Author's response to reviews

Title: Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice

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Author's response to reviews:

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The Editor,

BMC International Health and Human Rights

Dear Editor,

Re: Re-submission of the manuscript; Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice MS ID: 1633867886121507

Please receive the revised version of the manuscript entitled: Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice by Elizeus Rutebemberwa, Muhamadi Lubega, Sheila K Katureebe, Abanga Oundo, Francis Kiweewa and David Mukanga.

The following is the point-by-point response to the comments given:

Reviewer: Linda S. Kahn

Reviewer's report:

Review of: "Use of traditional medicine for the treatment of diabetes mellitus in Eastern Uganda: a qualitative exploration of reasons for choice"

This article presents results of focus group discussions with diabetic patients and key informant interviews with health workers and herbalists in Eastern Uganda. The authors chose a fascinating and highly relevant research question: why patients might prefer "traditional" medicine dispensed by herbalists over
"modern" medicine. However, substantive weaknesses in this paper preclude my recommending it for publication at this time.

MAJOR COMPULSORY REVISIONS

1. The authors contrast "traditional" medicine with "modern medicine" throughout the manuscript. However, traditional medicine is never clearly defined or delineated. I am curious as to which herbs healers are giving patients – and which types of healing effects due to patients expect from these herbs? Do the herbs promote a sedating effect? Do the herbs suppress appetite? From an anthropological perspective the designation "modern" sounds ethnocentric. Perhaps the designation "modern" should be replaced with "allopathic" or "biomedical" or "Western." On page 2 the authors state: "Herbs have been reported as one of the remedies used for treatment by diabetic patients in Zimbabwe, Nigeria.... This is against the background [sic] that the efficacy of traditional herbs in the treatment of diabetes is still mixed." This statement suggests that there is some evidence that the herbs are efficacious.

We thank the reviewer for these valid comments. The herbs which the herbs healers give patients include Aloevera, bee honey (as indicated in the quote from FGD diabetic men at the bottom of p.9). Other herbs which were indicated in the data were neem tree and bitter egg plants (though their quotes are not in the manuscript). The patients never specified the effects they expected from the herbs. Throughout the paper the word 'modern' has been replaced with the word 'biomedical'.

2. There are also passages in the manuscript where the authors seem to be passing judgment: For example, the authors state: "People who get treatment from herbalists recruit others in the use of herbs. This leads them to abscond from [sic] getting modern treatment from hospitals." Yet, based on the healthcare system described in this manuscript, there are compelling and rational reasons for patients to seek alternative treatment.

Thank you for this comment. We have removed the statements which are passing judgment as can be seen on pp.8-9 which talks about the influence of family and friends.

3. The authors note that inadequacies of the healthcare system contribute to patients' preference for alternative medicine/herbs. The authors tie their findings to "Andersen's model." They state early in the manuscript, on page 6, that "Andersen's model was used in the analysis." However, they never define or explain this model and how it was used.

We thank the reviewer for this valid comment. We accept that Andersen's model was not well explained. This comment was also given by the other reviewer. We have now removed the reference to Andersen's model so that the manuscript remains a clear exploratory study. This can be seen on pp.6-7 on data management and analysis.
4. Further description of the healthcare system would also be helpful – including whether patients have insurance to cover the cost of "modern medicine." If patients have to pay out-of-pocket for glyburide or other diabetes medications, this may have a profound impact on their decision to use traditional medicine/herbs that may supersede community influence. Incidentally, the impact of culture is never mentioned.

We thank the reviewer for this comment. A description of the health care system has been added as can be seen on top of p. 3 under study area first paragraph. The impact of culture on use of traditional medicine was not highlighted by the respondents and we admit this will be a limitation in this study.

5. In the methodology section, the authors need to explain specifically how the patients were recruited. On page 5, paragraph 1 they state: "Four FGDs were conducted with diabetic patients..." Here they should indicate the total number of patients. A table of participants would be helpful -- listing the total numbers for each group (focus groups and key informant interviews) as well as corresponding demographic information.

We thank the reviewer for this valid comment. We have highlighted how the patients were recruited in the second paragraph under study design, study population and data collection as can be seen on p. 5. A table of participants and their demographic information has been included as Table 1.

6. The organization of the results is confusing. Patient focus group results are mixed together with key interview results with health workers and herbalists. One suggestion would be to present each group separately, highlighting themes in common and then tie it all together in the Discussion. Another suggestion would be to keep the present organization of the themes, but put subheadings underneath each theme designating the specific group (e.g., patient focus groups etc.).

We thank the reviewer for this suggestion. We have re-organized the results keeping the themes but putting sub-headings underneath each theme designating the specific group as can be seen on pp 7-12.

7. Finally, this manuscript needs a good English editor. There is awkward and grammatically incorrect phrasing throughout.

We appreciate the comment of the reviewer. We hope the revision is much better. For instance we have changed the phrase ‘diabetic patients’ to ‘patients with diabetes’ throughout the manuscript because of the connotation such a description would make in the readers. We have also done other edits for grammar and sentence construction.

Reviewer: Katarina Hjelm
Reviewer's report:

This is an interesting paper however, there are limitations particularly concerning the literature that the study is based on, the methods and analysis made and thus, also concerning conclusions drawn. There is also a lack of presentation of the characteristics of the studied population.

1. Is the question posed by the authors well defined?

There is a lack of references to studies in the introduction supporting that ‘...there has been an increase in DM patients' use of other complimentary/traditional herbs especially in resource poor settings’. This is also evident for the statement ‘There is not much literature on why diabetic patients keep using herbs for managing DM in African countries'

There is also an incongruence between title ‘...reasons for choice.' and abstract ‘...why the diabetic patients keep using traditional medicine for the treatment of DM' and the aim of the study ‘to explore why the diabetic patients keep using traditional medicine..'which is two different things and further, it assumes that they are using it and then continue ?! Neither do the Results part support this.

It need to be clarified what the question posed is and based on the literature and then logically investigate and answer it.

We totally agree with the reviewer. We have changed the abstract and the objective to rhyme with the title and the results. We have removed the word 'keep' from the statements and we agree that the issue is using traditional medicine and NOT keeping using traditional medicine. We have deleted the first paragraph of the introduction which was not focusing on 'use of traditional medicine'. This can be seen on pp 1&2. We thank the reviewer for this observation.

2. Are the methods appropriate and well described?

What design was used in the study and why?

The design was exploratory and the reason was that this was to study this not well documented phenomenon. This has been shown under the sub-title of study design, study population and data collection, first paragraph, first sentence on p.4.

Is it a mix of Focus-group interviews and individual interviews with key informants?

This is not clear.

This is a mix of focus group discussions and individual interviews. This is indicated in the second sentence, first paragraph, under the sub-heading study
design, study population and data collection as seen on p. 4.

How was sample size determined? Why one group from each hospital? How many participated in total in the study and in each FGD?

We thank the reviewer for this comment. As an exploratory study, we thought having one FGD for women and another for men from each of the two hospitals would give us the key issues that affect use. The two hospitals are actually in the same ethnic area. We could have had them in the same hospital except that we wanted to have variation in the contexts in which we were getting the respondents. The number that participated in each FGD is 8 as indicated in table 1.

Why investigating health workers, what do they know about the studied topic? Key informants?

We interviewed the health workers because they interact with the patients with diabetes over a long time as diabetes is a chronic illness. During this time, they develop a relationship with the patients and they usually know a few details about the patients treatment. This has been indicated in the third sentence first paragraph on p.6

What interview questions where used?

We thank the reviewer for this comment. The key questions used have been indicated in the fourth sentence first paragraph, p.6.

One important matter as concerns credibility is the competence of the investigator, what do we know about those interviewing? Language? Interpretation of and rigour?

The investigators are described in the first paragraph in the sub-section on study design, study population sentences 6 and 7. Sentence 6 begins with the words “Two social scientists…” This is line 4 from the bottom of p.4.

Thus, there is a lot of unanswered questions in here and there is a lack of referencing to methodological literature on Focus-group interviews (e.g Krueger & Casey or Morgan) and description of the methods main characteristic. Rigour?! How do we know that data is not subjectively interpreted? However, the weakest part in this section is the analysis of data which need to be clearly described (including example of the process), based on appropriate methodological literature, and telling what kind of content analysis that have been made.

We have made reference to methodological literature like references 16, 17, 18, 19, and 37. Unfortunately we did not have Krueger & Casey Morgan in our library but we have referred to Rice and Ezzy, Marshall and Rossman as well as Patton. The content analysis that was used is manifest content analysis as described by
Daghren, Emmelin and Winkvist, 2004. (Ref. 17)

Further, no information is given about what Andersen’s model concerns.

We have noted this weakness and we have removed reference to Andersen’s model. We hope the text is now clearer.

What is also lacking in this section is a description of the study populations characteristics which are important when considering the results, its values and transferability of data.

The study populations have been described in the sub-section on study design, study population in the first paragraph as well as in table 1.

3. Are the data sound?

The main question is whether they answer the posed question and thus the aim?!

See under 1.

Overlapping between content e.g under “Belief that trad med is curative” and “Influence from family and friends”.

Under “Easy access to traditional medicine” it is hard to find the patients reasons for using it, seems to be focused on herbalists and hc staff mainly?!

We thank the reviewer for this observation. The posed question was clarified and it is now just to explore reasons for use of traditional medicine. The overlap in the content has been removed. It is now only trad med is curative. The influence of family and friends is now clearly separate as can be seen from the first and second sub-sections of the results. This can be seen pp. 6-8.

‘Easy access to traditional medicine’ has been changed to just ‘Traditional medicine was accessible’ p.9, and for the patients, the access highlighted is that of availability (quote 1 under traditional medicine is accessible’ geographical accessibility to herbs but not to hospital, p.9, (quote 2 under traditional medicine is accessible) p.10 on top and accommodation / convenience of taking herbs (quote 3 under traditional medicine is accessible) p.10 in the middle just before KII with herbalists.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

See above.

Does the quotations support the themes stated? E.g ‘Belief that traditional medicine is curative’ the text says one thing and the quotation another!?...
We thank the reviewer for this comment. The text under traditional medicine is curative has been corrected and is now in congruence with the quote as can be seen in the revised version under the sub-heading traditional medicine is curative. This can be seen on pp. 7-8.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

When reading the data it gives a picture that patients stop using trad medicine as it worsens their condition but this is not what you find in the discussion, congruence?! Supporting of data?!

The discussion has now been aligned to the data as indicated in the response to the first comment. It focuses on reasons for ‘using traditional medicine’ and ‘not continuing to use traditional medicine’. We hope there is congruence now.

Last paragraph under Discussion and last sentence “They should understand the reason why they eat before taking drugs…” necessary in relation to the studied topic? Necessary in relation to knowledge about medications? Conclusions then, goes too far beyond what can be concluded from a qualitative study.

We thank the reviewer for these observations. The sentence has been removed as shown in the last paragraph of the discussion pp. 14-15.

6. Are limitations of the work clearly stated?

Limitations of using focus-groups? Would other results have been gained with other data collection methods, e.g individual in-depth interviews? Isn’t it possible to get the true ‘views from the diabetic patients who had abandoned the modern treatment for the traditional medicine’? Can you talk about representativity in a qualitative study?

We thank the reviewer for these comments. The limitations of the focus groups have been highlighted quoting from Rice and Ezzy (reference 45). Reasons for not being able to get views from diabetic patients who had abandoned the modern treatment have been indicated in the paragraph on methodological considerations and we have removed the statement on representativity. This can be seen on p.15.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
See under 1 and 2 above about references lacking.

Page 5 reference 27 – the content is wrongly cited as this article neither uses nor discusses the focus-group technique!!!

Under 1 and 2, we have referred to more publications on methodology and have restricted ourselves to the appropriate research question on use for which we have given references. We have removed the reference 27. This error was not intended. We apologize for the poor referencing.

8. Do the title and abstract accurately convey what has been found?

Title ok but not in congruence with aim of the study, see above under 1.

Abstract could be changed with reducing methods and increasing results part.

The aim of the study as indicated above has been changed to reflect the results and to be congruence with the title. In the abstract, the results section has been increased as can be seen in the revised abstract.

9. Is the writing acceptable?

Language is in general good.

Reference list need to be corrected so that all information is included and et al deleted.

The reference lists have been corrected. There is no more et al.

Figure 1 – in the text there is no text referring to it! Where should it be placed???

Figure 1 has been removed.