Rebuttal Letter

Dear Editor and Reviewer of IJCP

Thank you for the constructive suggestions and comments from the editor dan reviewer. We put the response for each of the comments, below and give the yellow highlight in the manuscript.

Best regards

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No	Comment	Response
1	the reviewer asking about the structural factor that may influence the patients' adherence.	We added some sentences to make the factors clear, and add a literature to give more detail information Side effects and duration of treatment are parts of the structural factors. Personal factors include poverty and gender, and stigma is part of the social factor. The other patients' factors, such as knowledge and attitude, also may influence patients' interactions with health services [4,5]
2	Language or demographic features are missing? Authors did not find any relate risk factors with these variables? I suppose TB is related to poor or marginalized areas	The prevalence of Tuberculosis is high in Indonesia. The TB cases are widely spread in all city area, not only in rural or urban area. We choose the two hospitals and community lung health center, because the lung health center usually is available in each city and the two hospitals is the referral for tuberculosis patients after the visit the primary health care. Thus, language and the area are not influence the study outcome. This reason is based on the National Health Survey (2018 and 2020), that mentioned the living area of tuberculosis patients in city, rural and urban area are not significant different.
3	These must be supplied in the data or in the form of supplementary data? Whether the questions were open ended or MCQs?	We will put the questionnaires in the supplementary data. The questionnaire is closed-ended questions.
3	I suggest to use graphs to depict results which is more convenient way to understand	We already made the graphs (fig 1) We already made some graphs for the study results
4	Population size is somewhat	We include all the TB patients who visited the

	not well defined. How authors claim that 162 is the total population?	hospitals and lung center during the pandemic. Total population here, meaning that all TB patients whi visited the three hospitals during the study period
5	How did they confound this study?	In Indonesia, there is the social workers (we called them DOTS: directly observed treatment shortcourse), who help TB patients in taking their drugs. However, we did not involve the role of DOTs in this study. We will put this situation in the study limitation
6	The ordinary scale and nominal scale variables (knowledge scale and adherence score) have been statistically interpreted, authors may please justify from the previous studies to build relationship between these 2 variables?	The analysis between the variables can be seen in the study of 1. Chung et al, Adherence to nine-month isoniazid for latent tuberculosis infection in healthcare workers: a prospective study in a tertiary hospital – PMC (nih.gov) and 2. Mekonnen et al : Non-adherence to anti-tuberculosis treatment, reasons and associated factors among TB patients attending at Gondar town health centers, Northwest Ethiopia – PMC (nih.gov)
7	Authors should also relate levels of liver enzymes and other risk factors with recent studies? 'Patients with mild hepatotoxic effects are related to higher adherence' should be discussed in relation with publications and discuss why this is happening? The study may act as pilot study to inform decision making which is missing in the discussion	We already highlight the possibility of factors that may cause hepatotoxicity. Our subjects did not have any comorbidities and we put the previous study which did not find the significant association between other risk factors and hepatotoxicity level. The tuberculosis patients in our study did not have any comorbidities which can cause the hepatotoxicity effect during the tuberculosis treatment. The previous studies found that some characteristic factors were not related to the hepatotoxic effect. The age, gender and alcohol intake, Body Mass Index (BMI) did not have any relationship with hepatotoxic effect [11,12]. We also highlight our finding and discussion about association between hepatotoxicity effect and adherence. The tuberculosis patients who experienced mild hepatotoxicity had significant association with the good adherence, however, tuberculosis patients who experienced mild and severe hepatotoxicity had significant association with low adherence. The side effects experienced by TB patients could influence their adherence. The long duration of treatment may

		cause adverse event that greatly influence the adherence. The unpleasant effect may cause fear for the patients; then, they will stop the treatment [27,28]. We add the sentence about the pilot study for decision-making which is related to the TB patients care. This study findings will support the government to provide additional care for tuberculosis patients, which is including the education and side effect monitoring during the tuberculosis treatment.
8	It should be extended to convey policy framework to the higher ups in health authorities and relatable to 0 by 30 vision of quadripartite. Authors may state how this study could help their country and the global world to put this further?	We added some sentence and explanation about the government program . Our study can be the pilot study for the government. The education for the tuberculosis patients about the tuberculosis, treatment outcome and side effect can be the important steps to increase the patients' adherence. The long duration of tuberculosis treatment may result the side effect, that could deteriorate the patients' adherence. Thus, the massive education and side effect monitoring program can be the solution of treatment non-adherence. Since, tuberculosis is still becoming the burden in Indonesia, and Indonesia is in the second top rank of tuberculosis burden country, the massive program of education and side effect monitoring, hopefully, will decrease the burden. This program also can be scalled up in other top ranks tuberculosis countries, such as China, India and South Africa.
9	Pls insert heading of supplementary data and attach excel files and data sheets of all the questionnaire so that the study could relect the transparency and reproducibility	We added the sentence about the supplementary data We made the supplementary data in English
10	References	We accommodated the reviewer suggestion, 76% of references are from last 10 years. About the reference style, we follow the author guide that we can use the free style and after accepted, we can change the style into Chicago style
11	English	We also attach the proof reading of this manuscript

		
12	Pls adhere to use either TB or TB throughout the text	We already adjusted the “tuberculosis” into TB