Author's response to reviews

Title: Lack of sun protection for children with oculocutaneous albinism in South Africa

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Response to Referees

Many thanks for the helpful comments. In revising the manuscript we have taken account of the reviewers’ points and in doing so believe the paper has been enhanced considerably. It is always difficult to find a balance between conflicting comments by reviewers, but we have attempted to address all the points made in sufficient depth and hope this further highlights the importance of the work for those who work closely with children with albinism in Africa. This was a community based participatory study in a rural part of Africa. Our earlier version did not make this clear enough, and we have therefore strengthened this aspect throughout. In addressing the reviewers’ concerns specifically:

1. We have revised the abstract in line with Buettner’s suggestions. The background ends with aims; the findings are contained within the findings section; and the conclusion relates to the findings.

2. Of the 112 pupils at the school, 22 were very young pre-schoolers. The teachers and researchers considered them too young to participate in the study and they were therefore excluded. We have now explained this in the manuscript.

3. It was important to ascertain who bought the hats and sun screen lotions in order to know where to target health promotion strategies. We have now made this clear.

4. Although we accept that children can only wear one hat at a time, hats do require washing and children sometimes lose them. Children are also conscious of their appearance, and may prefer a range of hats to choose from for different occasions, such as sport or church attendance. Hats are a also financial investment and in some areas of Africa may not be affordable. We have inserted an explanation.

5. We have moved the first sentence of the results section into the methods section.

6. Our findings were qualitatively as well as quantitatively descriptive. The children’s attitudes and behaviours have important implications in adequate sun protection. We also wanted to explore how they were encouraged to wear these. Getting sunburned whilst playing soccer is an important finding, as is the
modelling behaviour of the nurse. However, the subtitle for this section did not reflect these aspects and we have modified this to include behaviours.

7. Sun avoidance behaviour: the findings here are drawn from the community based participatory methods employed in the study. This was not a large prevalence or epidemiological study and makes no claims to be such – measurement of hours spent in the sun or stratification of sunburns between the sexes would have required a different kind of approach (and would have been very interesting). Previous such studies have, however, found gendered differences in leisure behaviours and have also noted that in rural areas hat-wearing is not the norm. Our observations at this rural boarding school noted similar patterns and we have now added reference to previous studies. The methods section has more clearly described the data-collection methods and we hope think this now adequately addresses the findings in the ‘sun avoidance’ section.

8. Sunscreen preparation: the findings here are drawn from the community based participatory methods employed in the study. This was not a laboratory study and makes no claims to be such. The active ingredients and SPF factors labelled on the sunscreens were recorded from the lotions children brought to interview on the day. We have now clarified how the sunscreen formulae were investigated. The results in this section are not from a literature review – they are direct findings from what the children brought to interview. The claims made about sunburn are directly related to the children in this school. We made no claims to generisability, which would require a different kind of study. We have also addressed this in the limitations section that we have added in the conclusion. The ‘sunscreen preparation’ section has been adjusted and we hope is now clear.

9. Uptake of free governmental sunscreen and barriers: the aims and the methods sections now clearly outline how this kind of information was gathered.

10. Skin monitoring and treatment: the findings here are drawn from the community based participatory methods employed in the study which we have made much clearer in the methods section. The results in this particular section are directly reported from the nurse, and make no claim to be anything else.
11. The tables provide additional descriptive data that is not in the text, which only mirrors the main findings. We think table three is still useful, but would be happy to remove this if both reviewers feel this is necessary.

12. The results section discusses the implications for health promotion strategies for children with albinism living in rural areas. It was not meant to be judgemental and we have therefore revised the wording carefully.

13. The discussion has been revised entirely. It is now shorter and more concise, outlining the main findings first, describing how these build on earlier work, includes the limitations and suggests future policy directions. It relates only to the findings. Background information has been moved to the background section.

14. We have changed the title to reflect the findings and have now used Demierre’s suggestion of ‘Lack of adequate sun protection in children with oculocutaneous albinism in South Africa’.

We appreciate the efforts made by the reviewers and hope they agree that as a result of their work this is a much improved paper. We look forward to hearing from them.