Author's response to reviews

Title: Use of Traditional Complementary and Alternative Medicine for HIV patients in KwaZulu-Natal, South Africa

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Author's response to reviews:

Revisions response

1. My major concern with this paper is the selection bias of study participants. This is surprisingly not addressed under study limitations by the authors. The sex ratio between male and female very low (20% vs 80%). This does not reflect a population based sample of HIV patients, where we would expect only a slightly higher number of female HIV patients. This striking difference has a clear implication on the crude prevalence of TCAM use, as females are more likely to use it. Therefore, the study overestimates TCAM use in comparison to a true random sample of all HIV patients. The authors have to address this issue and explain why their sample contained so many women and much fewer men.

R:
The sample in this study included 29.1% male and 70.9% female HIV-positive patients. Results found equal herb use between the sexes and significantly more TCAM use among female than male HIV-positive patients. This may indicate a selection bias towards female HIV-positive patients. However, other studies in South and Southern Africa have shown similar female to male ratios. From a random sample of 1072 adult pre-ART and ART patients across three different sites (public urban hospital, peri-urban non-governmental organisation (NGO) clinic site, and a rural NGO clinic) in Gauteng Province, South Africa, 21% were male and 79% female [44]. Muula et al. [47] found that in most Southern African countries, proportionally more females are on HIV antiretroviral treatment than men, even when the higher HIV infection prevalence in females is accounted for; the majority of the reports had female: male ratio in treatment exceeding 1.6.

In addition, the authors state on p.5 that the participants were selected from three hospitals in Uthukela district, while later they say that there are four hospitals in
the district. How were the three hospitals selected? Were they including one regional hospital and two district hospitals or three district hospitals?

R:
There were three public hospitals and one private hospital, all three public hospitals were included

The reader would also like to know if ART was provided in health facilities below the district hospital level, e.g. in the three PHC facilities.

R:
Initiation to ART is done at the three public hospitals. Some patients are referred to primary care clinics for ARV collection but return to the hospital for six monthly visits.

In addition the authors should comment on the importance of stigma towards HIV patients which will influence health seeking behaviour and contribute to further selection of health care users vs. non-users.

R:
Internalized AIDS stigma (range 1 to 4, 4 being the highest) was with median 3.00 (interquartile range=1.00) high. Lower internalized AIDS stigma was associated with higher use of herbs (Z=-2.151, P=.031) and TCAM (Z=-2.692, P=.007).

2. The distribution of the different scores from the questionnaire is not provided. Were they normally distributed? If not was a log transformation tried? If the scores were not normally distributed, they should be presented with the median and the interquartile range. On p. 12 line 7 the score of the health care satisfaction is given as a median, why not as a mean as the others?

R:
This has been corrected.

3. The article is difficult to read because of its many tables. I suggest reducing the number of tables and incorporating the information in the text, for example Table 9. There is also repetition of the information in the table and in the text, for example on p. 11 line 17 and Table 5.

R:
Reduced to 5 tables

4. The authors should develop more in detail recommendation to the SA government. For example I found it important that many female HIV patients seek help in faith-based organizations and churches. To include religious groups
needs obviously some coordination and cooperation between government and these groups which could be strengthened. This improved cooperation could be formulated into one of these recommendations.
R: added

I suggest having 4-5 recommendations to the SA government at the end which relate to the most important finding of this study. This would enhance the article’s usefulness for policy makers and health care providers.
R: is included under conclusions

Minor comments
- Title page: Title too long, no abbreviations in title.
R: Is changed to: Use of Traditional Complementary and Alternative Medicine for HIV patients in KwaZulu-Natal, South Africa

- P. 5 Divide sampling procedures and ethical clearance in two distinct paragraphs with separate headings.
R: done

- P. 6 line 1 100% participation seems very high, needs explanation.
R: Participation was 97.8%  

- P. 6/7 para on TCAM measure is too cumbersome to read, should be displayed differently.
R: corrected

- P. 9 line 3. What do the authors mean with a “multiple regression model” is this multivariate logistic regression or multivariate linear regression? The authors should also state, how the multivariate models were developed and verified;
R: It is multivariate logistic regression.

Line 2 I found the statement that “hardly any discrimination from the health care system has been experienced by participants” rather surprising, as I would expect the opposite. The authors should clarify this and explain.
R: corrected

- P. 10 line 12, it would also be useful for the reader to know how rural participants have access to cannabis.
R: Cannabis in South Africa is grown especially in the rural areas illegally and sold in different quantities depending on the users needs [35]. In rural South Africa, cannabis is also grown for personal usage.

- P. 12 line 7, a high satisfaction of health care users with the health care system
is generally found in health care satisfaction surveys. The authors should explain this.

R: the satisfaction refers here to their health status, not to satisfaction about the health care system

- P. 30 Table instead 85% correct CIs 95% CIs.

R: corrected

Table 6 and 7 could be combined in one Table.

R: done

Reviewer's report
Title: Use of Traditional Complementary and Alternative Medicine (TCAM) for HIV patients prior initiating antiretroviral therapy in KwaZulu-Natal, South Africa
Version: 2 Date: 12 May 2008
Reviewer: Patrice K Nicholas
Reviewer's report:

No reliability data are described for the Health Beliefs instrument and if possible, this could be included prior to publication of the manuscript.

R: This is added now.