Similarly, maternal health consciousness, perception of degree of influence on health and self-efficacy to influence child's health behaviour (all three domains) were dichotomized at the median. This resulted in variables differentiating between a high degree and a low degree of health consciousness, perceived degree of influence on health and self-efficacy, respectively. For the logistic regression analyses a low degree in those variables was chosen as reference category.”

The names of the variables in the tables were also changed, e.g. “perceived degree of influence on health”, and the category of interest was added to the dichotomous variables, too.

5) “It is important to be consistent with the use of terms throughout the paper. For example, currently there is a lot of interchanging between “normalweight” – “normal weight” – “normal-weight”. Similar inconsistencies exist in the terms used to describe what the authors are studying: related factors, determinants, associations…”
The manuscript was revised for consistent use of terms. “Normalweight” and “normal-weight” were changed to read “normal weight” throughout the paper. The studied variables are now consistently referred to as “related factors”.

6) “In the results section for the description of table 1, a clearer description is required. For example, “mother’s mean age was…””. What is this age referring to, is it the age they were when they filled out the questionnaires? This needs to be clearer to the reader.”

The description of sample characteristics and table 1 were reviewed and descriptions added, e.g. maternal age is now described as “mother’s mean age at the time of data collection”.

7) “In the notes under tables 3 and 4, there is a need to identify if age is maternal or child. I know it is stated in the results section of the text but the table should be able to be understood fully without looking at the text in the results section. Also for tables 3 and 4, many authors do not include the B and SE B figures in their tables describing logistic regression results.”

The notes under tables 3 and 4 were changed and now state “child age”.

8) “Another limitation of the study is that maternal weight and height and thus BMI are self-reported. This should be stated in the limitations section.”

As suggested, the self-report nature of maternal height and weight was added to the limitations (see page 6).

9) “Some spelling/ language mistakes and incorrect terms are used throughout the paper such as “in the light of”, “in accord”, “are more likely to encouraged their daughters”. The language used in parts of the paper is sometimes difficult to understand.”

The manuscript was revised to correct language mistakes and improve readability. Additionally, it was copyedited with the help of a native-English speaker.

10) “A suggestion for the methods section would be to provide an overview of the study sample size in a flow chart or something similar. The flow chart could depict how the final study sample number of 1658 was achieved, as the text around this in the paper is a little confusing.”

Thank you for this suggestion. A flow chart was added showing how the final sample was derived.

11)b) “Also some indication of significant statistical differences between males and females on the table would be nice to have.”

An indication of significant statistical difference was added to the table.
12) “For table 2, the addition of P-values from the univariate analysis onto the table would make it easier to understand why certain variables were then added to the multivariate analysis.”

We agree that the p-values would make it easier to see which variables were added to the subsequent analyses. To make variable selection easier to understand, the relevant odds ratios were set in boldface and an explanation was added to the notes under the table. Yet, we refrained from adding p-values to table 2, since the confidence intervals already indicate which variables were significantly associated with the outcome.

13) “The layout of figure 1 could be improved especially the % scale used on the y-axis. Instead of having % all the way up, this could read something like “% of children experiencing maternal encouragement”.”

The layout of figure 1 was changed; the y-axis now reads “% of children encouraged by mothers”.

**Point-by-point response to comments of Reviewer 2:**

Thank you for the positive assessment of our paper.

1) “Table on univariate analysis: please express 95% CI's.”

Whilst we acknowledge that usually 95% confidence intervals are reported, we chose to report 90% confidence intervals in table 2, because p<.10 was chosen as a threshold for inclusion of the variables in the subsequent multivariate regression with backward selection. However, to express this more clearly the table notes were changed to include the selection criterion: “Variables with bolded ORs (indicating p<.10) were included in the subsequent multivariate analyses.”

2) “The Introduction and discussion are very long. Please reduce in size. The discussion is quite speculative. Please restrict conclusions to the data reported and avoid speculation.”

As recommended, the introduction and discussion section were condensed and speculative content was reduced.