Author’s response to reviews

Title: To what extent is the Fetal alcohol spectrum disorder considered in policy-related documents in South Africa? A document review

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Dear Editor,

We wish to thank you and the reviewers of the manuscript for your time and effort in reviewing the article. We appreciate the comments which have used to improve the quality of the submission. In the table below, we have addressed the comments of the reviewers accordingly.

Reviewer #1:

Thank you for the opportunity to review and comment on this paper. Understanding the policy landscape related to fetal alcohol syndrome (FAS) and alcohol use during pregnancy more broadly is an important topic, especially in places with very high rates of FAS. Documenting the changes in publicly-available policy documents related to FAS and alcohol use during pregnancy in South Africa over the past decade is a worthwhile endeavor and is a key public health contribution. There are a number of concerns that dampen my enthusiasm for the manuscript in its current form. In addition to needing to be edited for clarity and organization, there are a number of substantive concerns that I present below.
RESPONSE TO COMMENTS OF REVIEWER 1

Query 1: The introduction is too broad and includes a lot of details, some of which seem to contradict each other. These contradictions raise questions about the attention to detail and ability to synthesize information of the authors, which then raises questions about the credibility of the analysis.

Response: Thanks for the comment and proposition to streamline the background of the paper.

Action: We have addressed the issues around contradictions that the reviewer alluded to by rewriting the background in most part to accommodate the suggestions of the reviewer.

Query 2: A much narrower introduction would improve the manuscript. Specifically, rather than a broad introduction about FAS and alcohol use in general, the introduction should focus on FAS in South Africa; the policy environment in South Africa - i.e. how are policies made in South Africa in general? and what is the role of policy documents? do they have weight or resources behind them? do policy documents actually indicate action? why look at policy documents as opposed to some other indicator of policy (and practice), i.e. what is the significance of looking at policy documents?

Response: Thank you for your suggestions

Action: We have streamlined the argument in the background of the paper. We started by stating the prevalence and the problem, then focused especially on the process of policymaking in South Africa with regard to national and provincial contributions as suggested by the reviewer. In addition, following the reviewer’s suggestion, we have also talked about the role of policy documents in the South African context and the shortcoming of the current state of policy documents in South Africa with regard to FASD. We also stated what the significance is of looking at policy documents. Please, refer to the track changes in the main document for the enacted changes. We have also provided a sentence explaining why an updated review is required – to inform the development of a guideline for the development of a policy on FASD.

Query 3: In the methods, what do you define as a policy document? how do you know that something is a policy document v. something else?

Response: Thanks for your observation.
Action: We provided the appropriated definition for what we considered a policy document in the study in the methods section: “We considered a policy document as an action plan or a guideline that contains intention of government (national or provincial) on a particular issue.”

Query 4: Why would a policy document be in PubMed?
Response: Thanks for your observation.

We searched PubMed in case if any of the policy document was published. Some policy documents developed by South African government in conjunction with the organisations working in SA could publish their guidelines as a peer-reviewed output. For example, guidelines for the management of HIV in Southern Africa has been published as peer-reviewed documents.

Query 5: How many South African national and provincial departments did you search? and which types of departments?
Response: Thanks for the observation

Action: We have added the following sentence to address this concern: “the websites of South African national and the nine provincial departments from January to April 2018. In both the national and provincial departments, we specifically searched the department of Education, Health, Social Development and Trade and Industry. Please note that in South Africa, most provincial departments depend on policy made at national level.”

Query 6: The authors searched for foetus, but fetus is spelled differently in different places; I'm not sure that searching google or PubMed without fetus will get all of the relevant documents
Response: Thanks for your observation. During our test run of searching the documents, we observed that when the search is done using the word FOETAL, documents that used FETAL were also identified. But if only FETAL is used, some of the documents that used FOETAL were omitted.

Query 7: I don't understand the 2nd inclusion bullet - how do you know if something could be attributed to FASD? Would women's alcohol use in general count?
Response: thanks for the observation, yes
Action: We have added the phrase “…as well as clauses that address alcohol drinking in general” to the second inclusion bullet to provide more clarity.

Query 8: What is the difference between targeted and blanket?

Response: Thanks for the question of clarity.

Action: We have added the following paragraph in the document management section to provide this clarification: “Targeted clauses are clauses that directly address FASD-related issues in the selected policy documents. Blanket clauses are clauses that could be ascribed to the prevention and management of FASD in the selected policy documents but could be relevant to other conditions. Also described as a generic clause, a blanket clause is considered to be attributed to FASD if it is meant for other conditions, but the clause also can be related to addressing any of the FASD outcomes.”

Query 9: The PRISMA guidelines seem inappropriate for this type of review; there is so little detail on inclusion v. exclusion criteria as well as details on how far down in the google search engines the authors went that adding this flow chart in gives a veneer of methodological rigor that isn't matched by the other components of what is presented

Response: We agree with the reviewer

Action: We have removed also the aspects pertaining to the PRISMA guidelines from the manuscript.

Query 10: I don't understand how the coding process worked. Was the analysis only of the specifically coded chunks of the document that referred specifically to FAS? or the whole document?

Response: Thanks for the observation. We did two forms of analysis; content analysis and thematic analysis.

Action: We have added the following paragraph to explicitly describe how the analysis was achieved:

In thematic analysis, we read all the selected documents to identify clauses that are targeted or attributed to FASD. These clauses, usually sentence(s), are then chatted into an analytical framework (Fig. 1). The framework reveals a classification of the FASD clauses into main
categories: prevention and management. Each category is further sub-divided into education, health and social considerations. In a discursive process, consensus was reached between the authors on the fitting of the various clauses under the appropriate themes and sub-themes within the analytical framework.

Query 11: Was there any analysis of the weight of the document? i.e. whether there were any resources attached to it or evidence of implementation? or just whether FAS was mentioned?

Response: Thanks for the inquiry. No, we did not set to check whether resources were attached or if there was evidence of implementation. We looked for clauses in the selected documents that can be attributed to the prevention or management of FASD. We thought that some of the clauses could form part of a proposed guideline for policy on FASD, which is the aim of the larger project.

Query 12: what does DRX mean in terms of data management?

Response: Thanks for pointing this out.

Action: DR stands for policies, action plans or guidelines. The X denotes an arbitrary number from 1–33.

Query 13: I appreciate the themes presented in the results, but it is hard to know what to do with them without more information about the significance of the documents themselves - i.e. are they aspirational? or are they reports on actions? perhaps the authors could add a section to the results explaining the significance of the types of policy documents

Response: Agreed with the reviewer.

Action: The description for each document can be found in the additional file 1.

Query 14: The discussion seems too broad - it is making larger claims about what should happen in South African policy rather than discussing the specific contributions of this manuscript and how it fits in with previous knowledge. The larger claims do not follow from the particular analysis presented

Response: Thanks for pointing this out.

Action: The discussion has been streamlined. We have discussed the contribution of the study and how it fits in with the previous knowledge. We have made suggestion rather than making claims
Query 15: The conclusion does not follow from the study - it is a larger claim that is not about the conclusions from the research conducted for this manuscript.

Response: Thanks for pointing this out.

Action: It has corrected to follow from the study. We added this “In this study, we revealed the existence of targeted and generic clauses that could be attributed to FASD. There has also been an increase in the number of policy documents mentioning FASD in the last ten years. However, the sustained high prevalence of FASD in South Africa reported in the literature calls for holistic and comprehensive approaches to tackle this problem.”

RESPONSE TO COMMENTS OF REVIEWER 2

Reviewer #2: This paper addresses an important topic, that of the extent to which FASD is considered in policy-related documents in a country (South Africa) with among he highest levels of FASD globally. The methodology used is straightforward and the paper is well written, has a well motivated Introduction, and is easy to follow. There are a few places where further clarification is required or where it could be strengthened:

Query: 1) Abstract -- Methods (line 2) - indicate the time period for the search.

Response: Thanks for pointing this out.

Action: The time period for search has been indicated. “from January to April 2018”.

Query: 2) The paper is based on the premise that mentioning a negative consequence of drinking, in this case FASD, in policy documents is likely to be indicative of action being taken. While this is more likely the case than if the issue is not mentioned I am wondering if there is any literature to back up the assertion.

Response: Thanks for pointing this out. Yes, there are literatures to back this up. These include Rendall-Mkosi et al., 2008, Jacobs et al., 2013 and Adebiyi et al., 2018b, Wouters et al., 2010, Hopkins et al., 2018, Johnson et al. 2017 and Chibango, 2013.
Query: 3) I am surprised that the following journal article was not referenced: Svetlana Popova, Shannon Lange, Charlotte Probst, Gerrit Gmel, Jürgen Rehm. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health, Volume 5, Issue 3, 2017, Pages e290-e299. Momng other things it highlights that South Africa was one of the countries with the highest rates of FAS at 585.3 per 10000. Possibly include in 2nd paragraph of Introduction (Lines 75-83).

Response: Thanks for the observation. We didn’t reference the article because it mentioned only the prevalence of FAS. In our manuscript we have decided to consider prevalence FASD. However it has been referenced in another paragraph.

Action: We referenced the article at the end of this statement. “Drinking during pregnancy is common in many countries, including South Africa”

Query: 4) Introduction. Lines 107-109. Do the authors mean to say that South Africa continues to address FASD through more general policies aimed at addressing alcohol-related problems rather than having specific policies directed to addressing FASD?

Response: Thanks for pointing this out.

Action: The sentence has been rephrased. “in South Africa the approach to addressing FASD at all levels of government remain non-specific as demonstrated by the presence of generic policies.”

Query: 5) Methods, lines 155-156. Indicate the time period for the search.

Response: Thanks for pointing this out.

Action: The search period has been indicated “from January to April, 2018”

Query: 6) Line 61. Do authors mean “Trade and Industry” and not “Trade and Investment”?

Response: Thanks for the observation. Yes.

Action: It has been corrected "Trade and Industry"
Query: 7) Methods. Please indicate who did the reviewing. Were there two reviewers. How were disagreements dealt with? Was a data extraction form used?

Response: Thanks for the observation.

Action: We have indicated this. We added “The search terms were identified and defined by two of the authors (BOA and FCM). BOA conducted the electronic search following the defined search terms and contacted other stakeholders for relevant documents. BOA and FCM finalised the list of documents that met the inclusion criteria. AMB supervised the work.”

Query: 8) Data analysis, line 186 ... who read and re-read the documents. One or two reviewers?

Response: All the authors.

Query: 9) Figure 3 is not needed. the content can be written in words. The title of figure 3 is not clear.

Response: Thanks for the observation. We did not list the documents because they are many

Action: We have made the title of the figure clear.

Query: 10) Quote lines 264-265. Couldn't this equally go under Prevention Targeted Clauses (i.e. with lines 250-251)?

Response: Yes,

Action: It was there already “Increase capacity for prevention, identification and development of appropriate interventions for individuals and families affected by FASD. (DR23: page 16)”

Query: 11) Quote lines 253-257 ... couldn't this equally go under Health or Education?

Response: Yes, it can, however, we decided to put it in where it is most appropriate. The intervention can occur in all the settings

Query: 12) At the end of line 273 possibly add "but are of a more general nature".
Response: Thanks for the suggestion.

Action: We included this “These clauses, although of more general nature, can be ascribed to the prevention and management of FASD in the selected policy documents”.

Query: 13) Line 351 possibly put word "health" in before "management of FASD".
Response: Thanks for the suggestion.
Action: The word “health” has been included

Query: 14) The paper contains reference to a whole lot of documents e.g. lines 358-364. Possibly ascribe a number to each document and throughout just refer to the document numbers.
Response: Thanks for pointing this out. However, we decided to mention the document as there are no ethical issues that prevented us from doing that. Also, the documents are not too much to be listed in order for reader to identify them directly.

Query: 15) Line 395 -- possibly add after "terms FAS and FASD" "since 2008" -- if that is the case.
Response: Thanks for the suggestion.
Action: The sentence has been made corrected. “However, based on our review, there has been an increase in the use of FAS and FASD, with twelve policy documents compared to two in 2008 mentioning these terms.”

Query: 16) Line 401... mention is made of "we argued" -- when was this?
Response: Thanks for pointing this out.
Action: It has been changed to “we believed”

Query: 17) Line 423 ... add "the" before "legal drinking"
Response: Thanks for your suggestion.
Action: It has been added.
Query: 18) Reference is made to evidence re minimum unit pricing -- perhaps add that "this was not mentioned in any of the South African policy documents reviewed".

Response: Thanks for your observation. However, one of the policy documents made reference to it [Western Cape alcohol-related harms reduction policy White Paper]. (Additional file 2)


Response: Thanks for the suggestion. This could be an additional reference to strengthen the argument. The article that was cited also made reference to effectiveness of awareness and education in area where they are low.

Action: The reference has been added to strengthen the argument.

Query: 19) Line 451 -- elaborate on what is meant by "great services".

Response: Thanks for pointing this out.

Action: The sentence has been rewritten. “The mentioned services are notable, and if routinely carried out,”

Query: 20) Line 460...sentence starting "Barriers..." something is missing in this sentence.

Response: Thanks for pointing this out.

Action: The sentence has been rewritten. Furthermore, barriers such as limited allocation of resources, stigma and negative beliefs about treatment to hamper substance users from seeking treatment have been identified”

Query: 21) Line 463.. add "s" to "barrier".

Response: Thanks for the suggestion.

Action: It has been added “barriers”
Query: 22) Lines 470-471 change words to "qualify based".
Response: Thanks for the suggestion
Action: It has been changed “qualify based”.

Query: 23) Line 475, remove "s" at end of "potentials"
Response: Thanks for the suggestion.
Action: “S” has been removed "potential"

Query: 24) Line 487, remove "a" before "national surveillance"
Response: Thanks for the suggestion.
Action: It has been removed

Query: 25) Lines 503-506 -- elaborate more on the scaffold response" -- how exactly does this work?
Response: Thanks for the observation.
Action: The sentence has been rewritten. “We propose that the South African government should learn from the approaches adopted by other governments such as Australia. An example is, the Development of Action Australian Plan on FASD (2013-2016) which has led to an increase in government funding, expansion of prevention programmes, and the establishment of specialist FASD diagnostic services [70].”

Query: 26) I wonder if the paper could look at the literature on how other issues (aside from FASD) are addressed in policy documents and how this might translate into action. Similar to Point 2)
Response: Thanks for the observation.
Action: We added this “The development of a National Strategy for HIV, TB and STI is a good example of the importance of policy document in South Africa [22–25]. Despite its shortcomings on implementation, progress has been made towards reaching the 90-90-90 target, especially in achieving a 90% rate of diagnosis in HIV-positive individuals [24].
Once again, we thank you for the time you put in reviewing our paper and look forward to meeting your expectations. Since your inputs have been precious, in the eventuality of a publication, we would like to acknowledge your contribution explicitly.

The authors’