

Article details: 2018-0066	
Title	Parents' perceptions of obesity prevention during infancy: a qualitative study
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Reviewer 1	Maryam Kebbe
Institution	University of Alberta, Pediatrics, Edmonton, Alta.
General comments (author response in bold)	<p>Comments to the Author</p> <p>This is a well-written manuscript that examined the perceptions of parents on infant obesity prevention messages. Some additional contextual information would be helpful to strengthen and better elucidate the text. Specific comments follow.</p> <p>Introduction:</p> <ul style="list-style-type: none"> - Briefly highlight the epidemiology and adverse health risks associated with obesity + importance of prevention <p>The following has been added (Introduction, page 1) : “Despite decades of research, obesity continues to be a major public health challenge affecting two-thirds of Canadian adults and one third of children. Obesity costs \$4.6-\$7.1 billion annually and contributes to 48,000 to 66,000 deaths every year in Canada.(1) The majority of research to date has focused on adults and school-aged children but, given that up to 38% of preschoolers in Canada are already overweight,(2) we may be missing the opportunity for primary prevention.”</p> <ul style="list-style-type: none"> - Paragraph 2: you reference a review (7) showing promising results. Please elaborate what specifically these results entailed. <p>The following has also been added to the introduction (page1): “A recent review concluded: ”Interventions that aim to improve parental feeding practices, including infant diet and parental responsiveness to infant cues, showed most promise” Redsell (6)”</p> <p>Please conclude with a sentence relating this paragraph to the purpose of your study.</p> <p>We added this to the end of the first paragraph of the introduction: “More research is required to identify which type of educational intervention during infancy may be the most effective in altering parent behaviour and preventing future obesity.”</p> <ul style="list-style-type: none"> - The intro would be strengthened by adding background info re: obesity prevention education messages rather than a sole focus on responsive feeding as your study was not confined to this practice. <p>This has been added: “Most obesity prevention research has targeted traditional risk factors related to sedentary behaviour and over-consumption of high-calorie, low nutrient foods. Current recommendations for infants include avoiding all screen time for children under the age of two and avoiding sugary beverages including juice.”</p> <p>Methods: We have considerably expanded the methods section as suggested and have responded to the suggestions below (page 1-2).</p> <p>More intro needs to be added to the methods section, such as the literature on the theories chosen to guide this study. “We used a qualitative research design guided by two relevant behavior change theories (Theory of Planned Behaviour and Social Cognitive Theory(12))</p>

for data collection and analysis. According to these theories, the factors most likely to be associated with behavior change are an individual's knowledge of and attitudes towards the recommendation, social context, level of perceived control over changing the behavior and the perceived relevance of the message.” (page 2)

Who developed the interview guides? Were they piloted? **“We (IH,SK,MP) developed a semi-structured interview guide (Appendix 1) using questions related to the key constructs of each theory to explore three obesity prevention messages: no screen time, no sugary beverages and feeding roles. We pilot-tested and refined the interview guide with several practice interviews” (page 2)**

How were participants identified? **“Participants were recruited by engaging leaders from a variety of different types of parent/baby groups” “ The leaders informed their members of the study and collected names of interested participants.” (Page 2)**

How were interviews scheduled? Who administered the interviews? Did more than one person conduct the interviews? Are the interviewers trained in qualitative research? How long did the interviews last?

If more than one interviewer, how was consistency ensured? **“The interviews were conducted by the PI, a local physician (IH), and a research assistant (JW). Both are health professionals with training and experience in patient interviews. The research assistant scheduled interviews at times convenient for the participants and each interview lasted 30-45 minutes. Throughout the interview period, the two interviewers conferred regularly to share field notes and experiences. The PI listened to the audiotapes of several of the interviews conducted by the other interviewer to ensure consistency in approach.” (Page 2)**

Who did the transcription? How were the data managed? **“Interviews were audio-recorded and transcribed by members of the team (IH,DL,DF) and a professional transcriptionist. Audiofiles and transcripts were shared and stored using a secure share site (share.bcchr.ca).” (page 2)**

- Please expand on how you identified new themes distinct from the deduced theoretical ones. For example, what steps were followed (e.g., Braun and Clark)? How did the three independent reviewers reach consensus? **“After reviewing the first three interviews to identify important themes, we (IH, MP, SK) each developed an initial coding framework independently using the principles of theoretical thematic analysis(13) then combined these by consensus discussion into one (Appendix 3).” (Page 2)**

- Please comment on data saturation and if/how it was achieved. **“During the final round of interviews, we determined that no new themes or important ideas were being raised and that more interviews would not likely improve the reproducibility of the study so recruitment was stopped.”(page 2)**

- Please add a reference to your member-checking protocol. How was member-checking performed? Were transcripts or themes shared with participants? What were the outcomes? **“Following preliminary analysis of the data we shared a summary of the preliminary results (themes) and some modified patient resources with a small focus group of original participants to verify that their views had been adequately represented and to allow for further input.” (page 2 Data collection) and “During the follow-up focus group members confirmed that the major themes identified were consistent with what they had intended to convey.(14)” (Page 2 – Analysis)**

- How did you ensure trustworthiness of your data? You may wish to comment on credibility, confirmability, dependability, and transferability (Lincoln and Guba); another source you may wish to consult is Morse et al. (2002): Verification Strategies for Establishing Reliability and Validity in Qualitative Research.

	<p>The two references above describe two contrasting ways to discuss/describe trustworthiness – the latter (Morse) was used in this case and the following added: “Every effort was made to ensure the validity and reliability of the results by involving multiple members of the research team in both the initial and ongoing data analysis and by iteratively checking the new data against the existing framework to identify and re-evaluate new ideas and make modifications to the framework as required.”(Paragraph 1, Analysis section, Page 2) Other features of the study design that enhance the trustworthiness of the data (adequate, representative sample, member-checking, have already been addressed in other parts of the methods section.</p> <p>- Note: I realize a lot of these details are addressed in your protocol provided in your appendices, however, they should be included in the manuscript as well.</p> <p>Results: - Briefly report sociodemographic/anthropometric info.</p> <p>This has been added to the beginning of the results section (page2)</p> <p>- If space is an issue in accommodating for method details, you may consider merging your quotes with your existing tables. Regardless, please present your quotes from the different themes in only one table.</p> <p>Good suggestion – this has been done</p> <p>Discussion: - It is unusual to report quotes in the discussion section. These have been removed.</p> <p>- Your discussion would benefit from being tied to the existing literature.</p> <p>We have expanded on this in the 2nd and 3rd paragraph of the Interpretation section (page 5)</p> <p>Implications: - Your results were rich and varied; throughout the manuscript (mainly abstract, intro, and implications), it seemed as though feeding strategies were chosen as an a priori topic of interest. The attention to the feeding roles was the result of two factors: 1) the novelty of the concept which required additional explanation and description in the introduction for most readers who would be unfamiliar with it and 2) the striking (and surprising) difference in parent perceptions of the two types of messages that we heard from the parents leading us to focus on the feeding message in the interpretation section (and now in the resulting intervention trial). The focus arose from the data. We have added more information on the other messages in the introduction as suggested to make a more balanced presentation.</p>
Reviewer 2	Dr. Hasanain Ghazi
Institution	Management and science University, Community Medicine, Selangor, Malaysia
General comments (author response in bold)	Comments to the Author need to add more to methods - yes - see above why choose purposive sampling? – explained now in methods as above why 94% of respondents female? title is parents so if study done for both will be better. – yes, this is not ideal and is included as a limitation - despite our attempts to purposively identify more males to participate table presentation for results can be improved – see revised Table 2.
Reviewer 3	Jabir Jassam
Institution	Merrickville District Community Health Center, Family Medicine, Merrickville, Ont.
General comments (author response in bold)	Comments to the Author I can see the idea behind the work but: An extremely small sample for such an important topic I think many qualitative studies use similarly small samples and we appeared to have reached saturation when we decided to stop recruiting

Where are the recommendations?

These have been more clearly added to the introduction and methods section.

Do you not think these mothers have received clear recommendations from their health providers but they either forgot or ignored them? **Yes, almost certainly correct however the study was designed to explore how parents feel about the messages they have heard – if they have been told and forgotten, or not clearly understood then that is an interesting and important finding.**

Although we know the impact on brain development, I am not sure though about the real impact of screen time on such age group's weight – **We agree. Although there are existing studies that support this association and the current study did not aim to prove or disprove this however it is an important area of future research**

I believe parents weight, culture, age, socioeconomic status, and well-being are major contributors – **We also agree. It is for this reason that we tried to sample a broad range of parents from different socioeconomic backgrounds. Exploring the other parent variables would also be interesting. The fact that we had a fairly culturally homogenous sample was included as a limitation.**