Reviewer's report

Title: Self-rated health and its determinants among adults in Syria; a model from the Middle East

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Reviewer: Ossi Rahkonen

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General
The study aims to examine the determinants of self-rated health in Syria – the context is exceptional as such studies most often come from the so-called Western world. The authors state that this is the only study on determinants of SRH from an Arab society.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. SES score, was 'self-reported monthly income' individual income or household income? If it was individual, is it a problem? Women probably earn less than men in Syria as well as almost everywhere, and if the women responded, the SES may be biased. Are those owned items equal? Had private car more value? Perhaps constructing the SES score could be more specific.
2. Concerning women's income (Table 1); when most of the women were married I had difficulties understanding that 55% of women were categorized by SES as low. Was this due to low individual income and being unemployed? According to Table 1 86% of women were unemployment. Can this be true? Perhaps some or even most of them were housewives? To combine employed and retired seems odd. Early retired people may have retired due to health problems, those who still are employed may be selected by health.
3. I wondered that married women reported poorer health than unmarried, were the figures age adjusted? Both SRH and marital status are age related. Unmarried is a heterogeneous group when it includes single, divorced and widowed. To interpret results concerning such a group may be useless. Should the single (never married) be studied separately. The SRH of married women may need further studies. I would like to see how married women differ from unmarried (by education, income, BMI etc.). This could be able to interpret the results. Married women may also be a target for policy implication if their health is as poor as it looks compared to unmarried.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. Question or dichotomisation of smoking sounds slightly odd. Often we ask current or daily smoking. Any reason for using 'monthly smoking' as an indicator?
2. When an aim was to examine gender differences, I would have expected to see table 2 stratified by gender. In addition, I'm not sure this was of calculating percentages is the best way, what we can learn from that table?
3. Results, Table 3; as the models for men and women come from separate analyses, I don't think we can compared men and women. The age pattern among women is stronger than for men but perhaps we cannot compare specific age spans.
4. Results (Table 3), old age for a risk for poor SRH for women as well.

Discretionary Revisions (which the author can choose to ignore)
1. Introduction, last sentence ('We used data…'); we don't need that because data are described in the next paragraph.
2. Table 3; when all other categories have the reference category in the table why not married as well?
3. I didn’t notice where the figure should be included. The figure needs also some text to be described.
4. The final conclusion – last sentence of the paper – goes out of the scope of this paper. Probably we need much more quantitative studies on Arab countries to confirm these results, not only qualitative.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

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