Reviewer's report

Title: Inherent illnesses and attacks: an ethnographic study of Acute Respiratory Infections (ARIs) in children in Manhica, Southern Mozambique

Version: 2 Date: 21 January 2011

Reviewer: Gustavo Nigenda

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Major Compulsory Revisions

Most of the comments that were shared in the first revision were incorporated to the document’s new version, however I still think that it is not ready for publication. There are many published reports about the differences between the way populations understand disease and illness vis a vis the biomedical rationality but not that many of them aiming at understanding this different perspectives in the context of formal, biomedical health services utilization in rural communities. I think this is the main strength of the document, but also its main challenge. I can see in this new version that researchers found deep differences between the way population’s understanding of ARIs and biomedical rationality, however population seem to be satisfied or at least not in conflict with taking their children to the hospital and making doctors (health personnel) responsible for their health condition. Is there an explicit, logical, straightforward explanation for this finding? Are ideological differences subsumed to the pragmatic need of health care options to protect their children’s health? There is a good deal of previous literature dealing with these issues.

In social research, researchers are used to make the conceptual framework explicit in a specific section and this article does not contain an explicit framework. The conceptual framework represents the instrument with which data is going to be “interpreted”. It also allows researchers to focus research questions and not to go beyond them. Instead, in the paper revised, theoretical assumptions are incorporated in the results and discussion sections where assertions such as “the difference between disease and illness”, “medical syncretism” or “the law of the hospital” appear to have a role in the interpretation of the data but unfortunately with little systematization. Given the fact that the data presented is absolutely subjective, the document needs an explicit theoretical point of departure to provide a means of interpretation. Without intending to bias authors, I think that proposals around medical pluralism in developing societies could be of major benefit.

Suggestions:

a) Bring all theoretical assertions into a single section that could tell the reader the theoretical point of departure of the research.

b) Use these theoretical elements to interpret data presented.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

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