

# Review of: "Factors influencing women's decision choosing a public or private health facility for tuberculosis (TB) services: An analysis of Nepal demographic and health survey data 2016"

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Potential competing interests: No potential competing interests to declare.

**Abstract** 

Methods

Why did you not use the most recent Nepal DHS (2022)? 2016 is 7 years ago, and may not represent the current situation in Nepal.

Conclusion

"This study indicates a considerable number of women have an insufficient level of access to quality TB services from a public health facility in Nepal."

This statement should be revisited. The 12% who used private health facilities cannot be said to have an insufficient level of access to quality TB services from a public health facility; it may be their preference, not lack of access, to use a private health facility. Is there any evidence that the TB services offered in the public hospitals are better than those offered in the private hospitals? If so, that should have been a part of the background statement to justify this study. However, in many developing countries, private hospitals offer quality services, sometimes better than public health facilities. This may also be the case in Nepal, given that women in the richest wealth quintile were more likely to use private facilities.

Background

The global and national (Nepal) statistics for TB must be updated with current reports. The cited sources are not the most current. There is a 2022 World TB report, and 2022 Nepal DHS.

"It is assumed that many of the undetected TB cases are treated by the private sector and unreported in national statistics"

If they are undetected, how are they treated by the private sector? Check this expression.

Is the private health sector not a part of the health system in Nepal?

Methodology

What DHS recode did you use?

Independent variables



What informed the selection of these independent variables?

I do not see the need to include knowledge of TB given that the study population consists of women who have sought treatment for TB in a health facility. May be the extent of knowledge of the severity of TB, not knowledge.

What is the relevance of the following variables for a study that is accessing women who have already used a health facility: Distance to the facility, freedom to go to the facility, ability to go to the facility alone, availability of money, and service provider's gender? More so, when these questions were not specific about the public health facilities.

### Data analysis

What type of bivariate analysis did you conduct?

Results

Table 2

Why did you list Muslim as Caste/ethnicity?

Multivariate analysis

Consider changing multivariate to multivariable

Table 4: You do not have to repeat the N(%) in this table.

There is no difference between the regression results in Table 3 and those presented in Table 4. This raises the question of whether the results in Table 3 are unadjusted (bivariate), and those in Table 4 are adjusted. You cannot adjust the effect of other variables in a multivariable model, and the bivariate odds and CIs remain the same. There must be a mistake somewhere.

## Discussion

"To our knowledge, this is the first analysis of the NDHS 2016 women's dataset focusing ..."

Does this mean that there have been analyses of this same topic using other NDHS? If so, what are these studies, and why is the analysis of the 2016 NDHS important?

### Conclusion

"Inadequate TB knowledge, women having family restrictions to go to a health facility, unable to go alone, younger age, unemployment, and social stigma were found to be some major factors for influencing women's decision choosing the public health facility for the diagnosis and treatment of TB."

Freedom to go to a health facility was not described as family restriction. If that is what it is, it should be described in the methods section.

Social stigma is not one of the factors you considered.

# General comments

The authors should update this analysis with the most recent DHS in Nepal.

There are grammatical issues to check and correct.

