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: 2 May 2008

Reviewer: Walter Kipp

Reviewer's report:

Review of the article

“Use of traditional complementary and alternative medicine for HIV patients prior initiating antiretroviral therapy in KwaZulu-Natal, South Africa”

General comments

This is a very interesting article which provides information on the use of herbs and other traditional treatment procedures in HIV patients who have newly started HAART in KwaZulu-Natal province, SA. As most cited articles here have focused more on herb use and did not always include other traditional methods such as faith healing, this article provides new information from an African setting therefore contributing to new knowledge on this important under-researched issue. The article is written in a scientific acceptable way and its methodology is clearly described, especially in regard to the questionnaire and it’s testing of accuracy.

I have the following major comments:

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. 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? 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. 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.
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?

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.

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. 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.

Minor comments
- Title page: Title too long, no abbreviations in title.
- P. 5 Divide sampling procedures and ethical clearance in two distinct paragraphs with separate headings.
- P. 6 line 1 100% participation seems very high, needs explanation.
- P. 6/7 para on TCAM measure is too cumbersome to read, should be displayed differently.
- 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; 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.
- P. 10 line 12, it would also be useful for the reader to know how rural participants have access to cannabis.
- 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.
- P. 30 Table instead 85% correct CIs 95% CIs.
- Table 6 and 7 could be combined in one Table.
If these comments can be adequately addressed by the authors, I recommend this paper for publication in the journal BMC Public Health.