Author's response to reviews

Title: Perceptions and barriers of vaccinating daughters against Human Papillomavirus (HPV) among mothers in Hong Kong

Authors:

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Author's response to reviews: see over
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Dear Editor and reviewers,

Thank you very much for your and reviewers’ valuable comments on my submitted manuscript “Perceptions and barriers of vaccinating daughters with Human Papillomavirus (HPV) vaccination among mothers in Hong Kong” to your Journal BMC Women’s Health. Also, thank you very much for giving me an opportunity to revise my manuscript for your Journal. I have revised the manuscript according to your and reviewers’ comments. Please kindly find below for my responses to these comments:

Responses to reviewer 1:

1. Professional English editing has been performed in this revised version.
2. The manuscript and references are revised to conform to the journal’s style.
3. The methods section has been revised. (p.6 – p.8)
4. More information about Gardasil and Cervarix, including when they have made available, in Hong Kong is added in the background section. (p.4, p.5)
5. “Individual semi-structured interviews” is used instead of “one-on-one interviews” so to avoid redundancy. (p.6)
6. The unclear sentence as mentioned by the reviewer is now rewritten to: “To protect their privacy and confidentiality, no names or identities were mentioned throughout the interviews”. (p.7)
7. Clarification about the quick data analysis during interviews is added in data analysis section. It involved constant checking with the questions in the interview question guide and a quick assessment during the interviews to see if further probing was needed. (p.8)
8. “Emic understanding” has been rewritten to plain language in the study rigor: “The participants were asked to check the transcribed interviews to ensure the transcriptions did not distort their meanings.” (p.8)
9. I also collected the education levels of the participants and this data is added in the participants section: All the participants had received formal education from schools. Eleven participants achieved university education, two participants attained post-secondary education, twenty participants had finished secondary school education as fifth former, and two completed education as third former of secondary school. (p.9) The socio-economic status of the participants including levels of education and occupations did not make much difference to their perceptions.
Cultural values on women and sexuality were prominent in shaping their perceptions though. (p.17)

10. The perception of men’s role in HPV transmission is added in the discussion. During the fieldwork of this study, little attention was observed on mentioning about the men’s role in preventing and/or transmitting HPV. Most promotion about the vaccination was primarily targeted to women rather than to men. In the interviews, none of the participants was aware of the men’s role in HPV transmission, and none of them was aware of the men’s needs to get vaccinated against HPV to prevent from further transmission. Instead, the participants commonly believed that women should bear the main responsibility to prevent HPV by self-disciplining themselves, such as by behaving morally and having abstinence. The suffering of cervical cancer was often perceived by the participants as closely associated with a woman’s promiscuity and immorality to a man. Such patriarchal values controlled the participants’ health values and health behaviours, not only leading to their unawareness of receiving regular cervical screening, but also leading to their lack of awareness in men’s role in HPV transmission and prevention as well as the importance of ensuring their daughters to get vaccinated. Such patriarchal ideology not only influenced the participants with lower education levels, but also influenced the participants who had attained high education. This serves as a risk for women’s health, which put them in an unfavorable position in disease prevention. (p.19-p.20)

11. As this reviewer suggested, there was really a disconnection between participants’ understandings and the more recent literature on the roles of primary care doctors. The participants still possessed a traditional understanding on the role of doctors as treatment providers, and they only consulted a doctor for treatment when they fell sick. They rarely see a doctor for preventive health advice and measures. (p.20-p.21)

12. In the limitation section, I added that future study about primary care providers’ knowledge and understanding about HPV, as well as their health promoting behaviour regarding HPV prevention, can allow a deeper understanding on the encounter and behaviour of the participants. (p.23)

Responses to reviewer 2:

1. The research questions in the significance section have been revised to make them clearer. My research questions are: (a) the coverage and acceptance of HPV vaccination have not been satisfactory, no matter in some western or in non-western communities like Hong Kong. Hence, understanding women’s perceptions about HPV and HPV vaccines is important in encouraging their vaccination behaviour, (b) Although the role of parents has been shown to be remarkable in children’s health behaviour, there has been a lack of study about the perceptions of Chinese
parents in their children’s HPV vaccination, and even fewer concern how the parents’ perceptions on the vaccine can influence their motivations of bringing their children to get vaccinated from a qualitative aspect. In view of this, this study investigates how the mothers in Hong Kong perceive about the idea of vaccinating their daughters with HPV vaccination. (p.5-p.6)

2. Study rigor has been added under the methods section. (p.8-p.9)

3. The discussion section indeed focuses on the implications in a Chinese context. Due to the cultural values on vaccine, gender ideals, and sexuality, and due to the strong influence from significant others, HPV vaccination promotion in the future should aim at educating parents with more positive values in order to enable this preventive health behaviour to reach a wider adolescent population in Hong Kong. This may be able to overcome the influence of patriarchal values that prevailed in Hong Kong. I reorganized the discussion section a lot so to make my arguments to become more stand out.

Thank you very much for your kind consideration of my manuscript, and also thank reviewers’ for their valuable comments. All these comments enable me to further improve my manuscript. I sincerely hope that my revised manuscript and the responses to reviewers’ comments can meet the standard of your Journal.

I am looking forward to hearing from your Journal in the near future!

Best regards,

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