Author's response to reviews

Title: Illness meanings and experiences of Buruli ulcer for pre-ulcer and ulcer conditions in the Ga-West and South Municipalities of Ghana: A cross-sectional study

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Author's response to reviews: see over
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The Editor,
BMC Public Health

Dear Editor,

Submission of corrected manuscript – ‘MS: 2373134526110986 - Illness meanings and experiences of Buruli ulcer for pre-ulcer and ulcer conditions in the Ga-West and South Municipalities of Ghana: A cross-sectional study

We appreciate the reviewers’ comments and the opportunity to revise the manuscript for re-consideration. However, since only the reviewer, Joan Muela Ribera had comments we have revised the manuscript with reference to her comments.

We look forward to your consideration of our revised manuscript.

Yours Sincerely,

Mercy Ackumey
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Reviewer: Joan Muela Ribera

Reviewer's report:

Review of the article titled: Illness meanings and experiences of Buruli ulcer for preulcer and ulcer conditions in the Ga-West and South Municipalities of Ghana: A cross-sectional study

1. The study addresses the important issue of the social burden of Buruli ulcer. It is a well written article; it is scientifically sound and nice to read. The argument is solid; the data is relevant; the EMIC methodology used in the study is well described and appropriate for the research goals; the text is well structured; the bibliography is pertinent and up to date; the limitations are clearly stated; the tables complement the text; and the title and abstract describes and summarizes adequately the article. The authors’ plea for social science research in NTDs is completely justified, and the article reinforces this plea.

2. My main concern is about the recommendations, basically focused on health education campaigns. For example, in pg 12, the high rate of anxiety is interesting, and this is something which should be taken into account in health messages – but more a counseling than an education approach. In the same page, the problem of transportation costs and other practical issues speaks in favour of decentralized care and approaches which solve these problems, rather than educational activities. It is clear that there are practical and economic reasons which deter patients from visiting health centres. Improved HSB can only partly be solved with awareness rising and education. Ideas like “young people from the national youth employment programme, employed as health workers, could assist with the care of young patients and other patients with disability, providing community-based social support that relieves the burden on the family” (pg 19) focus much better the real problems raised by the article. The data clearly show that there are many interventions which could go beyond health education (e.g. counseling, support groups, food aid, transport aid etc.). In fact, these data give strong support to already ongoing (pilot) interventions which are not mentioned in the paper.

We have addressed the issues raised by the reviewer with respect to other interventions aside from health education. These interventions are “support groups and counselling services” (see page 19, last paragraph) and “Providing transport and feeding to encourage early treatment “(see page 22). Additionally, the conclusion of the manuscript has been revised to include these interventions (see page 24).
3. The sentence “Because pre-ulcer conditions are normally painless and less debilitating than ulcers, the demands for care are minimal” is, to me, a little bit confusing as it seems to contradict the finding that patients with pre-ulcers feel more emotionally distressed...

    Even though patients with pre-ulcers feel more emotionally distressed as a result of anxiety related to the progression of their pre-ulcers to ulcers and the costs of treatment, pre-ulcer conditions are indeed painless, accounting for delay in seeking medical treatment. However, the sentence “Because pre-ulcer conditions are normally painless and less debilitating than ulcers, the demands for care are minimal” has been revised and now reads “Because pre-ulcer conditions are normally painless and less debilitating than ulcers, medical care is often delayed”- (see first sentence under “Gender roles, gender dimensions of care and impact on family welfare”, on page 17).