Author's response to reviews

Title: Traditional healers and the potential for collaboration with the national tuberculosis programme in Vanuatu: results from a mixed methods study

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Re: Revisions to manuscript number MS 5234632551075171, titled: Traditional healers and the potential for collaboration with the national tuberculosis programme in Vanuatu: results from a mixed methods study

Dear Editor,

Thank you very much for the comments of the reviewers. We have addressed these comments and give a point-by-point response (bold font) below.

**Reviewer #1:**

We thank the reviewer for the useful and relevant comments and we respond below:-

1. My preference is to have the original quotes and the translated quotes in the report so that the participants and local people can see the original words are being used.

   We have revised the manuscript and throughout, we have included the original quotes as well as the translated quotes.

2. Line 100: dispense medications that symptoms.... change 'that' to 'for'

   We have revised this word as recommended (line 100).

**Reviewer #2:**

We thank the reviewer for the supportive comments and the useful and relevant comments and we respond below:-

1. The paper reports using a grounded theory approach to developing themes however the themes explored around issues of knowledge, practices and attitudes (the a posteriori inductive categories) which emerged are not evident or clearly described or used to report results. This needs addressing.

   The traditional healers interviewed in this study described a range of understanding and practices around TB disease, its causation, its manifestation and its treatment. The categories around traditional healers knowledge, practices and attitudes were developed and recorded as textural and numerical data. Building premises on inductive reasoning and using grounded theory, in our paper we present descriptions that emerged from the data that are explanatory, causal comparative, and present phenomena (labelling variables, descriptive processes and interrelationships) as we understood them from the participant’s viewpoint. Themes that emerged included (mis)understandings and fear around blood and disease causation; compounding or ignoring symptoms with other lung diseases; use of biomedical ailment terminology that may or may not have any relation to the true disorder;
belief in the healers capacity to cure TB with local (leaf and clay) treatment; and subsequent delays in referral to TB services. We discuss the implications of this in our paper and have now included a sentence about the themes in methods and results sections (lines 127 and 294).

2. Addressing the small sample size as a limitation As this is a mixed methods paper the small sample size is important to discuss as the authors have elected to present tables of descriptive data. It encourages the reader to wonder about possible regional differences between sites and attitudes regarding TB and referrals and possible future research exploring possible differences. We have included some additional wording about the small sample size in the limitations section (discussion). We have also included an additional sentence about the descriptive analysis and have added a sentence about the possible regional differences (which might be more evident in a larger study with a better sampling method). These inclusions start on line 392.

3. For ease of reading the authors may include in the introduction something about the desire to look at the possible collaboration with traditional healers and why. This is addressed somewhat in the conclusion but needs addressing earlier. Thank you, this is a good point. We have included a sentence about this in the introduction (starting on line 106).

4. A comment early about the paper not being about assessing the appropriateness of healers within a biomedical context but about using them as community collaborators in a culturally appropriate PH model may be prudent. We have linked this with the issue raised by the reviewer in comment three above, and have included a sentence about this in the introduction using the phrase “community based management of TB” (line 108).

In addition to the comments raised by the reviewers above we have also read through the RATS (i.e. Relevance, Appropriateness, Transparency and Soundness of interpretive approach) Guidelines and can attest to the fact that our research complies with this. We have included a statement to this effect in our manuscript (line 129).

Yours Sincerely

Kerri Viney, on behalf of the co-authors