

# 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.

Introduction - The burden of TB among women in Nepal could be mentioned.

Methodology -

1. Setting: Information on the TB diagnosis and care, the facilities and services, should be added.
2. Was the question on preference of the health facility asked to all women, hypothetically stating if they have TB?
3. What is the rationale for dichotomising the dependent variable as government and private health facilities, when 2133 women preferred both? What is the reason for excluding them from the analysis?
4. Among factors that influence the preference of the facilities is the past experience of TB treatment for self or a family member, relative or friend. Information on the history of TB in self or family is missing.
5. All aspects of the knowledge on TB have been given equal weightage, when in reality the patients may not need to know everything or need to know certain aspects better to prevent transmission and improve health seeking behaviour.
6. What was the rationale for splitting the scores as poor, fair and good?
7. How were community health volunteers considered as the public health facilities? Is TB treatment available at their level?
8. Family size and type have been combined into one variable, which may be incorrect. A nuclear family can have five members if the couple has more than two children.
9. Multivariate has been used in place of multivariable analysis. Both are not same.
10. Details of the model building are not given. Whether a conceptual framework was used? How were the variables for the statistical model chosen?

Results, discussion and conclusion -

1. Table titles need to be modified.
2. Statistical associations do not seem to be consistent with the theoretical concepts stated in the article. Preference of public health facilities improves with higher knowledge of TB. However, the preference declines with better economic status, which probably should be associated with higher knowledge. Such contradictions need to be addressed in the discussion rather than comparing with studies from culturally diverse populations. Each variable is discussed

separately and no comprehensive picture emerges from the discussion.

3. Social stigma was included in the independent variables for analysis in the methods section, however, not mentioned in the results, but still stated in the conclusion.