Reviewer's report

Title: Healthcare Seeking Behaviour among Self-help Group Households in Rural Bihar and Uttar Pradesh, India

Version: 1  Date: 3 September 2015

Reviewer: William Joe

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Minor revisions

1. Page 7, line 85-87: Have you performed a sensitivity analysis by considering different age cut-off point for chronic conditions? Do the econometric inferences vary significantly if age cut-off point is shifted?

2. Page 7, line 85-87: Also, do you consider possible random-effects given the clustered nature of data.

3. Page 7, line 92-94: The selection bias is somewhat addressed in case of outpatient care regressions however, have you considered this issue while analysing the inpatient care data?

4. Page 7, Line 103: A brief description about possible limitations of the imputation method for costs and time is desirable.

5. Page 10, Line 173: “Cost consideration”... It will useful to describe the range and nature of cost as well as time required before presenting the econometric results. This can also be a part of discussion as cost is not found to be a major factor determining care seeking. Also, do you consider the total costs or include some information regarding cost components (drugs, diagnostics, consultations)

6. Proximity is emerging as criteria for care not because of quality or cost of provider but may be just because the households want to find help at the earliest or find a person who can suggest something.

7. It is interesting to note that cost of care does not influence decision. Is it that the cost considered is more or less comparable across providers and there are no differences in “real” sense?

8. Page 10, Line 254-6: “The key implication from this study is that since proximity is such an important factor influencing healthcare-seeking behavior, CBHI schemes should consider reimbursement for transportation costs and/or reimbursement of foregone earnings as part of the insurance package.” This may be a suggestion for the CBHI schemes but it does not appear to the key implication from the study. As you have noted, costs do not matter and without understanding the reason we cannot consider that subsidising travel costs can be helpful.
9. In general, the discussion is weak and needs expansion and attention on a few issues that are raised above including limitations of methodology as well as conceptual issues regarding significance and role of the variables such as cost, proximity and providers. The discussion does not shed enough light on interesting issues that emerge from the data analysis.

Discretionary revisions

1. Page 3, line 2: “Notwithstanding progress in health outcomes”...This statement is somewhat ambiguous as several health indicators are found worsening for India. For instance, life expectancy is increasing but so is the burden of chronic non-communicable diseases. Perhaps, this statement may be avoided or rephrased with more clarity.

2. Page 3, line 4: The RSBY was launched in 2008 so may be the date itself can be mentioned as the term “recently” provides a subjective view.

3. Are pregnancy and childbirth related outpatient and inpatient care included in the analysis? Generally, these are not included. Also, what about accidents and injuries? Are there any gender differences in care seeking behaviour?

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