Author’s response to reviews

Title: Association between social capital and health-related quality of life among left behind and not left behind older people in rural China

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Version: 2 Date: 01 Nov 2017

Author’s response to reviews:

Dear editor,

The entire paper has been undergone a major revision. The revisions have included the editing for English language expression.

Response to Reviewers

Kriti Vikram (Reviewer 1):

Firstly, even though the paper has rich social capital data and the authors show how only certain aspects of social capital are significantly associated with health-related quality of life, they still create a composite indicator of social capital. I am unable to understand the logic behind this? I would recommend that they include all the distinct components of social capital in the analysis and describe exactly which type of social capital is associated with health-related quality of life. We have included all the components of social capital in Tobit analysis (see Table 4) and found that cognitive social capital trust and reciprocity was most strongly associated with HRQoL in our study.

Secondly, I understand the logic to carry out sub-sample analysis but it is important to also show this analysis for the whole sample by including interaction effects (left behind=1/not left behind=0 or vice versa with social capital indicators). For the whole sample we have included interaction effects of social capital and being left behind in the model. The results were statistically significant, indicating that left behind older people with low social capital had lower HRQoL than those not left behind. The stratified analysis (Table 5) also indicates that low social capital was statistically significantly associated with low HRQoL only among those left behind.
Thirdly, I find the step-wise inclusion of variables quite unnecessary in this case. I would recommend that all controls be included in the first model and then all the distinct social capital constructs be included as a second step. The third step should include interactions pertaining to their left-behind status. We have re-run the data following the comments. In the first model, we included all controls including individual characteristics, social capital and being left behind. In the second model, we included different dimensions of social capital and in the third model, interactions of social capital and HRQoL were further included (see Table 4).

Fourthly, the writing could be improved upon. The heading, social capital and health-related quality of life, is misleading because it discusses differences between those that are left behind with those that are not. Similarly, the title - the difference of social capital and HRQoL between being left behind or not needs to be more clear. We changed the title to “Association between social capital and health-related quality of life among left behind and not left behind older people in rural China” to highlight the issue of whether the association differs between those left behind and not left behind. We have tried to improve the writing throughout the paper.

Lastly, the section, being left behind and health-related quality of life, is not making a strong argument about the importance of social capital for this group. The front end of the paper has to be strengthened so that the linkage between being left behind and social capital is articulated in sufficient detail. The authors do so quite convincingly in the end but it would be worthwhile to be make this link right from the beginning. In the introduction, we argued that previous studies have not made consistent conclusions about being left behind and old people’s health. Our results showed that, when we only included individual characteristics, social capital and being left behind in the model, those who were left behind had lower HRQoL. We have tried to strengthen the introduction accordingly.

I would also recommend that the authors try to include interaction effects by gender and marital status for the whole sample. There is emerging evidence on the importance of gender and marital status in influencing the well-being of left-behind spouses in China (Chen et al. 2015). Even though, Chen et al. are studying marriage migration, it would be interesting to see if the impact of social capital on health of left behind elderly is moderated by these factors as well. However, I would leave it to the authors to decide if this is a worthwhile endeavor for this paper. Thanks for providing good comments. We tried to include interaction effects by gender and marital status for the whole sample, but we found there were no significant associations between these factors and HRQoL. So we didn’t include the results in the manuscript.

Haipeng Hui, ph.D,MD (Reviewer 2): In the manuscript, Yaqin zhong et al found that low social capital was related to low HRQoL and indicated that the left behind old people with low social capital were the potential vulnerable group in rural China. Overall, Methodology is appropriate and Data are solid to support the conclusion in this study. However, there are several issues needed to be fixed during revision

1. Please introduce the solid base and definition of the social capital in the manuscript more clearly. On page 4 line 86-92, on page 5 line 100-102 and on page 5 line 110-112, we have introduced the definition and the solid base of the social capital.
2. More explanation about "vulnerable group in rural China will be better. On page 15 line 336-342, we added that” Old people have extremely limited access to pensions or other state support and most of them are dependent on their children. This study identified left behind older people with low social capital as a potentially vulnerable group. Given the inadequate institutional support from rural governments, old people being left behind should turn to their families for financial support, physical care and psychological help to maintain their health. Reliable and feasible measures such as enhancing social capital could be beneficial for old people who were left behind.”