



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7280
Title of the Manuscript:	USERS' SATISFACTION WITH THE NATIONAL HEALTH INSURANCE AMONG THE FEDERAL SECRETARIAT STAFF IN SOUTH WESTERN NIGERIA
Type of the Article	Original Research Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Page 2 lines 41-43 - This is because the price of medical care has the propensity to reduce utilization and consequently cause a decrease in the use or access to healthcare hence reducing health status. Authors should consider revising the above statement. It is not clear Page 2 lines 48-50 do we assume that the provision of standard and efficient care is linked to the insured's understanding of the scheme's modus operandi? The statement is not clear Page 2 line 55 "unavailability or non coverage of some required services" is not a provider related factor rather it is an issue that need to be addressed at the scheme level. It doesn't need to be captured here Page 3 line 66 can illness be ignored? And under what circumstance? Page 3 lines 67-70 the problem statement is poorly constructed. With appropriate sentence structure, the problem should be clearly linked to the issue under investigation. The study suffers heavily from methodological deficiencies. Why choose the Federal Government Secretariat alone when Nigeria has a tall public service system? How were the respondents selected? By what sampling strategy and how. What was the content of the questionnaire? Was it pilot tested? From which people. Over field data collection method which is crucial for a study of this nature is ignored.	The statement has been recast to read as "This is because the price of medical care, if high, can promote under-utilization of healthcare services and consequent suboptimal health status" on line 18-19. No, there is no link. The statement "and this is because some of the enrollees are yet to fully understand the activities and the operational guidelines of the scheme" was wrongly quoted and has been deleted from the text (2nd paragraph of introduction). "Unavailability or non coverage of some required services" has been removed as suggested from 2nd paragraph of introduction. "ignoring illness" This was a reported variable in a previous work by Oyibo (2011) (line 43). It is a common practice in West Africa for individuals to do nothing about medical issues which are not serious or life-threatening. The third paragraph of introduction (lines 36-48) has been re-cast to link the problem with the subject under investigation. At the time of study & up to present, compulsory insurance (i.e. NHIS) is only firmly rooted among workers in the federal public service sector. Implementation is haphazard



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	Authors stated that the scale ranged from 1-5. What are measure of this scale? Analysis and presentation of the chi-square analysis poses problem. Results are presented as if there are basis of comparison when in actual fact they are simply cross-tabulation. E.g. in Table 1 males (57.5%) were more satisfied with drug services than the females 85 (53.5%) ($P > 0.05$). This significant level is tested for both male and male and cannot be presented to reflect only males. The same applies to Tables 2,3 and 4. It is difficult to understand the exclusivity of the pendent variables in the chi-square analysis. For instance what is the difference between HCP and all the other dependent variables – waiting time, provider attitude etc. Authors should delete all the “100s in the parenthesis I am still waiting to see the logistic regression model employed in this study. Discussion could be better improved with revisions to the above comments	and partial in other levels and sectors. Hence, the choice of federal workers. Methodology section has been re-written to address all these concerns (lines 50-77). The measures of the Likert scale have been inserted as: 1 = very poor, 2 = poor, 3 = good, 4 = very good and 5 = excellent (lines 75-76). Results of binary and multiple logistic regression analyses have been inserted in tables 2, 3 and 4 as appropriate. Result section has been explicitly re-written to summarize important findings. Table titles have been re-cast to indicate the content of respective tables. All the “100s in the parenthesis have been deleted. Results of binary and multiple logistic regression analyses have been inserted in tables 2, 3 and 4 as appropriate. Discussion section has been revised to include new discussion of findings, study implications and limitations (highlighted in red fonts).
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		