Reviewer's report

Title: Clinics and Churches: Health Seeking of Older Women with Noncommunicable Disease in Rural South Africa

Version: 2
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Reviewer: Jeremiah Chikovore

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Discretionary revision
Title: I suggest adding ‘practices’ to title because ‘help-seeking’ alone sounds hanging.

Minor Essential revisions
- Some grammatical flaws require checking.
  o Background, 2nd para first sentence.
  o I suggest using some form of punctuation when using a word that is adopted from the interviews or directly translated but perhaps not read similarly in Standard English. E.g. under Family Environment 1st Quote – the word sugar may need to be elucidated or punctuated.
  o Check spellings under the table.
- Abstract: there is no need to mention the 13 women who took part in the study both in the background and in the methods
- For a country with high HIV prevalence, it is somewhat curious that this condition is not brought into the discussion. It might help to point out how this clear separation between NCDs and HIV/AIDS was achieved? Also, participants referred to ‘this disease of nowadays’; a euphemism for HIV in some settings in Southern Africa. Because use of the term is not clear in this paper, I am wondering if participants were also indirectly mentioning HIV/AIDS in some instances during the study.

Major compulsory revisions
- The paper does not seem to focus on help-seeking as indicated in the title, but rather to illuminate experiences of living with NCD for rural women, of which engagement with care is one aspect.
  o Also under Family Environment’ 1st quote is speaking about how the participant attributes her condition, that is, to not having someone to talk to. She mentions how the stress started when her husband died, and this is being worsened by worry and loneliness. These different issues do not seem to be elaborated.
- Abstract results section: ‘Healer-shopping’: this term is used in the abstract, and not anywhere else in the paper. As the first concept that is raised in the
abstract’s results section, perhaps it needs to be defined and reiterated in greater
detail in the text.
- Abstract results section. ‘strongest factor’: the authors may want to rephrase
this term which is rarely used in the type of inquiry that they did here. Strength of
association is often used in the quantitative paradigm.
- Abstract conclusion. What is the basis for claiming that the findings lead to
revisiting notions of women’s disempowerment? The claim does not seem to tally
with the findings of the paper or its framing.
- Theoretical framework: I think that one of the flaws of the paper is the absence
of a theoretical foundation. Employing a theoretical framework helps ground the
authors and allows both the reporting of findings and drawing of conclusions to
be guided by the framework (it might also help address the comment immediately
above)
- Definitions. A number of terms of terms are used, some interchangeably, and
these may need to be defined, e.g. allopathic, healers etc.
- Methods. Why were women the targets of research in this paper? This does not
come out anywhere in the paper.
- Study setting. Please define what a sub-district is, and how big it is in areas
size, for example.
- Methods – study sample. How and why were the resident researchers chosen?
- Study sample. I am wondering whether a village having a community health
centre was a necessary reason for its choice. Also what were the village sizes?
Related to this, did having a CHC refer to having one nearby or within the village,
and how was this definition operationalised?
- Study sample. What is meant by ‘ and number of NCDs’? Did participants have
to report a certain number of NCDs per person? This is not clear?
- Data collection. What was the reason for the PI to accompany the data
collector? Was the PI linguistically competent? Also, the ‘independent
fieldworker’: it is not clear what their role was. The person also appears to have
been involved in desk rather than fieldwork?
- Characteristics of participants. Please add attributes of participants against
quotes.
- Experience of NCDs. The authors observe that respondents ‘understated the
severity of their illness’. I am not sure what they mean. However, it is also
common in Southern African parlance, when asked after one’s health, to respond
by firstly declaring ‘I am fine’ even when they person is seriously ill. I am not sure
therefore such a conclusion should be drawn against this phrase as used by
participants to respond regarding their condition. It may be worth going beyond a
literal interpretation of this statement.
- Results – Home remedies & Trad medicine section. The authors may consider
unpacking why participants would want to dissociate themselves from alternative
medicine? I suspect there might be an explanation that goes beyond the data
presented here, relating to the way traditional medicine is side-lined in these
settings. The authors could refer to literature in this respect.

- Mention of Vaseline as an alternative remedy. What is the 'white sputum' that is removed by Vaseline? Also, Vaseline is a fairly well-known brand that is used as a lotion or lubricant. But if the authors consider that it is an alternative remedy, then they must elucidate.

- 'It appears that traditional healers were consulted for social...' what is the difference between social consultation and disease treatment? Also, is infertility management not part of treatment? Why is it assigned as a social problem?

- Discussion. ‘Sympathy with nursing staff…’ what is the significance of this line

- Discussion. The section is very short and needs to be strengthened in light of revisions to the paper suggested above.

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no competing interest