Reviewer's report

Title: Understanding community perceptions, social norms and current practice related to respiratory infection in Bangladesh during 2009: A qualitative formative study.

Version: 1 Date: 26 August 2011

Reviewer: Yadlapalli Kusuma

Reviewer's report:

The present paper aims at exploring the community perceptions about respiratory infections in Bangladesh using a semi-structured questionnaire. Based on few observations, the behaviour of the communities is presented and the existing gap between knowledge and practice is reported. Understanding the perceptions as well as practices related to respiratory infections is important in the given background of considerable burden of respiratory infections in the country.

However, I have major concerns with the presentation of the design, methodology and results sections and they have to be properly written to reflect properly the work that has been done. The results need to be better triangulated. The manuscript could benefit from some significant revision, particularly by improving the methodology and results sections. The revision could improve a lot considering the comments mentioned below on missing scientific rigour and transparent reporting standards of qualitative data.

Specific comments:

1. Background: Study context may be presented by highlighting the background in which the study is commenced. Focus may be given on the importance of the problem as well as the importance of understanding the community’s perceptions as well as the perceived barriers in the existing situation of ARIs in the study area. Also important is that the authors present research questions of the study. (Minor Essential Revisions).

2. Full form of ICDDR, B may be given for the first occurrence in the text and then onwards abbreviation may be used (Minor Essential Revisions).

3. Regarding methodology, detailed methodology should be presented. At present, the authors presented the details such as the number of in-depth interviews, focus group discussions, etc. Further details should be presented regarding these methods (please see the comments below). (Major Compulsory Revisions)

4. It is important to present the details on who conducted the interviews and other details about the training imparted to the interviewers. At present, it is not clear whether interviewers are trained in qualitative methods. (Minor Essential Revisions)
5. Sampling should precede the data collection. The authors presented how (every 10th household) and how many informants they have selected for in-depth interviews. However, in qualitative data collection the saturation of data rather than numbers is important. However, no attempt is made by the authors to talk about the data saturation. If most of the data is collected in a quantifiable form, then it should be presented clearly. Providing the interview guide used for the purpose of conducting interviews would help in understanding what type of data is mainly generated (quantifiable or narrative text data) (Major compulsory Revision)

6. Regarding focus group discussions, there were a total of eight discussions and the groups were selected on certain basis i.e., adults, school children, teachers, paramedics and religious leaders. The authors stated that they have included the household members from which the respondent for in-depth interview has been selected. What is the rationale in selecting the participants in such a way? Rather, authors would have selected participants from the households other than that have been identified for in-depth interviews. The details on the number of focus group discussions in each of the above five categories, size of each focus group and demographic details may be presented. Here also, reporting on the saturation of data, or any constraints/limitations in proceeding further with more FGDs; if so, are to be mentioned in the revised manuscript. (Major compulsory Revisions)

7. The authors should provide the interview/discussion guide, as annexure and how these guides were developed should be presented. (Major Compulsory Revisions)

8. Since the authors have used more than one method, present the purpose of using each method and this combination of methods. The authors can give a small account on using different methods in achieving the study objectives. Please highlight the purpose of using each method. Also, authors may highlight on what issues are captured well in which method. The perceptions that were captured well in in-depth interviews and the issues that were raised in focus groups may be highlighted. (Major Compulsory Revisions)

9. Regarding observations, it is mentioned that - observations on the hygiene behaviours related to respiratory infections are made, however it is not clear what specific behaviours were observed for. Hence, a detailed description of the observations made should be presented. Complete details of the observations should be presented in methods section. It is suggested to provide the details of the observations made in terms of numbers as well as for what sort of specific behaviours people were observed for. (Major Compulsory Revisions)

10. Data Analysis: In qualitative, we speak of an approach of data management and analysis. The authors provided some information on the collection, transcription, coding and translation. I would suggest segregating the coded data according to the present qualitative study research objectives. Accordingly, the results may be presented under various subheads. (For example, perceived causes, perceptions on prevention, practices, perceived barriers in prevention, etc.) (Major Compulsory Revisions)
11. It is also suggested to carry out separate analysis for in-depth interviews and focus groups. While analysing focus groups, care may be taken to analyze each focus group as a unit. Further, inferences may be drawn collectively from all focus groups. (Major Compulsory Revisions)

12. Ethical protection may be changed to Ethical considerations and Informed consent. (Discretionary Revisions)

13. The authors tend to give various percentages in the results section. I had a feeling that results are to be rewritten after careful reanalysis. I would rather suggest relying on coded data under various themes to describe results and to present results under various themes as sub-heads rather than giving percentages. I had a feeling that a thorough re-working is further needed to this section. Also, authors may take care while interpreting the quotes. Rechecking the inferences drawn is equally important and the authors should ensure how this is done. I am not quite in favour of table 3. Rather the authors may chose to present narratives/quotes in the form of a box, if they wish. Table 3 shows (please refer to fourth row and last column of the table 3) 16 respondents under the column heading 'How respiratory infections prevented?' which may be understood as that 16 perceived/reported that respiratory infections can be prevented through person’s breathe/close contact/sleeping with infected person. Likewise, 5 participants reported it can be prevented through sharing food/cigarette, 16 perceived respiratory infections can be prevented through sharing goods. This type of presenting may not succeed in bringing the data alive and there and may sometimes pose a threat of losing the meaning from the narrative/text. I am in favour of removing this table and highlight the perceptions based on the carefully coded data. (Major Compulsory Revisions)

14. Results based on the observations may be presented as a separate heading. (Minor Essential Revisions)

15. The discussion section is done well. It can further be improved if the authors chose to identify and discuss the negative perceptions; existing gaps between the perceptions and practice. e.g., focus on highlighting the gaps between perceptions and practices (observed in the present study, as well taking evidence from the published study (ies) (eg., Nasreen et al., 2010, Ref. No. 9 – which is based on the observations made in the same study communities, in which some of the present study authors are co-authors.)

16. The authors presented limitations of the study; however, other methodological limitations should also be acknowledged. . (Minor Essential Revisions)

17. Implications of the study may be presented as a separate sub-head. (Discretionary Revisions)

**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'.