Author’s response to reviews

Title: An Investigation of Physical and Mental Health Consequences among Chinese Parents Who Lost Their Only Child

Authors:

qianlan Yin (yinqianlan@smmu.edu.cn)
weizhi Liu (liuweizhi@smmu.edu.cn)
Zhilei Shang (shangzhilei@163.com)
Na Zhou (nazhou@163.com)
liugang yu (liugangyu@smmu.edu.cn)

Version: 2 Date: 13 Nov 2017

Author’s response to reviews:

Dear Editors,

Thank you for your insightful comments on our manuscript. Per your suggestions, we have corrected mistakes and added some required data to our previous draft. Extensive revisions have been made in the current draft. A point-by-point letter to you and the other two reviewers is attached to this letter.

Based on your comments, we have invited an English-native partners to proofread the article, and corrected the errors in word and grammar. We also made elaborative check for the form transformation from word to PDF. We have highlighted all the changes in the article. Thanks to you again for the recommendations. We hope this special manuscript could be received by your journal.

Best Regards,

Authors.

Response to first reviewer’s comment:

1. The structure of the introduction is not convincing and needs marked revisions. - On page 4, starting line 46 several aspects of outcomes due to bereavement, particularly in single child families, are listed; however, an introduction for these aspects is lacking. Why do these families
need support? This seems clear, but a structured argumentation is needed. Doing this may even shorten the current text with setting some main areas.

We have addressed these points in the introduction, added a better rationale of what the loss of the only child means, why the family need support. As we mentioned before line 46, the family-oriented is an important principle in Chinese culture, it serves as a critical perspective to understand the current study. That is, children are their aging parents’ primary caregivers in China; this is not only a cultural principle but also the children’s responsibility enforced by law. The loss of the only child for these families often means losing their main source of caregiving, along with financial and social support. Moreover, losing a child can lead to degradation in social status and withdraw from social activities, to avoid bringing up conversations and thoughts relating to their child. Secondly, studies performed in western countries have also demonstrated that the death of a child results in a significantly higher intensity of grief than the death of a spouse or a parent and often leads to complicated grief. Unresolved grief has been shown to trigger physical and mental health problems (Lannen, Wolfe, Prigerson, Onelov, & Kreicbergs, 2008). To address the commend, we have adjusted the arrangement of the first part of our article, which now seems more convincing. Therefore, in terms of the significance of the study, we highlighted the importance of psychological support to Shidu partents under the special background of the Chinese family-plan policy.

2. Concerning methods, it is not clear why the authors performed interviews (1-2 hours) but only report on the quantitative results from the questionnaires. The section of methods needs revision; for example: "The parents had read the recruitment letter.." is rather obvious. - The process of how the recruitment took place needs to be described. On page 7; the criteria for the target group should be clarified. Point 2 is describing a condition ("finish the questionnaire alone") and not a criterion.

Considering the term, we have replaced “interview” with “investigation”, because the survey only generated quantitative results. The updated method session has reflected how the data were collected. As we mentioned at the beginning, these participants’ information is stored in the Register of Population Statistics provided by the Health Family Planning Commission of Yangpu District, Shanghai. There were 800 ‘Shidu’ families in total and we randomly selected 120 of them for further investigation (we only selected one parent from one "Loss-of-single-child" family as our participant). Then we organized a team including a psychologist, a psychiatric expert and some psychology major graduate students, worked with the local social workers, who are familiar with the "Shidu" families to conduct the investigation. Some participants became emotional during the investigation, we had to pause the investigation to comfort them, and conducted the psychological intervention, such as relax intervention. Therefore, the investigation can last 1-2 hours. It was mentioned before that these people usually isolated themselves from the strangers and are sensitive to the topic of the bereavement. We had to make sure of the reliability of information we received so we held the household investigations with the help of the social workers who have been acquainted with the family. As to the recruitment letter, we offered a written form after a specific oral introduction. We also replaced “alone” properly with “completely” in the new draft. During filling out the questionnaires, a subset of those parents
became upset, they opted out of the study early. Completing the questionnaire implies the participants were cooperative and able to give accurate evaluation to their answers.

3. Results - the diseases on page 11 need to be checked and the details beside the groups are not needed. Disease groups should be clarified; for example, "rheumatosis" does not exist as such.

Thank you for pointing out the mistakes. We have corrected it and highlighted in the method and results section. Rheumatism includes a rheumatic condition, pain, joint. Osteoarthropathy includes hypertrophic, tuberculous and retromorphosis. We collected the most common chronic diseases highly related to the long-time grief, and rheumatosis mainly represented a series of autoimmune system diseases. Our purpose was to see the difference of the occurrence.

4. The tables list "normal group" this should be "control group".

Thank you for the suggestion and we have updated the terms throughout the manuscript.

Responds to second reviewer’s comment:

1. In which ways did the samples differ specifically eg: age and income status can be related to mental and physical health.

All the factors were considered in the article. We demonstrated the result in the Table 1-Demographic Statistics for "Shidu" Group and the control Group. As for the age, this was based on the fact that China’s general birth control policy was turned into a strictly one-child policy nationwide in 1980. The legal age of marriage for men is 22 and for women 20 years; therefore, those who complied with the policy would be in these age-groups according to gender. The X2 of the age and economical status mainly showed the difference of the structure of the two group. Assisting to our result, we found poor health condition and symptoms of PTSD were more likely to be observed among the Shidu group even though the Shidu group are wealthier and younger than their counterparts. That indirectly supported our attribution of severe experience of losing the only child damaging their physical and mental health. So, the differences didn't impact the results in a significant way.

2. Could poorer physical health contribute to poorer mental health rather than the other way?

We have addressed the concern and elaborated on how losing the only child diminishes both the physical health and mental health. As we think, losing the only child diminishes both the physical health and mental health, which are closely related and can affect each other, it’s a bidirectional relationship.

3. Perhaps comment upon gender differences in relation to role expectations.
Regarding of the role expectations and sex different character may all be the possible explanations for the differences in women and men, which are in line with the other PTSD studies. In our inference, we thought in China, mothers always shoulder more tasks in raising up their only child and spend more time, so it is undoubtedly more tighter and closer of the relationship between mothers and children, leading the grief of losing the only child severer for women.