Author’s response to reviews

Title: A QUALITATIVE STUDY OF DEVELOPING BELIEFS ABOUT HEALTH, ILLNESS AND HEALTHCARE IN MIGRANT AFRICAN WOMEN WITH GESTATIONAL DIABETES LIVING IN SWEDEN

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Author’s response to reviews:

To the Editor of

BMC Women’s Health

Dear Editor,

First we would like to express our sincere gratitude for the most valuable comments given on our manuscript entitled “GESTATIONAL DIABETES: PROSPECTIVE STUDY OF DEVELOPING BELIEFS ABOUT HEALTH, ILLNESS AND HEALTHCARE IN MIGRANT AFRICAN WOMEN LIVING IN SWEDEN”, ref no BMWH-D-00042, by authors Katarina Hjelm, SRN, SRNT, MScN, PhD, Professor, Karin Bard, SRN, SRNT, MScN, Jan Apelqvist, MD, PhD, Associate Professor. According to the suggestions, changes have been made and they are marked with red text in the manuscript.

Enclosed please find a report on changes made and the revised manuscript in which changes are marked with red text.

Sincerely yours,

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CHANGES MADE IN THE MANUSCRIPT MS ID: BMWH-D-00042 entitled

“GESTATIONAL DIABETES: PROSPECTIVE STUDY OF DEVELOPING BELIEFS ABOUT HEALTH, ILLNESS AND HEALTHCARE IN MIGRANT AFRICAN WOMEN LIVING IN SWEDEN”.

First we would like to express our sincere gratitude for the most valuable comments given on our manuscript. According to the suggestions from the reviewers, changes have been made and they are marked with red text in the manuscript. We will attach a file with changes marked with red text. (Manuscript Revised).

Reviewer reports:

Maree Johnson (Reviewer 1): This is a very interesting study of Migrant African Women Living in Sweden with Gestational Diabetes.

Title could be better described as a.. qualitative study of beliefs about.... Sweden. The title has been changed to:

A qualitative study of developing beliefs about health, illness and healthcare in migrant African women with gestational diabetes living in Sweden

What is known section- needs substantial reworking and editing for correct meaning to be conveyed.

The text has been edited and changed in the following way:

What is already known about the topic?

- Gestational diabetes is associated with health risks for both for mother (glucose intolerance, type 2 diabetes) and child (e.g. congenital abnormalities, perinatal mortality), and is particularly relevant which is further increased in to migrant women and women of African origin, although preventable with adequate health-related behaviour.

- Dissimilarities in beliefs about health and illness and lower risk awareness with poorer health-related behaviour, including self-care, have been indicated in migrants.

- With today’s extensive global migration, contact with the new society and health system care confronts the migrant’s culture of origin with the culture of the host country. The question is if whether immigrants’ patterns of beliefs about health, illness, and health-related behaviour change over time, during and after pregnancy, as no previous studies have been found on this topic.
What paper adds needs to be reduced to major points, too inclusive.

The text has been edited and changed in the following way:

What this paper adds

- Beliefs changed among migrant African women to a limited extent prospectively and indicated low risk awareness and limited knowledge about GDM and concerns irrelevant worries about future health and being unable to live a normal life, bound to problematic lifestyle changes, particularly diet.

- GDM was perceived as a transient condition as health professionals had were stated to have informed about it, which had made the women calm.

- The healthcare model needs to be developed to meet requests for regular follow-ups and timely information from staff with skills and education specific to patient education competent staff about GDM, diet, and the healthcare system before/after delivery.

Abstract:

line 7: child, and are particularly relevant to migrant women and women of African origin. Change is made

line 9-10 .. with the new society and health system confronts... Change is made.

page 6 line 23.. may be [very shocking] needs a more objective word.. ie., distressing to the woman??

page 6 line 53.. Ex-Yugoslavia ? is this an acceptable term could you rephrase..Rephrased as Former Yugoslavia

page 8 line 2 ......in the 12th or 28th gestational week (order) (in the case of a family history? of diabetes mellitus The text is changed to the following:

Screening for GDM was done by a midwife at a healthcare centre in the 28th or in the 12th gestational week in the case of heredity of diabetes mellitus or previous GDM.

Thus, the order is not changed as the 28th week is the usual time while the 12th week is used if there is a family history and thus, makes it an exception.

page 8 line 31... lay theory model??of illness causation.. (not sure of the meaning may require some further elaboration). The text has been changed with additional information, to:

based on the lay theory model of illness causation (to be found in the individual, natural, social and/or supernatural sphere)...line 41.. help-seeking behaviours (healthcare seeking?) Change is made.
Individual beliefs are learned through socialisation with others and influence attitudes to health-related behaviours. Change is made.

Migrants within an acculturation process may result in stress that may influence their attitudes to health-related behaviours. Change is made.

The meaning of authoritarian male culture is unclear. Can you contextualise this further? The text has been changed to:

In international studies, African societies (investigated in South Africa), although diverse, have been described as group-oriented with large power distance, low individualism and need for rules. Being brought up under these conditions with dependent collectivism where one learns to rely on and obey authorities, e.g., health professionals, in an authoritarian male culture, might negatively influence the degree of self-efficacy and lead to less independent behaviour and low perceived ability to act on their own.

Results

Ages ranged from 23 to 40 years (mean 31 years, SD XX). Due to the sample size and as this is not a normally distributed variable, calculation of mean and standard deviation has not been made, instead median and range is given.

All participants were refugees. The median time is given.

Parous (n=8) and had been treated.

With about half with limited educational experiences (<6 years).

The use of footnotes for time of interview may not be the best way to present this. Perhaps consider time of interview beside participant. The numbering in the text to explain this or use plain English in the quotes.

This has been changed according to reviewer 2, see below under 7.

Page 14 introduces the 'supernatural influence' whether this is the best term to use. Religious beliefs influence. Terminology is used in accordance with the reference source Helman (2007).

Discussion

U-shaped relapse (please define) Text changed to:

U-shaped relapse (no worries and lifestyle held before diagnosis 3 months after delivery).............
page 25 line 21.. described health from a pathological perspective (? not pathogenetic?). Change is made in the text, see below.

page 25 2nd paragraph, very difficult to read and understand suggest limiting the ideas being conveyed and rewrite this section. The text has been revised in the following way: omen in this study described health from a pathogenetic perspective as freedom from disease and well-being, as previously found in Somalians with diabetes [25] and in Middle Easterners with GDM living in Sweden [30]. However, the Somalians also held a fatalistic view [25] related to supernatural beliefs [33]. In the present study the influence of supernatural factors was discussed here to a limited extent, and mainly in terms of ‘the will of God’, even though the majority reported being said they were devout Muslims. This indicates that beliefs about health and illness are individual and need to be assessed as a basis for individual care planning. This is further supported as underlined by the fact that beliefs in the women were were mainly related to individual and social factors (lifestyle and social relations) instead of and thus, a pattern inconsistent with what has been described in non-westerners mainly focusing on supernatural and social factors as proposed among non-westerners, and use of the popular or folk sector to a higher extent than westerners focusing on individual and nature and turning to the professional healthcare sector, although this is not empirically tested [33]. Thus, changes …page 26.. line 19.. Complete coping strategies ?? (not sure of the meaning of this perhaps the incorrect word is being used). Changed to “Development of appropriate coping strategies”.

page 26 is one long paragraph insert breaks and reduce where possible. Paragraphs inserted and text reduced

The discussion is generally too long and at times unfocused. The authors should select 4-5 major point and present them rather than try and cover all issues identified. The Discussion has been shortened and focused.

Study limitations and strengths

This section is too long and limit to key issues. page 29 lines 1-12 delete. Deleted. Further, the text has been shortened and limited to key issues.

Conclusions

First sentence rewrite, ... changed to a limited extent prospectively does not seem to convey the importance of the work... did you mean . changed to a limited extent through the period of acculturation?? .. irrelevant concerns?? worries .. Changed to “through the studied period from during pregnancy and 14 months after delivery”.

page 29 line 29.. reciprocal relationship? Corrected.

line 41 to 46 presents as being very punitive.. and needs to be specific in its statements.. ie., competent staff... did you mean staff with skills and education specific to patient education ??? or similar... use of the term illness trajectory seems a little out of place when talking about
pregnant women and gestational diabetes. The trajectory of GDM and subsequent health issues. The text has been changed to the following:

The healthcare organisation urgently needs to be developed to deliver appropriate and timely information by through staff with skills and education specific to patient education competent in the matter, throughout the illness trajectory of GDM and subsequent health issues.

Thank you for the opportunity to review this paper, which describes a very unique population of interest to the readers of BMC Women's Health.

There are English expression issues throughout the manuscript that require attention. The language has been reviewed again by a native English-speaking professional translator (with PhD exam).

An additional reference that may be of interest to you.


Thank you! The reference has been added in the Background, as well as on the reference list, number [20]

Teresa Janevic (Reviewer 2): The manuscript "Gestational Diabetes: Prospective interview study of developing beliefs about health, illness and healthcare in migrant African women living in Sweden" is an important contribution to the growing body of literature on gestational diabetes among migrants. In many receiving countries, migrants have an increased risk of gestational diabetes, and there is a need to tailor antenatal and postnatal interventions to be implemented in migrant populations. Understanding the beliefs of migrant women with gestational diabetes is very informative and useful. Several minor changes may strengthen the manuscript, as outlined below.

1) Contribution of the Paper. Lines 24-34. The time period of the study is short, and any changes in beliefs are more likely to be due to illness and interaction with health care providers, as opposed to due to acculturation, as this statement suggests. It may be more related to the research question to say "during and after pregnancy" or similar, so as to not set up a research question the current study cannot answer. Text changed accordingly.

2) Contribution of the Paper. Line 38-43. Please specify "among migrant women" in the first bullet point so that this section can stand alone, for those who only read the highlights. Change is made.

3) Theoretical Framework. Lines 33-50. My understanding based on the text is that these investigations were conducted solely in South Africa. African culture is diverse, and it is not clear the extent to which this research may be relevant to the origin countries of the
women in the current study. It doesn't seem to me that this paragraph contributes to the theoretical framework, at least in current form. I recommend removing it, or tying the literature cited more explicitly to the theoretical framework proposed. The text has been corrected.

4) Aim. Line 45-50. The authors state 'over time' and this is a bit misleading, as the time period is short. See above under 1, the text has been changed to:
5) The aim of the study was to explore the development over time, during and after pregnancy, of beliefs…

6) Results. Line 48-58. If possible, it would be helpful to know if the women were obese or not, as this has implications for treatment and outcomes of GDM, and it would provide greater context for some of their later comments. Unfortunately we do not have access to this information.

7) Data analysis. Line 24. Please state which software was used for qualitative analysis. Not applicable as no software was used for the qualitative data analysis, instead all analysis were done by hand and with the help of an ordinary Word program.

8) Beliefs about illness. Line 33. Please use an abbreviation other than 1,2,3 that is more description, so the reader does not have to go to the footnote. I found this distracting. For example: Antenatal, 3 months, 12 months. Changed accordingly

9) Discussion Line 13. Here it states 14 months, whereas sometimes 12 months is used. Should be 14 months and thus, corrected throughout the manuscript.

10) Discussion Line 13. For optimal impact, the first paragraph of the discussion should review the most important findings of the study. The comparison to previous literature and uniqueness can be stressed in the second paragraph. Changed accordingly.

Finally, the language has been reviewed again by a native English-speaking professional translator (with PhD exam).