Reviewer's report

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

Version: 1 Date: 13 February 2009

Reviewer: Estifanos Biru Shargie

Reviewer's report:

General
This article addresses one of critical issues in the diagnosis and treatments of TB—care seeking behavior and diagnostic delay. The paper adds to the knowledge of interplay between various factors at individual, family and community levels that affect early case detection and treatment initiation.

Major Compulsory Revisions

Background
None.

Methods
1. How was a TB case defined in this study? Are TB cases, in principle, diagnosed only in the “DOTS” facilities? How about other health care providers, can they diagnose and treat TB patients?

2. The investigators recruited some TB patients from the private sector and also sought to recruit some (though unsuccessful) from traditional healers. Does this mean that private practitioners (and traditional healers) provide treatment to confirmed TB cases? If so, what are the institutional arrangements for such treatment provision? Do they provide free treatment or they will have to charge for the service?

Results
3. Why was it not possible to recruit patients from traditional healers? Was it because the traditional healers were uncooperative or because there were no TB cases being treated there?

4. It is not clear from the results which component of the delay was the major contributor to the overall delay. Was it patient delay or health system delay? Please state the relative contribution of each component (I believe the authors have the data because there is a statement that says “Most patients reached the first choice providers within less than one month after start of symptoms”).

5. I find it difficult to understand why it was necessary to further categorize TB patients into “the slow-but-sure” and “shopaholic” while the criteria are not so different from each other, especially when it comes to time before reaching the
DOTS facility. Can you elaborate further on what the practical implication of visiting one non-DOTS facility vs. more than one DOTS facility before getting to the DOTS service is?

Discussion
6. The findings of this study suggest that a remarkable proportion of patients prefer to get TB care services from private outlets. It may be interesting to discuss the relevance of involving the private sector in the provision of DOTS services through public-private partnership (PPP-DOTS).

7. Page 21, paragraph 4, 2nd sentence: Is this assertion substantiated with data from the study? Please indicate the finding, if there exists one, in the results section or remove this sentence from discussion.

Minor Essential Revisions
8. Page 8, last paragraph: “The education level was in general high…”. This is a relative judgment. You’d rather replace it with a descriptive statement, something like, “Most of the respondents had completed a junior secondary education…”.

9. Remove repetitions (page 20, the last sentence of 1st paragraph vs the second sentence of paragraph 2).

Discretionary Revisions
10. Page 21, paragraph 1, last sentence: Change “could be” into “should be”.

Level of interest: An article of importance in its field

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