Reviewer's report

Title: Patterns of Illness Disclosure among Indian Slum-Dwellers: A Qualitative Study

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Reviewer: Srinivasan Kannan

Reviewer's report:

In Abstract lines 32 and 33 authors stated "Slum dwellers do not always disclose their illness to professionals."

It looks like they are blaming the dwellers. Instead of blaming them authors may ask why were they not ready to disclose. It sounds like it their duty to do so. A power over the participants is felt from the beginning of the paper.

One more thing which is not clear is whether the authors uses Etic or Emic perspective.

For the benefit of authors,

"an emic perspective attempts to capture participants' indigenous meanings of real-world events emic more relevant in the interpretation of a culture and in the understanding of cultural experiences within a particular group (GARCIA, 1992; GODINA & McCOY, 2000; SAVILLE-TROIKE, 1989)."

On the other hand, "etic perspective encompasses an external view on a culture, language, meaning associations and real-world events"

The use of an etic perspective or approach to research is beneficial as it enables comparisons to be made across multiple cultures and populations which differ contextually.

Another thing to be noted is, in general, for qualitative studies researchers use inductive approach. But, in this paper the authors were fully using the deductive logic. That is common in quantitative studies. It suggests that this is a part of a larger study with a quantitative component in it. This is not disclosed in the beginning of the paper.
Specific comments.

In line 80 lay arena and lay understanding' is a connotation that the authors are health professionals and the participants are non professionals. This is the reason the authors expecting the population to follow their expertise related health practices such as Allopathic medicine. They may also have home remedies and alternative medical practices among the members. Need to clarify that.

In addition, people who are included in the study are from lower socio-economic status. In general they have higher threshold for the illness. This makes one to feel healthy until they reach the threshold. On the other hand, the middle income group or rich have lesser thresholds and start feeling sick even with a low level of discomfort they report they are ill. This necessitates the authors to discuss on the thresholds.

In Line 85, the authors stated, "expressing illness". Is this sharing illness experience? If so, this may be corrected.

Lines 86 to 88 clearly showing authors used closed end questions. As discussed earlier, this suggests they are following deductive logic. Whether qualitative method is an appropriate option for such a deductive study? Usually, as much as possible we use open ended questions and probe further on the subject from response we get. This gives a feel this is quantitative study in the name of qualitative form submitted to the journal. This needs to be justified.

Or if this is based on a larger study which comprises of both quantitative and qualitative components with the same questions a reference to the report or the other part of the study need to be given.

Further, if we give a thought, we need to include things such as taking rest, exempt from duties, diet modification and so on need to be included in addition to the disclosure. These are the common things one need to include in such community studies.

In lines 88 to 90, authors loosely used a phrase this will help in health policy making process more effective. This need to be deleted.

In Line 91, the concept of future demand estimation. Demand is a quantitative entity. Based on the present paper using qualitative methods, authors cannot estimate the demand. The authors seem to be discussing the quantitative study component to this qualitative paper.
This further confirms the study has both quantitative and qualitative components. The scope of the present paper is only the qualitative aspects of the study. The authors need to restrict their discussion limited to qualitative components. This leads the paper to deductive approach. Authors need to disclose this.

line 129 - There was a mention on a larger study. At the end of the sentence a superscript 'a' is given. But the explanation is missing.

line 127 experience illness suggest they shared their status. Then how can one say they keep to themselves (line 132-not reporting).

In line 132 there was a mention that the participants are not reporting illness. While, in line 127, says participants who experience illness were included the study. That means they have shared the status while selecting. There is a contradiction in line 132.

Line 134 says the authors used one year as a recall period. This looks very long. One can have maximum of six months as we can remember event for last six month at the most. Justification for the same had to be given. And also need to discuss how this did not affect the findings of the study.

In line 135, age of participants is mentioned as 16 years. This suggests they are eligible for consent. The consent form details are not provided in this section.

In line 149 the usage of questionnaires is confusing. In general, questionnaires are self administered tool. But for a qualitative interview one will not use questionnaire. There is something wrong in the tool. Please explain this.

Ethics and consent process are missing in methods section. This was not found till the line 160.

Authors need to state whether they have used any software for analysis. If not they need to state analysis was done manually. There was no mention till the line 172 on this.

Results

In Line 179, authors discussed multiple reasons made the participants to disclose illnesses. The reasons discussed may not be true for all diseases. It will be different for different diseases. For
instance, sexual health or reproductive health may have different way of disclosing than of the normal illness like simple fever. In some case, other illnesses which are considered to be stigma may have different approach. Authors need to clearly state whether they have asked questions for any specific illness or just a general question for all illnesses.

Line 197. Many terms used in the paper did not have any reference. Authors need to provide reference for the terms used. For instance, 'social penalty' needs reference. Likewise, authors need to provide reference for the terms used in the paper.

Line 204 suggests the importance of rest when a person is sick. This was discussed earlier by the reviewer.

Line 222

The quote from line 222 suggests that the participants follow different disclosing strategies. This may not be called as non-disclosure. If the participant discloses either in a formal way or in an informal way such as a person who counsel them may be considered as disclosure. This may be the bias of authors towards the modern medicine. This could also be an outcome of using only the etic perspective for research.

Line 243 is clearly showing the attitude of doctors. This needs further discussion as this would contribute to non-disclosure among the members of the community.

In line 395, 'Coping with insecurities of the slum', suggests that there are safety issues. But the concept discussed here is on their job security. Authors may use different term for security. Authors may refer Maslow theory of motivation.

The point discussed is about how one is concerned about job security and problems related to work. It did not refer to safety and security of family members. It sounds like the security of family members. There are also mentions on girls feel unsafe and insecure in temporary shelters. Please clarify.

In Line 470, usage of the term, 'female disorder' looks like a literal translation of the term from a regional language. It does not communicate the point.

Theme such as number 5 on 'Reasons for not disclosing illness' is purely based on deductive logic.
Discussion

What is new about the findings in the paper? Many of the findings are already known. In India this is a common problem faced by many. As we know all urban people have roots in villages. This is similar to the patterns found in rural areas. The slum dwellers continue their rural lifestyle in urban slums.

Authors interpreted some of the excuses as participants' coping strategies. That does not justify the finding.

Throughout the paper the authors have number of assumptions about illness. They need to define them first. And this would have been explained to the participants well before data collection.

For example, 'pain, discomfort, inability to perform duties and so on', need to be explained before. This has to be validated with illness prior to data collection.

In line 745 acknowledgement of illness is questionable. What do authors mean by that? The authors' perspective may be different from that of the participants.

In epidemiology, host, agent and environment interaction leads to different states of health in an individual.

In that case how the host discloses the state of health by many of the manifestations need to be recorded. This needs one to go on documenting many of the acts of participants through observations. This could not be done by verbal disclosures.

In Line 785, it is not only isolation and rejection it is also linked to social sanctions.

In line 787, a social phenomenon is simplified to a binary option. This is a oversimplified option. They cannot be classified just as black or white, but need to address the grey areas as well.

In Line 795, where is the finding on managerial support on the paper. It is not mentioned anywhere.

In Line 798, in qualitative inquiry we do not discuss sample size. The authors are confusing this with the larger quantitative study.
In Line 803, it is not clear who interviewed the participants. Whether men interviewed men participants, women interviewed women participant. It is not clear from the methods. If it was not followed the above this would affect responses. Hence, that need to be mentioned in the article. This may be a limitation.

It is also not clear where was the interviews conducted. Whether at their homes or workplace? This would affect the responses.

In Line 809, objective of qualitative study may not be for generalizing to larger population. This could not be a limitation.

In Line 818, the term masculine ego looks like participants self perceive. Actually masculinity is socially constructed phenomenon. Most of the times, a person respond to his alter more than ego.

In Lines 821 to 26, the reasons for disclosure and non-disclosure excluded the cost aspect or affordability of healthcare. There was a mention in the results section on that.

There are Quacks called Bengali doctors in different slums in Northern India. Similar quacks will be there in Kolkatta and Bengalore as well. There was no mention on the quacks. This needs to be included. Is this because authors did not take a note on them? Even in cities like Chennai has quacks in slums. The Bengali doctor concept is common among the immigrant workers from Northern India in Chennai and other cities.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?

If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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