Reviewer's report

Title: Adherence to Anti-tuberculosis Treatment among Pulmonary Tuberculosis Patients: a Qualitative and Quantitative Study

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Reviewer: Salla Atkins

Reviewer's report:

I found the report interesting, but lacking in some ways. It is always difficult to incorporate qualitative and quantitative research. I find the results interesting, but feel that further thinking and analysis could be conducted in order to make them more interesting. I would also appreciate further emphasis on how the Chinese context influences these issues differently and how these results differ from existing research. It is also important to have an idea of the questionnaires used when seeing results and discussions.

Minor essential revisions
I recommend a full edit by a translator or first language English speaker.
The manuscript contains a number of grammatical and spelling errors, and terms not commonly used in the English language e.g.
Table 1 – “primer” school
Table 1: “crude odds raio”
Background: “withdrawal beforehand” – this term especially is used throughout the manuscript and it is not clear what this means.
Results: “intermittent interruption” – how was this defined?
Data collection (p.5) – distract instead of district
p.7 – regime instead of regimen
p.7 use of etc. directly above findings from qualitative study – not common practice

Major compulsory revisions
p.4. The authors should state more clearly for what they aim to develop recommendations. It is also unusual to conduct a study in order to inform further research – what kind of research?
P.5. While the authors make a commendable attempt at describing the setting, for an international audience it is not sufficient. Especially given the paper’s findings, it would be useful to know more about the culture, but especially about the socioeconomic characteristics of these districts.
p.5. Why was one county randomly selected?
p.5. How was the sample of 780 arrived at? How was it calculated? What was the estimated power?
p.5. There is insufficient information about the participants in the qualitative study. How many participants were there? Where did they come from? Who was a doctor, who a patient? What about gender, age and treatment history was considered before selection?

p.5. Who conducted the interviews? What was their training and background? Did all the participants speak Mandarin as their first language? Where were they interviewed? What themes were focused on in the interview, and in the questionnaire?

p.6. Were translations and transcriptions checked by anyone or backtranslated?

p.6. Which method of content analysis was used? There are several. What steps were taken in analysis? How many people and who did analysis? Experience and training?

p.6. Last two sentences under results: Do these refer to the qualitative or quantitative research?

p.6. Quantitative study – why did the others (not the 85.7%) not participate in the study? Did all participants for the qualitative study agree to participate, how many were initially approached?

p.6. Health insurance – does not mean much if we do not know the socioeconomic status of the participants

p.7. How does hundreds or thousands of Yuan relate to the average salary? This finding is difficult to interpret without this information

p.7. Who “demanded” patients to be hospitalized?

p.9. “prefer to take drugs back home and… conceal their disease…” What are the implications of this to adherence? Do patients who take treatment home not adhere, or those at the clinic? I struggled to find how DOT was related to adherence

p.10. How does incorrect addresses result in risk of default? Does it result in risk of default, or risk of not being able to trace potential defaulters?

p.10. “lasting” cure – one can get TB more than once in a lifetime, there is no such thing as a lasting cure.

**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, but I do not feel adequately qualified to assess the statistics.

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