Author's response to reviews

Title: Clinics and Churches: Lifeworlds and health-seeking practices of older women with noncommunicable disease in rural South Africa

Authors:

   Daniel Lopes Ibanez-Gonzalez (Daniel.IbanezLopes@gmail.com)
   Stephen M Tollman (Stephen.Tollman@wits.ac.za)

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The editors
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Rebuttal letter regarding comments on draft paper entitled “Clinics and Churches: Lifeworlds and health-seeking practices of older women with noncommunicable disease in rural South Africa”

We thank the reviewers for their comments, which were informative and constructive. We feel that our engagement with them has strengthened the paper, which we now feel confident is ready for re-submission.

Please be informed of the following revisions:

Major revisions:

The major part of the revision process has been guided by the second reviewer’s suggestion that the findings relate to a theoretical framework. As it happens, the work reported in this paper had been situated within a theoretical framework previously, being a component of a PhD by publication. The suggestion by the reviewer that the findings be located in a theoretical framework prompted us to include much more of the theoretical and academic background of the study in the paper. It will thus be noted that a new subsection had been added discussing the conceptual framework, with appropriate references.
Guided by these amendments, we have amended the title, which now reads: “Clinics and Churches: Lifeworlds and health-seeking practices of older women with noncommunicable disease in rural South Africa.” This title captures the theoretical focus, and addresses the second reviewer’s comments relating to the appropriateness of the title to the focus of the paper.

The methods section has been expanded to include contextual data regarding the placement of the study within the study site, and addresses the concerns of both reviewers regarding the villages selected, the rationale and process of village selection and consultation with members of the MRC/Wits Rural Health and Health Transition Unit in Agincourt. We also addressed the rationale for focusing on women study participants and the process of purposive sampling to ensure we received the views of women with both single and multiple NCDs.

The core of the first reviewer’s comments dealt with sampling from a qualitative perspective, and demonstrating consistency in relating the findings to the sampling. It is important to keep in mind that once the three villages had been selected, the use of village as well as comorbidity as facilitators for the purposive sampling technique was not intended for quantitative comparative purposes, but rather to ensure that we obtained a broad range of views within our sample of rural women with access to formal health care services. All of these views, although unique, contributed to the formulation of the coding scheme, or the conceptual categories which formed the framework for reporting the findings, as presented in the paper. We have tried to bring this out more clearly in the paper. We have, however, included age and village characteristics when reporting narrative sequences, and have sought more closely to relate the comments of participants to their chronic condition throughout the findings.
We have addressed the second reviewer’s questions of clarification related to the data collection subsection, specifically the role of the principal investigator during fieldwork, and the independent research assistant.

With regard to the findings, the comments by both reviewers prompted us to return to our transcripts in order to provide more context to the statements reported in the paper. The result is a text which is richer in contextual data, and which is characterised by numerous cross-references to overlapping themes. The subsection on experiences of NCDs, for example, mentioned by the second reviewer, provides greater context to the observation that the experiences of NCDs were generally expressed in mild terms. Within qualitative analysis of experience it is not often that phrases can be characterised in definite terms, due to the great richness of experience itself, which is only partially accessed by qualitative studies, but the contextual information indicates how many factors contribute to a particular observation.

In the revised findings section we also address the second reviewer’s query regarding the phrase “illness of nowadays”. It is clear from additional data included in the findings section that when this phrase was used, it indicated modern diseases of lifestyle, particularly related to modern diets.

In the revised findings section we have sought to address the second reviewer’s query regarding the reason why respondents disassociated themselves from traditional healers. In the revised subsection, we have amplified with additional data the finding that this is particularly related to the prohibition which churches place upon this practice. We have also removed the findings
regarding the use of Vaseline by one respondent, as the re-examination of the data confirmed that 
this was no longer a part of her practice at the time of the interview.

The revisions in the discussion section reflect much of what has already been discussed, and has 
been expanded considerably to include more reflection on data, theory, and additional literature. 
We have tried to address the first reviewer’s comment regarding the representativeness of our 
findings in the South African context within the theoretical framework, and with reference to 
additional literature.

The abstract has been revised in accordance with these revisions.

Minor revisions include:

- Greater consistency with our use of terms when referring to formal and informal 
  healthcare services, which now substitute for all mention of “allopathic” and “alternative” 
  care.
- We have punctuated the quoted text as suggested by the second reviewer while retaining 
  the flavour of the language, although translated. We have also added in the age of the 
  participant and village of residence.
- We have acknowledged the second reviewer’s observation regarding the parallel theme of 
  aetiology emerging from the first quote, and have referred to the subsequent discussion on 
  understandings of the causes of illness for further discussion.
• We have noted the second reviewer’s observation of the high HIV prevalence in South Africa, and have provided our rationale for focusing our investigation on the experience of NCDs in the Methodology section under the sub-heading “study sample”.

• We thank the first reviewer for his comments regarding the necessity of contextualising the findings, which we have sought to do with the addition of theory, data and literature. With regard to his recommended paper, we took great interest in reading it, and have taken the liberty of citing it, although more in relation to the theoretical approach than the findings. We hope that acknowledging contrasting approaches brings out the salient features of both.

We once again thank the reviewers for this opportunity to revisit the paper, and are confident that the process has strengthened the paper under review.

Hoping this meet you well,

Dr Lopes Ibanez-Gonzalez
Developmental Pathways for Health Research Unit
Department of Paediatrics and Child Health
University of the Witwatersrand Medical School
7 York Road, Parktown, 2193
Johannesburg
South Africa

Email: Daniel.IbanezLopes@gmail.com