Reviewer's report

Title: Inequalities and factors associated with adherence to diabetes self-care practices amongst patients at two public hospitals in Gauteng, South Africa

Version: 0  Date: 03 Sep 2019

Reviewer: Susana Pedras

Reviewer's report:

Comments to Authors:

Title: I suggest adding the word "Adherence" to the title

Abstract: the description of the prevalence of adherence to each self-care behaviors is confusing (e.g. behavior%, behavior%).

Introduction:

The introduction, is clear, objective and easy to follow but it would be better to update the references on diabetes incidence in South Africa but also in the rest of the world (see the latest IDF data).

In line 91, page 5, the authors mentioned "feet" but is there any reason for the authors not to study foot self-care? In my opinion, this is a major limitation of this study. Self-care with feet serves to prevent diabetic foot ulcers and, consequently, lower limb amputations.

The relevance of this study in this population in particular, should be presented before the aim of the study.

Also, the word "adherence" should be used in the text in relation to the practice of self-care behaviors, since it is actually an adherence process that we are talking about, right?

Methods:

The sample was collected in hospitals with diabetic clinics. How do these clinics work? Are there educational sessions for patients? How do they know which behaviors to adhere to? Do they have regular appointments? I think it would be important to contextualize readers about the health care available at these hospitals and in this country for diabetes patients.

Why did the authors not use a valid and specific instrument in patients with diabetes to assess adherence to self-care behaviors? Like RSDSCA, for example?
In the socio demographic characterization I have some doubts: why there are only individuals married or single? There are no widows or divorced? In the employment status, there are no individuals retired or students?

Tables 1 to 3 are clear. The figure it is not essential. I suggest adding a table with the percentage of individuals in each category, according to wealth index and the number of behaviors to which they adhere.

Discussion:

In the discussion, the authors may focus more and be more objective in emphasizing the clinical implications of this study. What can health professionals in diabetic clinics do to increase adherence to self-care behaviors?

I think the authors did not explore implications for clinical practice. For example, the least accomplished self-care behavior was the physical activity. Thus, what can health professionals do?

Conclusions:

Overall, this is an important and useful study, especially for health professionals in South Africa, but also for professionals dealing with economically disadvantaged individuals. It is also important because it emphasized the relationship between adherence to self-care behaviors, wealth and social inequalities. Because these factors are not easy to transform, health professionals must find creative alternatives to increase adherence in populations subject to greater inequality.

September 3th, 2019

Best regards,

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review? If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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