Reviewer's report

Title: Acceptance of illness and satisfaction with life among malaria patients in Rivers State, Nigeria.

Version: 2 Date: 3 August 2013

Reviewer: William Brieger

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Acceptance of Illness, Satisfaction with Life among Malaria Patients, Rivers State

Thank you for revising the manuscript. The over text reads well, but the abstract is awkwardly written.

This second iteration has caused me to review more deeply the concept of acceptance of illness.

The authors in citing reference #17 provide a sentence that nearly replicates what some have referred to as the seminal article on the concept of Acceptance of Illness: "Felton BJ, Revenson TA, Hinrichsen GA. Stress and coping in the explanation of psychological adjustment among chronically ill adults. Social Science & Medicine (1984) 18:889–898." wherein the authors state: "Acceptance of Illness (8 items. Alpha = 0.83) assessed respondents' success in feeling acceptant of, and valuable despite, the disability, dependency, and feelings of uselessness which illness occasions." What is important about this seminal article and every other subsequent article I scanned is that the focus of AI studies has been on chronic illness. Mpost also focus on elderly populations, though not exclusively, since these are people who suffer more from chronic conditions.

I could not find an application to an acute illness like malaria. In fact conceptually
one finds it odd to consider acceptance of an acute condition in the same realm as conditions like arthritis, hypertension and cancer. Even the authors' own reference list in mentioning 'acceptance' includes a chronic disease publication, "Kušak W, Kondzior D: Acceptance of chronic low back pain in actively working patients. Prog Health Sci 2011, 1:81-88."

In the methods section the authors list the concepts in the AIS which is stated as appears in the text implies a higher agreement would be less acceptance - for example, if this statement were posed "I will never be self-dependent to the extent I would like to be" and one agreed strongly then 5 points would be scored. It is therefore not clear why a lower score means less acceptance. Also unless one is currently suffering from cerebral malaria leading to a chronic illness later, the statement itself does not logically apply to an acute illness. Conceptually the presentation is quite confusing and counter intuitive. It seems illogical that people who feel dependent, embarrassed and a burden on others would be accepting of their illness - unless acceptance means a belief that life is terrible and never will get better so I should accept this horrible state of things? Even if this were the definition of acceptance of illness, it is not applicable to an acute condition like malaria. And in short is one goes by such a definition, then a low score would be good - meaning the person does not think all these terrible things will happen.

In the results one finds "There is a statistically significant, moderately powerful,
correlation between the level of the acceptance of the illness and self-evaluated SwL (SWLS),

with \( p=0.56 \) - is it that \( p=0.56 \) or that the correlation is 0.56 and \( p = 0.000 \) as found in the attached word document?

Overall the authors need to provide some justification for why AIS is relevant for an acute disease and justify the 8 individual items as being relevant or not. If in fact one can interpret a low AIS as meaning the perception of the disease is less serious, then that is logical considering that one would expect perceptions of a chronic condition to be more serious. Until the justification is provided, and better explanation of what the scale actually means in terms of an acute disease, the study is not ready to present.

**Level of interest:** An article of limited interest

**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.