



Nuzulul Putri <nuzululkusuma@fkm.unair.ac.id>

Submission Confirmation for your paper

1 pesan

International Health <em@editorialmanager.com>
Balas Ke: International Health <journals@rstmh.org>
Kepada: Nuzulul Kusuma Putri <nuzululkusuma@fkm.unair.ac.id>

14 Agustus 2020 pukul 04.32

CC: "Ratna Dwi Wulandari" ratna-d-w@fkm.unair.ac.id, "Robeth Jabbar Syahansyah" robethjabbar@gmail.com, "Karen A. Grépin" kgrepin@hku.hk

Manuscript Title: Determinants of Out-of-District Health Facility Bypassing in East Java, Indonesia
Corresponding Author: Mrs. Nuzulul Kusuma Putri
International Health

Dear Mrs. Putri,

Thank you for submitting your manuscript entitled "Determinants of Out-of-District Health Facility Bypassing in East Java, Indonesia" to International Health. The journal will be fully open access from January 2020 and all new submissions are treated as open access.

Your manuscript will be given a reference number once an Editor has been assigned.

You will be able to check on the progress of your paper by logging on as an author. The URL is <https://www.editorialmanager.com/inthealth/>.

Thank you for considering this journal for your work. If your manuscript is sent for peer review, we aim to provide a decision within 6 weeks of submission.

Kind regards,
Editorial Office on behalf of Emma Williams, Managing Editor
International Health

The journal is published by the Royal Society of Tropical Medicine and Hygiene (RSTMH), which has been dedicated to improving tropical medicine and global health since 1907. Through our network of members across the world, we facilitate research, share knowledge, guide lifelong careers, and drive impact. Find out more about what we do and becoming a member by signing up to our newsletter: <https://rstmh.org/newsletter>

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/inthealth/login.asp?a=r>). Please contact the publication office if you have any questions.



Nuzulul Putri <nuzululkusuma@fkm.unair.ac.id>

Decision on your manuscript - INTHEALTH-D-20-00165

International Health <em@editorialmanager.com>

21 September 2020 pukul 12.37

Balas Ke: International Health <journals@rstmh.org>

Kepada: Nuzulul Kusuma Putri <nuzululkusuma@fkm.unair.ac.id>

CC: "Ratna Dwi Wulandari" ratna-d-w@fkm.unair.ac.id, "Robeth Jabbar Syahansyah" robethjabbar@gmail.com, "Karen A. Grépin" kgrepin@hku.hk

INTHEALTH-D-20-00165 : Determinants of Out-of-District Health Facility Bypassing in East Java, Indonesia

Dear Mrs. Putri,

Thank you for submitting your manuscript to International Health. We have had your manuscript peer reviewed and the reviewers raise several points that we would like you to address in a revision before we consider your paper further. If you are able to resolve all the issues outlined in the reviewers' comments below to the editor's satisfaction, and revise the paper accordingly, we will be pleased to reconsider it. However, we can give no guarantee of its ultimate acceptance.

Please note that any attachments provided by the reviewers will be made available to you through your author centre. We no longer send these via email as we have found that these attachments often cause the decision notifications to be flagged as spam. To access the attachments, please go to the 'submissions needing revision' queue in your author centre. In the list of action links you will see 'view attachments'. Clicking on this link will show you a downloadable list of all attachments associated with the submission.

If you decide to revise your paper, a list of changes or a rebuttal directed towards each point raised by the reviewers must be submitted with the revised manuscript. Please indicate the location (page and paragraph, table or figure) of all the changes made and upload your 'Revision Notes' as a separate file. Please also highlight or use tracked changes to show amended text in your revised manuscript and delete the old manuscript file from the system.

To submit a revision, please go to <https://www.editorialmanager.com/inthealth/>, log in as an Author and select the 'Submissions Needing Revision' and 'Submit Revision' options.

Please ensure that your revised manuscript is submitted by Oct 19, 2020.

Please let us know whether or not you intend to revise and resubmit your paper.

We look forward to hearing from you soon.

Kind regards,

Peiyuan Qiu
Editorial Office
International Health

journals@rstmh.org

The journal is published by the Royal Society of Tropical Medicine and Hygiene (RSTMH), which has been dedicated to improving tropical medicine and global health since 1907. Through our network of members across the world, we facilitate research, share knowledge, guide lifelong careers, and drive impact. Find out more about what we do and becoming a member by signing up to our newsletter: <https://rstmh.org/newsletter>

<https://twitter.com/rstmh>

COMMENTS:

Reviewer #1: This paper employed 443 questionnaires and linear regression analysis to identify the factors that are associated with out-of-district health facility bypassing behavior. The topic is interesting, and there are some issues

worthy of thinking deeply.

1. Study status. "In other international contexts, numerous studies have explored the related phenomenon of health facility bypassing." However, there are just a few previous papers related to out-of-district health facility bypassing mentioned in the introduction part.
2. Sampling. "In order to control for physical access within the district, in each district, two subdistricts were selected: one subdistrict with easy access and one subdistrict with difficult access to the district capital." However, the study failed to analyze data of subdistricts with easy/difficult access to the district capital respectively. . What is the implication of sampling?
3. Questionnaire. There was no evidence that questionnaire in this study is existing widely-recognized one. If the questionnaire was made by yourself, what is the measurement of validity and reliability of the questionnaire? That would be critical to guarantee data-collecting quality. Is there any reliable basis?
4. Study context should be part of the introduction part rather than the methods part.
5. In the table1, there are insufficient results of all variables the linear regression used, e.g. age, gender, family size, satisfaction toward home district health facility. And the title of fourth column is "% or mean", but there is just %.
6. In the table3, 0.7 is incorrectly written as .7.

Reviewer #2: This is a research article that reports an important aspect on health services and how geographical access can influence the decision on health care seeking of people. The paper uses primary data gathered from East Java province of Indonesia to examine the central objective of the research. As there is little evidence on the subject particularly from Indonesia, the researchers deserve appreciation. Some specific concerns the authors may want to consider are mentioned below:

1. Most people bypassed the district to avail health services did so for availing primary health services. This is surprising as in normal circumstance bypassing is associated with absence of higher level care facility in a specific area/district. However, it is not clear as to all of them who did so (went to another district) reported lack of geographical access. Though district access is considered as a variable in the regression analysis, it would be better to check this using a simple cross tabulation.
2. The authors have mentioned that they have used linear regression analysis. It is not clear from the methodology or the results sections as to what the outcome variable was. Given the write up, one would think that whether one has accessed a health facility in another district for health services would have been the variable considered. This needs to be mentioned clearly in the methodology section. And this leads to the next question
3. If the outcome variable was a yes or no sort of answer, why linear regression was used in the analysis?
4. It would be useful to include two aspects in the paper a) the measures adopted by the Government over the years to improve access in difficult areas of the country and 2) The gaps in knowledge that is indicated by this analysis. For instance, only 30 percent of all changes in the outcome variable is explained by the regression model, leaving much of the reasons remaining to be explained. What are the avenues to explore these reasons?

Other comments and questions:

1. How do you measure district access level?
2. From Appendix table 1, we can see that the impact of district access level was marginal. How can the authors reach the conclusion that the geographic access is the main reason of bypass?
3. In addition, the R square of the linear model was low, which indicated that there are other important factors that have not been identified. How can authors explain this.

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/inthealth/login.asp?a=r>). Please contact the publication office if you have any questions.

REVISION ROUND 1

No.	page and paragraph, table or figure	Reviewer's comments	Author's revisions
1	Page 5, para 1	Study status. "In other international contexts, numerous studies have explored the related phenomenon of health facility bypassing." However, there are just a few previous papers related to out-of-district health facility bypassing mentioned in the introduction part.	A sentence has been added to describe the study status. "Those studies discussed health facility bypassing in the region but did not specifically accommodate district-district bypassing in the context of decentralization."
		Sampling. "In order to control for physical access within the district, in each district, two subdistricts were selected: one subdistrict with easy access and one subdistrict with difficult access to the district capital." However, the study failed to analyze data of subdistricts with easy/difficult access to the district capital respectively. . What is the implication of sampling?	We are somewhat confused by the wording of this question, we interpreted this comment from the reviewer as "analyze data fo the subdistricts...to the district capital separately" rather than "respectively". As our sample is relatively small, we did not comfortable further disaggregating our sample to analyze these data separately.
	Page 8, para 1	Questionnaire. There was no evidence that questionnaire in this study is existing widely-recognized one. If the questionnaire was made by yourself, what is the measurement of validity and reliability of the questionnaire? That would be critical to guarantee data-collecting quality. Is there any reliable basis?	We made a satisfaction scale based on the service dimension used by the national government in assessing the public satisfaction index of public organizations in Indonesia. A total of 16 satisfaction questions, each with a five-point rating scale ($M = 0.76$, $SD = 0.07$), were asked to respondents. We tested the scale reliability of our instrument by estimating the Cronbach's alpha, which yielded a sufficiently high coefficient (Cronbach's alpha = 0.86, 95% CI).
	Page 5, para 1	Study context should be part of the introduction part rather than the methods part.	Study context moved to the introduction
	Table 1	In the table1, there are insufficient results of all variables the linear regression used, e.g. age, gender, family size, satisfaction toward home district health facility. And the title of fourth column is "% or mean", but there is just %.	Thanks for catching this, we have added the label table (% or mean) to our summary statistic table. We used mean for three variables, i.e. age of respondent (years), household size (persons), and satisfaction score toward health facilities in home district
	Table 3	In the table3, 0.7 is incorrectly written as .7	Corrected

No.	page and paragraph, table or figure	Reviewer's comments	Author's revisions
	Page 11, para 2	<p>Most people bypassed the district to avail health services did so for availing primary health services. This is surprising as in normal circumstance bypassing is associated with absence of higher level care facility in a specific area/district. However, it is not clear as to all of them who did so (went to another district) reported lack of geographical access. Though district access is considered as a variable in the regression analysis, it would be better to check this using a simple cross tabulation.</p>	<p>Based on a simple cross-tabulation, we found that even though the bypassing behavior is high among the population living in difficult (62.5%) and easy access, a higher proportion of the people living in easy access places bypassed (69.6% decided to bypass).</p>
	Page 10, para 1	<p>The authors have mentioned that they have used linear regression analysis. It is not clear from the methodology or the results sections as to what the outcome variable was. Given the write up, one would think that whether one has accessed a health facility in another district for health services would have been the variable considered. This needs to be mentioned clearly in the methodology section. And this leads to the next question</p> <p>If the outcome variable was a yes or no sort of answer, why linear regression was used in the analysis?</p>	<p>The outcome variable in this study is the bypass behavior. We asked whether the respondent had ever travelled to other districts for healthcare (for themselves or another household member) within the last three months. They respond in a yes or no sort of answer, which then transforms into a dummy variable for binary logistic regression</p>
	Page 15, para 2	<p>It would be useful to include two aspects in the paper a) the measures adopted by the Government over the years to improve access in difficult areas of the country and 2) The gaps in knowledge that is indicated by this analysis. For instance, only 30 percent of all changes in the outcome variable is explained by the regression model, leaving much of the reasons remaining to be explained. What are the avenues to explore these reasons?</p>	<p>We put explanation in the discussion:</p> <p>The different policies and financial ability of the Local Government are the possible factors that could explain this indication. There is a high variation of local government policy supporting their poor population in Indonesia, which makes a gap in the population's ability to bypass. Moreover, the strategy of local Government in building infrastructure in the remote area also different.</p>

			Rather than consider this as the limitation of our study, it strengthens our argument that bypassing behavior in a decentralized country is different from the non-decentralized country.
	Page 8, para 2	Other comments and questions: 1. How do you measure district access level?	1. District access level refers to whether or not the household lived in one of the subdistricts with difficult access (as defined by public transportation networks) to the district capital or not. Subdistrict with difficult access does not have any main road connected to the district capital and/or does not have any direct public transportation to reach the district capital. We grouped the respondents into difficult and easy access group based on the District Health Office recommendation.
		2. From Appendix table 1, we can see that the impact of district access level was marginal. How can the authors reach the conclusion that the geographic access is the main reason of bypass?	2. We used logistic regression and put the marginal effect in appendix 2
	Page 15, para 2	3. In addition, the R square of the linear model was low, which indicated that there are other important factors that have not been identified. How can authors explain this.	We put explanation in the discussion: The different policies and financial ability of the Local Government are the possible factors that could explain this indication. There is a high variation of local government policy supporting their poor population in Indonesia, which makes a gap in the population's ability to bypass. Moreover, the strategy of local Government in building infrastructure in the remote area also different. Rather than consider this as the limitation of our study, it strengthens our argument that bypassing behavior in a decentralized country is different from the non-decentralized country.



Nuzulul Putri <nuzululkusuma@fkm.unair.ac.id>

Decision on your manuscript - INTHEALTH-D-20-00165R1

1 pesan

International Health <em@editorialmanager.com>

4 November 2020 pukul 09.57

Balas Ke: International Health <journals@rstmh.org>

Kepada: Nuzulul Kusuma Putri <nuzululkusuma@fkm.unair.ac.id>

CC: "Ratna Dwi Wulandari" ratna-d-w@fkm.unair.ac.id, "Robeth Jabbar Syahansyah" robethjabbar@gmail.com, "Karen A. Grépin" kgrepin@hku.hk

INTHEALTH-D-20-00165R1 : Determinants of Out-of-District Health Facility Bypassing in East Java, Indonesia

Dear Mrs. Putri,

Thank you for submitting your manuscript to International Health. We are interested in publishing this paper if you can address the minor comments submitted by the reviewers. Please consider all the comments outlined below and revise your paper accordingly.

Please note that any attachments provided by the reviewers will be made available to you through your author centre. We no longer send these via email as we have found that these attachments often cause the decision notifications to be flagged as spam. To access the attachments, please go to the 'submissions needing revision' queue in your author centre. In the list of action links you will see 'view attachments'. Clicking on this link will show you a downloadable list of all attachments associated with the submission.

When you submit your revision, please include a document addressing each point raised by the reviewers, indicating the location (page and paragraph, table or figure) of all the changes made and upload your 'Revision Notes' as a separate file. Please also highlight or use track changes to show amended text in your revised manuscript and delete the old manuscript file from the system.

To submit a revision, please go to <https://www.editorialmanager.com/inthealth/>, log in as an Author and select the 'Submissions Needing Revision' and 'Submit Revision' options.

Please ensure that your revised manuscript is submitted by Nov 17, 2020.

Please let us know whether or not you intend to revise and resubmit your paper.

We look forward to hearing from you.

Kind regards,

Peiyuan Qiu
Editorial Office
International Health

journals@rstmh.org

The journal is published by the Royal Society of Tropical Medicine and Hygiene (RSTMH), which has been dedicated to improving tropical medicine and global health since 1907. Through our network of members across the world, we facilitate research, share knowledge, guide lifelong careers, and drive impact. Find out more about what we do and becoming a member by signing up to our newsletter: <https://rstmh.org/newsletter>

<https://twitter.com/rstmh>

COMMENTS:

Reviewer #1: The authors revised the paper based my comments in most situation. But there are some grammar mistakes should be corrected, such as "whether or nor"(p 12), "the they felt "(p16)

1. The authors calculated the Cronbach's alpha=0.86, 95% CI. What did the 95% CI mean? Did you calculate it? Please report or delete.
2. The authors used different spelling for some words, for example, "behavior" and "behaviour". Please keep them consistent.
3. There are some spelling errors, such as "positin". Please check the whole manuscript carefully and correct all the mistakes.
4. If geography is the most important reason for bypassing, could the authors add some policy implications about how to address this issue? Neither in the discussion nor conclusion part, the authors missed this important part, which are very important for policy makers. Is it better to attract those bypassing people back to use health care in their district or is it better to cover their expenditures by health insurance even though they use outside health resources. The audiences hope to hear some voice from the authors in the context of Indonesia.

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/inthealth/login.asp?a=r>). Please contact the publication office if you have any questions.

REVISION ROUND 2

Page, Para	Reviewer's comments	Revision
Page 8	The authors calculated the Cronbach's alpha=0.86, 95% CI. What did the 95% CI mean? Did you calculate it? Please report or delete	the Cronbach's alpha=0.86 For the satisfaction score with sample 437, sample mean 0.76, SD 0.07, and CI 95% (0.75, 0.76) However, we have removed the confidence interval from our text.
	The authors used different spelling for some words, for example, "behavior" and "behaviour". Please keep them consistent	revised
	There are some spelling errors, such as "positin". Please check the whole manuscript carefully and correct all the mistakes.	We have done a thorough review of the manuscript and have tried to minimize spelling errors.
Page 15	If geography is the most important reason for bypassing, could the authors add some policy implications about how to address this issue? Neither in the discussion nor conclusion part, the authors missed this important part, which are very important for policy makers. Is it better to attract those bypassing people back to use health care in their district or is it better to cover their expenditures by health insurance even though they use outside health resources. The audiences hope to hear some voice from the authors in the context of Indonesia.	We add the policy implications in the conclusions: Since geography is the fundamental reason for bypassing, the central governments should work to find ways to continue to narrow the gap in access that exists between districts, especially those with more challenging geography. Districts could map their existing health infrastructure and overlay this with information of out-of-district bypassing to better understand where this behavior is most likely to occur. Central government may also wish to explore how to allocate resources to best increase access in these areas, for example by allowing people to use their health insurance in neighboring districts where such decisions may make it easier for them to access health services.



Nuzulul Putri <nuzululkusuma@fkm.unair.ac.id>

Decision on your manuscript - INTHEALTH-D-20-00165R2

1 pesan

International Health <em@editorialmanager.com>

22 Desember 2020 pukul 21.28

Balas Ke: International Health <journals@rstmh.org>

Kepada: Nuzulul Kusuma Putri <nuzululkusuma@fkm.unair.ac.id>

CC: "Ratna Dwi Wulandari" ratna-d-w@fkm.unair.ac.id, "Robeth Jabbar Syahansyah" robethjabbar@gmail.com, "Karen A. Grépin" kgrepin@hku.hk

INTHEALTH-D-20-00165R2 : Determinants of Out-of-District Health Facility Bypassing in East Java, Indonesia

Dear Mrs. Putri,

Thank you for making the requested revisions to your manuscript. I am pleased to inform you that we have assessed your paper and are now happy to accept it for publication in International Health.

I will now send your paper to our production team at Oxford University Press, so that the proof can be prepared for your approval. You should receive this in the next few weeks.

OPEN ACCESS FROM JANUARY 2020

International Health is now a fully open access journal. All articles published from January 2020 will be open access and authors will be asked to sign an open access licence. For information on our open access fees see:

https://academic.oup.com/inthealth/pages/Submission_Online#Publication%20charges

International Health is published by the Royal Society of Tropical Medicine and Hygiene (RSTMH), which has been dedicated to improving tropical medicine and global health since 1907. Through our network of members across the world, we facilitate research, share knowledge, guide lifelong careers, and drive impact. Find out more about what we do and becoming a member by signing up to our newsletter: <https://rstmh.org/newsletter>

Thank you again for submitting your work to this journal. We look forward to receiving further papers from your group.

If you have any feedback on the journal or RSTMH activities, we would love to hear from you!

With kind regards,

Editorial Office
International Health
journals@rstmh.org
<https://twitter.com/rstmh>

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/inthealth/login.asp?a=r>). Please contact the publication office if you have any questions.