Reviewer's report

Title: Journeys to tuberculosis treatment: a qualitative study of patients, families and communities in Jogjakarta, Indonesia

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Reviewer: Helen J Smith

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General comments
A lot of research already exists on treatment seeking behaviour for TB; many published examples use qualitative methods and many are also biased towards studying patient related factors—so I am not sure how much this study adds to the existing body of knowledge. The study does provide some insight into ‘patient factors’ associated with delay in starting treatment in Indonesia. The author’s could spend more time discussing the relative importance of their identified patient factors alongside the known provider and health service factors that contribute to long delays in treatment in Indonesia. The paper is generally well written and the methods described adequately; some issues relating to the results and their interpretation are raised below.

Major compulsory revisions

1. In the abstract, results section, the authors state “no apparent relation between care seeking behaviour and xxx” – this seems odd since the study employed qualitative methods to explore and document patient journeys and influencing factors; it did not set out to test associations. This may be a matter of language, but needs to be made clear.

2. Page 4, introduction: the authors state the national TB programme “needs to be informed…” – does this mean the NTP commissioned the study? It would help if this was made clear. And if so, then it would help if the authors could comment more specifically in the discussion on the implications of their findings at programme level.

3. Methods: who conducted interviews and FGDs? Were provincial and municipality health staff present, and did this, in the author’s opinion, introduce bias or impact on the data collected?

4. Data analysis: the process and quality assurance mechanisms could be made clearer –for instance how many members of the research team scrutinized the transcripts for emerging themes?, who coded the transcripts? were the data analysed in English or Javanese? If the latter, how did the authors deal with conceptual equivalence and culture-bound nuances in the translated quotations provided in the paper?

5. Results: the authors frequently use percentages to describe their ‘qualitative’ findings – and there are are risks involved in doing this. The small
non-representative sample means using percentages can give a false impression of precision and is misleading because it is not a true measure of frequency. For example, on page 13 the authors state “only 34% of patients mentioned that friends/neighbours seemed to avoid them” – did the researchers routinely ask this of all respondents? If so this is not a true ‘qualitative’ study. Rather if this point simply emerged voluntarily from several respondents, any count of the number who gave this information is misleading because it is not a true measure of frequency (as there is no denominator). There are other inappropriate uses of percentages throughout the results; this needs to be addressed.

6. Results: on the whole the authors could take more advantage of the ‘depth’ of qualitative data – there is little evidence of any inductive analysis – the themes presented are largely descriptive and follow the content of topic guides (i.e. largely deductive).

7. Discussion, page 18: It’s not clear what is meant by knowledge of TB was “quite satisfactory”.

8. Discussion: although the authors interpret their findings in the context of other similar research internationally, there is quite a lot of repetition of the findings which limits the usefulness of this section. A discussion of the possible implications of the research for the NTP, policy and research in Indonesia would be helpful. The author’s could also spend more time discussing the relative importance of their identified patient factors alongside the known provider and health service factors that contribute to long delays in treatment in Indonesia.

Minor essential revisions

1. In the abstract, under methods, the last sentence does not make sense – “…community members of the TB patients”.

2. Page 4, introduction: could the authors provide a reference for the MDG target stated – as far as I am aware the target for MDG 6 specifies ‘halting and reversing’ incidence, prevalence and death rates rather than ‘halving’.

3. Page 5, study setting: could the authors clarify what is meant by a ‘special province’ for the benefit of readers unfamiliar with the subdivisions of Indonesia.

4. Check the referencing carefully as the numbering seems to be out – for example the reference to Portero mentioned on page 19 is number 14 in the reference list, not 13.

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 declare that I have no competing interests