Reviewer's report

**Title:** Caregiver perspectives on treatment and health service use for child diarrhoea among ethnic minorities: A qualitative study from Vietnam

**Version:** 1  **Date:** 28 January 2011

**Reviewer:** Mathias Altmann

**Reviewer's report:**

**Major Compulsory Revisions**

**Qualitative vs. quantitative methodology:**

At the beginning of your results, you stated you found some differences in treatment seeking and health care choices between the most poor and remote highland communities (Dao and Xá Phó) and the richer and more centrally located communities in the lowland (Táy and Giây). You stated then that “these differences were closely related to socio-economical conditions”. However, your data do not support these affirmations as they are formulated. You could justify these differences by adding quantitative data and analyses. Moreover, it would be very interesting to add some quantitative data in the table 1, like the number of caregivers “seeking treatment at the CHS”, “kind of treatment given”, “succeed of the treatment strategy”, and socio-economic data in each groups (Highland and lowland). Otherwise, you should write these first statements with more precaution or start your results directly with the two ethnographic descriptions. Because your methodology is qualitative, you should always be careful, not to be too empirical in your statements.

**Logistical constraints:**

One of the observed differences between highland and lowland villages is the logistical constraints to access the CHS. However, in your discussion, you do not suggest how to improve this particular issue for the highland villages. Do you think that improving cross communication skills of the staff will resolve this particular problem? Or does the staff have to organize out-reach-visits in the highland villages, better train the VHWs?

**Constraints at the CHS level:**

In your discussion, you suggest the health system to change their approach to marginal population groups in Vietnam. You further write that “all types of health staff working in ethnically diverse populations must understand patient’s actions and perceptions of disease as expressions of their social realities (…)”. However, you did not analyse constraints at the CHS level, like the lack of doctors and the quality of care for example. You should discuss the feasibility and the impact of your recommendation in view of the other constraints at the CHS level. You should also discuss your results regarding VHWs, who are part of the system.
Abstract Background:
I am not sure whether the term “strategies” is appropriate for caregivers (I sought it was more for institutions than for people). Perhaps is the term “behaviour” better?

Abstract Results:
- The term “different medical regimes” is not clear, especially because these “strategies” are not always “medical”. Please precise if you speak about drugs, diets...it could be in brackets.

BACKGROUND:
First paragraph:
Precise what do you mean with “anti-diarrhoeal drugs”? Over-the-counter drugs, not appropriate?

Second paragraph:
- Please define VHWs? It is only defined later.
- In the following sentence: “CHS refer to larger (…)”. Please add “CHS refer PATIENTS to larger inter-communal (…)”

Third paragraph:
- To emphasize your objective: “(…) in Northern Vietnam IN ORDER TO improve health services (…)”

METHODS
Data collection:
- Why did you choose to include caregivers of children below 6 years and not below 5 years of age, as below 5 is internationally used as age groups (see the Millennium Development Goals indicators of the WHO)? You should argue your choice.

- Rephrase: “The main informant was the adult caregiver, most often the child’s mother or grandmother and rarely the father, who had attended to the child during sickness. This sentence should be in the RESULTS section.

- Change: “During seven of the interviews (…)” by “For seven of these interviews, more than one (…)”. This sentence is also a result.

RESULTS
Change in the first sentence: “(…) comparable perceptions of diarrhoea causes (…)” as it is formulated in the METHOD section.

DISCUSSION
Economic and logistical factors when choosing health provider
In this paragraph, you summary all constraints, including economic and logistical factors, as well as cultural or social constraints, such as older family member’s permission and gender roles. Therefore, I would rename the tile of this paragraph, like “Socio-economical factors when choosing health provider”.

Missed opportunities for improved health promotion and trust in health systems
You should be clearer about the terms “danger signs” and “diarrhoea symptoms”. Do you mean that caregivers know the definition of diarrhoea, as you define in the method section? By danger signs, do you mean “severity” of the case? Perhaps it is better just to write that caregivers apply various treatments when they perceive their children to be sick.

CONCLUSION
As you mentioned in your results, logistical and socio-structural constraints, including distance to the CHS and financial constraints of caregivers, may also be important limitations in seeking health care at the CHS.

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

Quality of written English: Acceptable

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

Declaration of competing interests: 'I declare that I have no competing interests'.