Reviewer's report

Title: Inherent illnesses and attacks: an ethnographic study of the role of hospital care-seeking for Acute Respiratory Infections (ARIs) in children in Manhica, Southern Mozambique

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Reviewer: Lenore Manderson

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Major Revisions

This paper distinguishes between inherent or underlying illness, and symptoms of an ‘attack’ of the illness which might be diagnosed clinically as ARI. The data have been generated through a range of methods included in the FES manual (Pelto and Gove), among caretakers of children with severe ARI, and with community members, in Mozambique. While there is much of interest, the paper would benefit from being strengthened before it is ready for publication.

Context. While the authors note that the research was conducted in a rural area near Maputo, the epidemiological and policy context is not explained, and consequently the significance of the study is unclear. It is noted that malaria and pneumonia are pneumonia and malaria are leading causes of mortality and morbidity in children under five years old, and that there is confusion between the two conditions, we need to know (approximately) how many cases and deaths occur annually in this age group, how important the confusion of symptoms are to outcome, whether confusion affects home-based care, whether confusion affects timely help-seeking advice, whether health workers share the same confusion. We do not know what policy has been implemented locally, what kind of health education/MCH outreach occurs to improve early diagnosis, care and emergency treatment, nor do we know anything of variation in access to care and treatment.

I assume that ARI and malaria are leading causes of morbidity and mortality in the country as a whole – is this true for the DSS site as well? Are there specific interventions in the DSS for these conditions? How often does the DSS conduct a population census, and how has child illness changed over time? (When was the DSS established?)

The methods section as currently written could be tightened considerably – with less detail about specific methods (since all are available in the FES manual) – but we need more information about who collected the data, how many ‘community members’ were interviewed as well as caretakers, age of caretakers and breakdown of biological/social mothers and others. How many of all children in the clinical sample died? How many of them who died were cared for by others? Did they die from ARI, or malaria, or another cause? How many community members (30??), and how many doctors and nurses were interviewed. How were data managed and analysed – bit more detail than
provided in the current paper.

Why is there such a difference in boys and girls? Does this reflect a gender preference (i.e. boys are more likely to receive medical treatment?) or population level differences (DSS data will answer this, but the ratio is dramatic)? What happens to children at home? If mothers/others recognise chest-indrawing, how do they explain this? Is there a term? Or have they learnt this from health workers? The authors argue that health promotion addressing ARIs in children could draw upon this concept and terminology of xifuva – in what ways?

The use of the term “inherent illness” in the abstract and throughout the paper, needs to be considered. It is not necessarily the case, it seems, that it is ‘inherent’ in the sense that it is natural or inherited at birth, but rather that it is a fundamental, underlying and untreatable condition. More work is needed to make this clearer.

Page 29, the authors write “For example, Einsburg makes the distinction between “disease” (what the doctor treats) and “illness” (what the patient experiences)” – the author is Eisenberg. Also, not “medical synctetism” but “medical syncretism.” There are also irregular use of italics, capitalisation and quotes for local terms (Mavabyi ya Wheti (illness of the moon), xifuva, etc., even in the same sentence. Syntax and grammar need attention, and the abstract especially needs to be better written. The limitations section is less important than a strong conclusion of the value of the paper. I suggest that the authors explain more clearly how understanding xifuva as a permanent illness with attacks might affect the management of illnesses with respiratory distress in children, and how this might influence morbidity and mortality.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.