Reviewer's report

Title: Factors Associated to Referral of Tuberculosis Suspects by Private Practitioners in Bali Province, Indonesia

Version: 3 Date: 12 July 2013

Reviewer: Kingsley Nnanna Ukwaja

Reviewer's report:

Major compulsory revisions

Methods Section

(Page 4; line 88 – 90) “These districts were selected because they are representative for the whole of Bali in many respects but represent the extremes in referral of TB suspects from private practitioners”.

Please clarify the meaning of extremes in referral of TB suspects

Page 5, 119 – 113 “All private practitioners in these two districts were listed by type of practitioner in random order. From this list, we randomly selected 10 public health centres in each district. Finally, we randomly selected 10 private practitioners in the coverage area of the selected public health centres”

(Please clarify the following information seems there is a mix-up i.e. public health centres and private practitioners)

(Page 5; line 114 – 115) “Data were collected by interviewers using pre-structured questionnaires that had been piloted during a small pilot study”.

Which groups was the questionnaire pilot-tested. Are the individuals where pilot-testing was done similar / same to the two communities where the study was done? Were the results of the pilot-testing included in the final results?

(Page 5, line 121 – 124) “Knowledge about the DOTS strategy was assessed by asking 11 multiple-choice questions. Good knowledge was defined as a correct answer to more than five of the 11 questions while poor knowledge was defined as a correct answer to five or less of the 11 questions”.

How were the multiple choice questions generated? Were they standardized questions? Why was a knowledge score of more than 5 selected as good knowledge? It would be more informative to include the questionnaire used in the study.

Further, the eligibility criteria needs to be further clarified.

Assuming the individual selected for interview in the cases group had not referred a TB patient to the public sector, is he/she going to be replaced at the time of interview?

Also, assuming an individual selected for interview as a control had referred a TB
patient. In what group will he/she be analysed? Or will he/she be replaced by another individual who has not? This issue needs to be clarified.

How many variables were included in the logistic regression analysis. With just 100 sample the multi variable logistic regression analysis is stable with a maximum of just 5 variables

Minor Essential Revisions
Title:
The title should be modified to reflect that they are referred by private practitioners to a public service sector or a DOTS/TB programme

Abstracts: The Abstract Section is well written.

Background Section is clear. Some editorial changes are needed here to improve the grammar and spelling in this section of the manuscript.

(Page 3: Line 55 to 56) “Private practitioners often do not follow the directly observed therapy, short course 56 (DOTS) strategy”. Please provide a reference for this statement.

Results Section
This section is fairly well written and clear.

What proportions of the cases versus control had overall good knowledge score?
Can you include having a good knowledge score in the regression analysis?

Discussion Section
Fairly well-written and findings are fairly well-discussed.
This needs to be improved based on the further information obtained from the comments in Results Section.

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: Yes, and I have assessed the statistics in my report.

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