

# 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.

## Comments to Qeios

### Generally

This manuscript needs an extensive language editing.

The data would be updated to the most recent TB demographic survey.

There should be a continuous line numbering throughout the manuscript.

Tables should be re-arranged to be on a single page each.

Kindly minimize the texts prior to each table as far as tables are self-explanatory.

How could TB treatment and diagnosis be integrated to the services of private clinics?

### Abstract

In the methods sub-section; the phrase "NDHS 2016" has to be re-written as "2016 NDHS". Even here and there throughout the manuscript.

In the results sub-section; the phrase "women living in the mountain region" needs to be rephrased as "women living in mountains". Even here and there throughout the manuscript.

In the results sub-section; please replace "Women belonging to the richest category" with "women having higher income". Even here and there throughout the manuscript.

In the result sub-section; please avoid the word "of" from the phrase "being of muslim". Even here and there throughout the manuscript.

### Introduction

The introduction stated, it is assumed that many of the undetected TB cases are treated by the private sector and unreported in national statistics. What special attention did this national survey considered to include private health facilities in the nation?

### Methodology

The study setting is smart. However, it's been too long since the last census about the total population of Nepal. Kindly, use a recent population census.

In the sample size section; This manuscript stated "for this analysis, only those women who reported a preference for TB services at either a public or a private facility were included: a total of 10,119. Excluded were 2,133 women who chose

both public and private health facilities and 610 who chose neither public nor private health facilities". First and for most, try to rephrase the sentences. Secondly, how can the study participants either preferred both public and private health facilities at a time? On the other hand, how can participants preferred neither public nor private health facilities while being asked to choose either?

The stated codes, "1" and "0" for the dependent variable for data entry is not necessary to put here.

As per this manuscript, the overall composite score of knowledge ranged from 7 to 19 and the level of Knowledge was classified as poor with a score of 7-13, fair for 14-15, and good for 16-19. What about for these who scored less than 7? The terms, distance to health facility, availability of money, and media exposure are not properly defined. Kindly, visit.

## Results

Some of the frequency (%) for the categories in table 2 are wrong. E.g., for the category of religion, Brahmin 3632 (32%), Jana Jaati 3261 (32%), Dalit 1335 (12%), Muslin 423 (5%) and others 1468 (19%) is totally wrong. Taking the frequency as stated the respective percentage for each category should be 35.9%, 32.2%, 13.2%, 4.2% and 14.5% respectively. the same is true for the categories in occupation, income, family size..... Please inspect all tables throughout the manuscript.

The overall statistical comparison in the bivariate analysis has to be minimized. Hence, "Women having good TB knowledge were twice as likely to prefer a public health facility as women having poor TB knowledge, but general media exposure had no significant effect. There was a strong dose-response relationship between age and choice of facility: the older the woman, the more likely she was to select a public facility, with the oldest women group (45-49) over five times as likely and women age group 25-34 twice as likely to select a public facility compared to the women in the 15-24 age group. Muslim women were only a third as likely to select a public facility as Brahmin/Chhetri women. The level of education was associated with the choice of the facility, but negatively: women with any education were a third to half as likely to choose a public facility as those with no education. Wealth was also negatively associated with choosing public facilities for the diagnosis and treatment of TB, with a mild dose-response relationship: The wealthier the woman, the less likely she was to choose a public facility, with the women in the highest three quintiles less than half as likely as those in the poorest quintile. Employed women were twice likely to select a public facility compared to unemployed. Women able to go to the health facility alone were more likely to use the public health facility when compared to women unable to go alone. Finally, women living in the hilly and mountainous regions were more likely than women in the Terai to select a public facility, with mountain women nearly five times as likely" should be totally voided from the result section.

Religion is a very sensitive perspective. please void it from the bivariate and multi-variate analysis. It's mostly unexplainable and difficult to inference. Hence, void "Muslim women were less likely to prefer the public health facility than Brahmin/Chhetri caste women" from the manuscript.

what does "the strength of most of the associations decreased when the other variables were accounted for, but the ones showing a dose-response relationship under a bivariate analysis, continued to do so, even after adjusting for other variables" mean? (Page 10).

## Discussion

The discussion should address every finding with possible justification.

Despite the significant difference among study participants of different religions this comparison is no more scientifically accepted. Because how can the authors justify that muslim women's preference for utilizing the public health facility for other healthcare, such as maternal health services, was less as compared to women belonging to other social groups although supported with a citation??

Hence i recommend a "Major revision" to this particular manuscript.