Reviewer’s report

Title: The symptom experience of people living with HIV/AIDS in the Eastern Cape, South Africa

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Reviewer: Nina Veenstra

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This manuscript addresses an important concern and has the potential to make a number of really meaningful recommendations to improve the quality of life for PLWHA in South Africa (and even the broader region). However, the current version of the paper does not do the data justice and so it could benefit from some fairly major revisions.

MAJOR COMPULSORY REVISIONS

1. The sampling procedure should be clearly documented and considered in relation to bias.

The authors are clear on where their sample was drawn from but give little indication as to sampling method. Was this random? The phrase ‘in the community through key informants’ suggests that the community sample wasn’t. The implications of this need to be explored further, since people’s willingness to participate in the study could have influenced the high number of symptoms reported relative to the other studies cited.

2. The statistical analysis and conclusions drawn from this should be relooked at (a statistician should be able to help with this).

The chosen methods of data analysis don’t explain the data well and the authors should consider using regression analysis. For example, it would be impossible to understand the effect of many of the variables on symptom intensity without controlling for disease stage. Coming to conclusions such as that level of education per se is significantly associated with symptom intensity is somewhat misleading without using more complex data analysis. After all, could it not be that a better education leads to a higher income, which in turn leads to better nutrition, health care and living conditions? Nutrition, health care and living conditions then become the variables directly affecting the symptom intensity. Of what importance are each of these? Understanding the way that variables interact would allow one to make meaningful recommendations as to how to improve the quality of life for PLWHA.

3. The discussion and conclusions should be more carefully balanced so as to cover all angles of the problem.

The discussion and conclusions focus heavily on improving medical care for PLWHA to improve their quality of life. While this is a valid recommendation to
make, it is a solution with a very limited, short term focus. Although socio-economic determinants of symptom prevalence could be analysed in more detail in the study, the work still clearly points to the links between poverty and health, and the effect of poor nutrition on symptom prevalence. Nutritional interventions will certainly be beneficial in this situation, but should be considered alongside longer term, multisectoral interventions that work to improve food security and living conditions. Only brief mention is made of the disability grant and its benefit. This really deserves more attention in this context and there is a substantial body of literature to draw on here.

MINOR ESSENTIAL REVISIONS

4. Repetition in the article should be corrected (and the paper as a whole could benefit from further proof reading).

For example, in the section on ‘socio-economic status’ the sentence ‘Most PLWHAs (65%) lived in their own house, 12% in a shack, 9% were renting and 8% in a zozo in the backyard and 48% had a non-flush toilet’ is repeated twice. Such errors need correcting.

5. Presentation of the data in the section on ‘socio-economic’ status should be made clearer to avoid confusion.

Data in this section might be better presented in a table or with more explanation. For example, the first sentence reads: ‘More than half (53.4%) of the PLWHAs indicated that they were unemployed and looking for work, 15% felt sick or disabled and unable to work, and 8.4% were (full-time or part-time) employed.’ This makes one wonder what category the remaining 23.2% fall in to? Other data presented says that 86% had tap (piped) water and yet ‘25% were often without enough clean water to drink and cook’. This doesn’t make immediate sense and could do with some explanation.

DISCRETIONARY REVISIONS

6. The authors could sell their study better by being more descriptive about the purpose of the study (ie. as more than just a data gathering exercise).

The authors state upfront the purpose of the study: ‘There is a paucity of more recent symptom prevalence data about HIV-positive persons in South Africa, in particular in the context of ART. The aim of this study was to assess HIV symptoms and socio-economic variables of people living with HIV/AIDS in South Africa’. However, more could be said on why this is important and how this study ultimately aims to benefit PLWHA in South Africa and the broader region.

7. The section on ‘demographic and health status characteristics’ could be revised to improve the reader’s understanding of what the study was trying to assess (this links to the comments above about study purpose and methods of data analysis).

For example, how was socio-economic status defined, given that income level is a separate variable? What about the household situation was deemed important for the purpose of this study? There is also potentially some repetition, which can
be confusing. For example ‘what month and year they tested HIV seropositive’ and ‘time since HIV diagnosis’ ultimately refer to the same concern I presume?

8. Some of the data cited in the paper could be updated. For example, HIV prevalence rates and numbers on ART are fairly old. In particular, the ART programme in South Africa is currently scaling up quickly and so figures of those on treatment from 2 years ago are likely to have increased substantially. It would be useful to have numbers on treatment (or even percentage coverage) taken at least from the time of the study.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.