Reviewer's report

Title: The provision and need of social support among adult and pediatric patients of Tuberculosis and TB/HIV in Lima, Peru: a qualitative study

Version: 1 Date: 25 November 2012

Reviewer: Adrianne Nelson

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The title and abstract accurately describe the chosen research. The researchers received IRB approval from institutions in Peru and the United States. The methods are well-defined and appropriate for the study.

There appear to be no Peruvian collaborators included as authors. This drawback is not raised in the discussion. Not including local collaborators in any qualitative study weakens the depth of analysis. Understanding local customs and culture is even more important in studying social support, as social relations vary dramatically between countries and communities.

Major Compulsory Revisions

1. There is no mention of the treatment supporter for HIV infected patients. In order to register with the HIV Strategy and begin to receive HAART at no charge patients are required to identify a person whose role is to remind them to take their medication on time, accompany them to medical appointments, and help keep them healthy, especially during the first year of adjustment. Please review the interviews for information about this important source of social support.

2. It is unclear what stage of HIV disease the patients included in this study are in and how much time passed since diagnosis. As noted in the discussion (paragraph 5), social networks evolve and changed pre- and post- diagnosis. In this study, social networks changed among TB patients from diagnosis to disclosure, as noted in the discussion “Depression is Common” (paragraph 2). In HIV there may be a final acceptance or denial phase. Are the TB/HIV patients recently diagnosed with TB also recently diagnosed with HIV? Please include information on stage of disease (how sick patients are) as well as time from diagnosis for co-infected patients.

3. The role of poverty is well-explained in the conclusion in the section “TB & Poverty: further economic support for this impoverished population”, however, it would be useful not to narrow this discussion to only TB, as HIV epidemic is also propelled by poverty and HIV patients are much more likely to contract TB. In fact, TB/HIV patients represent a particularly vulnerable group since they have a lifelong illness that affects ability to generate income over long periods of time, and are often managing multiple diseases or opportunistic infections apart from the TB.
Minor Essential Revisions

1. Discussion section, “Social Support- the role of family, friends & community”, second paragraph. There is a typographical error- it says “described the emotional and support and caregiving received”. Perhaps the author intended it to say “described the emotional support and caregiving received”.

Discretionary Revisions

1. Perceived stigma: paragraph 1, last sentence, it would be helpful to inform the reader that TB is virtually non-contagious after treatment initiation.

2. In 2004 the Ministry of Health began providing HAART to all HIV infected patients in Lima. Please confirm whether all patients received HAART through the MOH and if not, how did they receive economic support for the medication and exams?

3. The section “Participant´s Recommendations to Improve TB Programs” is a nice addition, although I am surprised that none of the TB/HIV patients discussed the difficulty of coordinating between TB and HIV services. The TB medication is taken daily and ARVs are taken twice daily, however, patients have to attend two different clinics to receive the medication. It would be helpful to look through the data for anything related to this issue.

4. It is surprising that co-infected patients did not mention being abandoned by their partner when they are told they have HIV. Please review interviews for more information on this topic.

Minor issues not for publication

5. As mentioned in the discussion “Social support- the role of family, friends, and community”, women continue to care for their family even when sick. In a future study, it would be interesting to add interviews with contacts cases of TB patients to understand more the caregiving role, ie, what happens when primary caregivers contract the disease themselves? This may increase the vulnerability to the household to stigma from the community.

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.