Reviewer’s report

**Title:** Determinants of healthcare seeking for childhood illnesses among caregivers of under-five children in urban slums in Malawi: a population-based cross-sectional study

**Version:** 1 **Date:** 14 Sep 2019

**Reviewer:** Helena Hildenwall

**Reviewer's report:**

Thanks for attempting to clarify this issue. I continue to think that there are several methodological flaws to this work: 1) the symptoms asked for could also be part of an uncomplicated and self-resolving illness. Your finding that caretakers with a good understanding of danger signs seek care less promptly may be a verification of that the symptoms of studied children in many cases were benign. 2) a recall period of as much as three months is a threat to data accuracy of symptoms (can caretakers really be expected to accurately recall the number of stools a child had during the past three months?). 3) an additional limitation is that it seems only household with an alive child were selected causing an important bias in results since households with higher probability of inaccurate care seeking have been excluded. The latter may have provided some information on risk factors in care seeking…. and 4) as previously raised - and now also highlighted by you - the definition of "timely care-seeking" is vague. The combination of one weak type of data (symptoms recalled by guardians up to three months after an illness episode) with another weak type of data - (care-seeking time definition) - in a population where households who (most likely) are at highest risk, makes me question the scientific value of the manuscript which was also my reasons for suggesting to reject this paper.

However, I acknowledge the fact that prompt care-seeking is encouraged for the studied symptoms and I think you also highlight the issues with recall bias and uncertainties of timing in your limitations. I further understand the editors must have approved of the weaknesses described above since already mentioned in my first review and methods and definitions have not (and could not, I guess) changed since first version. Given that, I think the manuscript can be approved for publication in this journal.

Required changes would be to please add a sentence around the selection of households (if those who experienced a recent death were excluded) in methodological considerations and also pls note that the sample size is still incorrectly explained - if calculated for the outcome "care-seeking" the given sample must only contain children who have had one of the symptoms asked for. It is not clear from your calculation what proportion of children you expected to have had any of these symptoms. Since you factored in an additional 40% to your sample due to mobility (?), the sample size is big enough for your first objective but I suggest to add a sentence for clarification.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
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No

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I am able to assess the statistics

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