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)

Version: 4 Date: 16 April 2015

Author's response to reviews: see over
The editors

BMC International Health and Human Rights

Second rebuttal letter regarding additional 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 and the editors for their second round of comments on the paper under review, and are encouraged that they indicate an improvement in the article.

We have made the following amendments to the paper based on the comments from the editors:

- We have focused on the implications of our findings for future health care research and policy in the abstract and clarified the language regarding the nature of these conclusions.
- We provide further information on the broader context of the study in the final paragraph of the background section of the paper on page five, and provide a reference for further information. To avoid potential confusion we have removed where possible any further reference to the broader study. Where this has been unavoidable, as in the study sample subsection of the methodology section, we have referenced the paper describing the broader study.
• Information on the NCDs of the study participants was initially collected by the WHO study which provided the sampling frame for the present study. We have indicated this in lines 14 to 18 on page eight under the methodology section.

• With regard to the editors’ request for additional socio-demographic data on the study participants, particularly family support, we have selected to revise our demographic table. The new table is more appropriate to a qualitative study, and provides the same data as the original table, but un-aggregated and by study participant in the revised version. The new table includes data on primary support of cohabiting family members. The accompanying text introducing the findings on page 12 has been amended accordingly. Further discussion on support of family members is provided in the family environment subsection under the findings section on pages 12 and 13.

• With regard to the editors’ query regarding obstacles, barriers or negative experiences encountered in the clinic, we have attempted to clarify our findings in lines 21 and 22, page 17 under the subsection entitled “Accessibility of formal health care services”, which indicate that no significant barriers or negative experiences were encountered in the clinic. This discussion of the findings is carried over in the next subsection entitled “Experiences of formal health care services.” The uniqueness of our findings lies in the perspective they offer on the competence of older rural women in identifying and using resources within individualised illness narratives to manage their illnesses. Clinics form an important component of this broader approach to managing NCDs.

• We have discussed potential biases inherent in a qualitative approach in an additional paragraph at the top of page 28 in the conclusion section of the paper.
We have corrected the typographical errors identified by the first reviewer and clarified the ambiguity in line nine, page 17. We discuss the theory of communicative action on pages five and six under the conceptual framework sub-section of the study background.

We have addressed the comments of the second reviewer regarding our statement of theory by clarifying our terms, particularly in lines 14 to 21 on page 24 under the discussion section of the revised article. We have tried to show that encounters with clinic staff as well as encounters with family and community members are incorporated in broader narratives which attempt to make sense of living with NCDs. Even though clinic visits provide little information or interpretive resources for the understanding of NCDs, such visits themselves occur within a broader communicative framework. Throughout the paper we have attempted to simplify the theoretical statements and to include further background information on the study participants, as with the revision of Table 1 and the accompanying text.

We have also included additional data in lines six to 15 on page 23 under the findings section to support the finding that traditional medicine is used primarily for social purposes.

We thank the editors and reviewers for providing us with this opportunity for revisiting the paper, and hope that the result has been a more robust presentation of the study.

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
