Reviewer's report

Title: Parents' champions vs. vested interests: Who do parents believe about MMR? A qualitative study

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Reviewer: Julie Leask

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This paper is a straightforward summary of findings from a wider study and overall it reads well.

The study includes a very extensive sample of groups representing a range of potential views about MMR vaccine. That is a major strength of the study.

The paper presents on the theme of information source credibility and is the third publication from the same study. The authors need to be more explicit as to why it was feasible to separate the findings from the main study into three papers rather than present them in one paper. I would think the answer lies in the extensiveness of the sampling.

There were a few typographical errors and the manuscript needs a good copy edit.

Abstract
This reads well and is a good summary.

Introduction
The study needs a stronger argument for how it adds to the existing knowledge on MMR decisions. This is particularly important in view of the relatively large number of similar qualitative studies on this subject which touch on trust and credibility in MMR.

What was the magnitude of the decline in MMR rates?
Replace “strength of evidence” with “issue”

Reference 8 is used to support the statement that GPs themselves have a problem with the incentive payments. This is a newspaper article. Is there a better source of support for this statement? If not, the qualifier “some” GPs is needed.

The literature review is well written but I found the tendency to start each sentence with the author’s names a little homogenous and variation in how a study is introduced is needed.

Quote from the Burgess article needs to be completed, “David and Goliath…”.

Methods
These are reasonably set out although if word limits permit, it would be good to see more detail on the analysis which addresses issues of rigour. See Mays N, Pope C. Qualitative research in health care. Assessing quality in qualitative research. BMJ 2000;320:50-2
A table showing the nature of each focus group would be a better way to present the sample. The sample of 18 focus groups was extensive and well segmented. However, the results and discussion should make more of how the sample affected the findings. For example, one third of the groups were likely to have strong skepticism about MMR vaccination and that would affect the findings on who was found to be trustworthy.
How was the transcriber able to identify the particular participant who spoke in the group?

Results
The analysis seemed to focus a lot on the individual as the unit of observation rather than the group. For example, mention of how many people were interviewed rather than how many groups. Here, it would be better to talk about the number of groups and range of participants (eg 6-12) rather than the number of participants. A second example is the naming the individual’s child’s immunisation status rather than the group to which they belonged. Since focus groups highlight the social nature of how views are negotiated and communicated, it would be useful to have more acknowledgement of the group context and dynamics.
which set the scene for various views to be expressed. What somebody says in a group with other first time mums might be a bit different to what they would say in a ‘social problems’ group even though they are the same person.

Related to this is the specific question of whether the parents who saw the media as trustworthy differed in any way to those who saw it as not? Eg, were there groups where one view dominated and what characterised those groups? Were there groups which debated this?

It would be useful to have a list of themes at the beginning of the results.

There are two quotes from Dave about kinship but go off in different directions. Also, Dave is introduced as “other parents”.

It is interesting that parents were dismissive of phrases about risk and this has implications for how written materials are constructed. Are there any quotes indicative of this finding that could be added?

Discussion

The discussion needs to give a shorter summary of the results or some of this section needs to go in the results. In its place, the recommendations should be more thought out and specific, bringing in more existing research on health communication.

Related to the previous point is that the results tended to focus on the negative. We know what doesn’t help but what sources/information were helpful for parents apart from other parents and Wakefield. This meant there was little on which to make practical recommendations for health communicators in the discussion.

The authors mention giving parents information that is “reliable and unbiased”. This idea is mentioned a lot in conclusions from research articles on MMR but needs to be teased out more, particularly since a health professionals’ concept of reliable, cautious language was the very language that parents criticized (eg, “no evidence”)

The discussion could be enriched with an incorporation of relevant theories, eg, trust and media reception. Given the findings about risk language, socio-cultural critiques on risk may also have something to offer and may add depth to the discussion (eg, writings by Mary Douglas or books about risk by Deborah Lupton).

Given the sample which (appropriately) over represented for vaccine-skeptics, care should be taken with generalisation and words like “many parents” should be avoided. This issue of to whom the study can be generalised should be mentioned.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests