Author’s response to reviews

Title: Health care seeking delay among pulmonary tuberculosis patients in North West zone of Tigrai region, North Ethiopia

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Author’s response to reviews:

Point by point responses for editor and review comments

Thank you for your constructive comments to enrich the manuscript

Editor Comments:

Comment 1:

I'm afraid the quality of the English used throughout your manuscript still does not meet our requirements, as there are several spelling and grammatical errors throughout. We recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing service. Use of an editing service is neither a requirement nor a guarantee of acceptance for publication.

Response to comment 1:

The whole manuscript was made grammar edition by English native speaker Dr. Beverly Mihalko from Canada and she looked it exhausted the whole document. Moreover, the grammar and spelling errors in the paper was edited by ginger software online
Comment 2

For all research involving human subjects, informed consent to participate in the study should be obtained from participants (or their parent or legal guardian in the case of children under 16) and a statement to this effect should appear in the manuscript. Can you please confirm whether you obtained for children under the age of 16 from their parents or legal guardians. Was consent to participate verbal or written?

Response to comment 2:

Actually in our study as a chance, all the study subjects were greater than 16 years and informed consent was obtained from study participants. But if there were minors (age less than 16 years) informed assent and consent will be obtained from their guardians/parents. The written consents and assents were kept confidential where no one was allowed to access except the principal investigators.

Reviewer reports

Comment 1

Eveline Klinkenberg (Reviewer 1): An interesting paper nicely written up but there is already a lot of evidence around treatment seeking delay so not sure how new the findings are. Also the authors do not propose any solution based on their findings which is a missed opportunity.

Response to comment 1:

We are quite sure there is no study conducted in the area even at the regional state level and this will hopefully gives new findings to planner and decision maker. Based on the comments we have forwarded recommendations on the conclusion section whose most scholar recommend that solutions were forwarded in conclusion section.

Comment 2:
ABSTRACT: too much overlap conclusion and results, try to formulate in the conclusion your results more widely and elude to the implications. Important factors affecting delay were identified that could xxxx

Response to comment 2:

Comment accepted and the abstract has modified according to the comments given.

Comment 3:

Background: please use the latest WHO Global TB report figures and not those from 2014…

Response to comment 3:

Thank you, Comment accepted and corrected

Comment 4:

Results - health care seeking behavior:

I was surprised to read that nearly 30% sought care because they suspected they had TB. Are you sure the question were asked without bias?

Response to comment 4:

Though maximize efforts has been made to minimize biases, some extent of information bias might be occur when any information used during data collection or recorded inaccurately. Hence biases are difficult to avoid totally.

Comment 5:

There are no specific data reported on seeking care in the private sector or from traditional healers, it would be good to include some if available.

Response to comment 5:
Actually, there was not specific data collected from private health facility or traditional healers but Tb patients were asked where they went first if they think they might contracted with Tb? Private, public health facilities or traditional healer. Base on the response why they went first despite of health facilities and others were asked. Then the date were analyzed to draw conclusions

Comment 6:
Results - factors associated: instead of low knowledge please use the term limited knowledge

Response to comment 6:
Comment accepted and corrected

Comment 7:
Discussion: you suggest the delay of farmers could be due to less knowledge - did you also observe this in your study as you measured knowledge?

Response to comment 7:
Based on the knowledge assessment tools used, most farmers were found to score less than the mean score knowledge questions asked about tuberculosis. Due to this farmers were found to have longer delay than their counterpart groups.

Comment 8:
You indicate those seeking care at the health centre had less delay compared to those seeking care at the hospital. Do you have more info on this? Did those patients seek care first at the hospital or first elsewhere hence the suggested delay? Did you carefully investigate the full patient pathway?

Response to comment 8:
As depicted in the result and revealed that first visiting at health center had less delay compared to hospitals. This is related to accessible of health facility with tuberculosis diagnostic modality. Currently in Ethiopia the government was working to transform primary health care with quality access of services. As its strategy all health centers which found at districts were tried to equip with tuberculosis diagnostic modality and qualified human power. Any patient if suspected for tuberculosis, the possible diagnostic laboratory modality will do at the health center to roll out the disease. So, no more referral and delay for tuberculosis diagnosis to hospitals.

Comment 9:
You discuss the findings on traditional healers and financial problems in the same paragraph, does that mean they are related? i.e. is it cheaper to visit the traditional healer?

Response to comment 9:
One of the traditional healers considered was holy water and patients/clients used it for free, herbal medications are also much cheaper compared to modern medicines. Socio economic statuses of the communities are low income as a result they prefer first to visit traditional healers. After they lack prognoses from their disease lastly they visit health facility.

Comment 10:
The discussion misses to look forward to outline how the delay could be tackled and reduced in the future based on the findings, that is a pity.

Response to comment 10
Most researchers advice to outline tackling strategy to be forwarded in the conclusion/recommendation section. Thinking this, we proposed the possible means or ways tried forward it that is mentioned in the conclusion section

Thank you for your nice points raise to enrich the manuscript