Author’s response to reviews

Title: Implementing chlamydia screening: what do women think? A review of the literature

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Author’s response to reviews:

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Thankyou for your helpful and detailed responses to our article. Details of our revisions follow this letter.

Yours sincerely,

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Responses to Reviewers

Title: Implementing chlamydia screening: what do women think? A review of the literature

Version: 2 Date: 4 June 2006

Reviewer: Mariam Chacko

Reviewer’s report:

General

The authors have conducted an important study involving a thorough literature review, and also by using a theory-based approach to a proposed prevention program. Overall, the recommendations based on the Theory of Planned Behavior (TBP) model enhance the current literature on program implementation. The tables and figures are very reader-friendly.

The role and utilization of the TPB model when conducting the thematic analysis is not clear. The paper suggests that a sequential process was applied. Thus, if the thematic analysis was conducted without parallel understanding and application of factors/concepts in the TBP’s constructs, then potentially valuable information applicable to the model could have been missed.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Background:

To justify development of an appropriate and effective chlamydia screening programme in Australia, the epidemiology of chlamydia infection in that country should be provided in this section.
The changes suggested by the reviewer have been made in the revised manuscript. The epidemiology of chlamydia infection in Australia is described in the last sentences of the first paragraph of the Background.

Methods:

Second paragraph should expand on thematic analysis by describing the selection process of papers, and the process of identifying main and recurrent themes on women's views. For instance whether: a random or systemic selection of articles for each member was conducted; number/percent articles read by each member; definitions and validation of identified themes was clarified among team member via group consensus.

The process followed by the team to compare their analysis and apply it to the TPB model should be described. Lack of a team approach would greatly limit application of data to the model. Interpretation of data can be a challenge. Additional comments on the TPB model are in the General comments section. Was there an expert/consultant in the team to assist with the TPB model when there was no consensus?

We have incorporated these suggestions into the second paragraph of the Methods section which now reads: "NP read and reread all full text Papers retrieved, summarised their settings, subjects and findings and applied the initial thematic analysis. JG, RP, CF and JH were randomly allocated six Papers each to read and review to further define and validate NP's summary of the findings and impression of the themes emerging from the data. JG, RP and NP discussed the thematic analysis and reached consensus on the main and recurrent themes which relate to women's views on chlamydia screening, testing and diagnosis. As a group JG, RP and NP compared our thematic analysis with the Theory of Planned Behaviour [11]. We were interested to discover whether the TPB could help draw together our thematic analysis into a useful model for designing a chlamydia screening program. RP has the most expertise with psychological theory within our group and assisted us with the application of the TPB model."

Results: In the section Synthesizing the findings using TPB - in Figure 2:

Increased intention to seek chlamydia screening is an integral part of the TPB. The term should precede Behavior in the Figure. Additional information should be added to the TPB figure. For example providing women with a sense of control over testing is not listed in Figure 2.

Figure 2 has been revised in light of the reviewer's suggestions. We have added: Increased Intention to seek chlamydia screening to the right-hand bubble; provide women with a sense of control over testing and their results to the bottom left-hand bubble and feeling chlamydia testing is personally relevant to the top left-hand bubble.

Were any elements in each construct missing or with inadequate data? If so this should be stated.

The section of the paper entitled Synthesizing the findings using the TPB has been expanded to incorporate the reviewer's suggestions. The following text has been added: "The themes derived from our review appear to accord well with the concepts of Attitude, Subjective Norms and Perceived Behavioural Control inherent in the TPB. ... Some of the data in our themes did not fit into the TPB model, notably women's desire for better access to information on chlamydia, the suggestion regarding the use of humour to promote chlamydia awareness, and finally women's desire to be offered screening but to feel able to refuse. The area of Subjective Norms was less supported by our review than either Attitude or Perceived Behavioural Control but still has adequate data. Overall the TPB appears to be a useful way of conceptualising the findings of this literature review and may assist in chlamydia screening program planning and implementation."

Limitations:

The authors consider the following as limitations: more than half of the studies looked at the views of women under age 25 years and in more than half of the studies participants were black. Based on the
We agree that the fact that most of the studies were looking at views of women who were under the age of 25 and were black, should not be considered a limitation and have deleted this form the limitations section.

We have added a paragraph to the Limitations section which tries to address the reviewer's concerns about our thematic analysis and our use of the Theory of Planned Behaviour: "In our thematic analysis we relied initially on the work of NP, with the rest of the team discussing her suggested themes subsequently. This may have biased our thematic analysis although it is hoped that our team discussion helped to validate the theme definitions. A further limitation of our study relates to the timing of our use of the TPB. We applied the TPB sequentially following our thematic analysis. This may limit the applicability of the TPB model we have derived, as some important information may have been missed. Nevertheless it proved a useful tool to us as we processed our findings. The research team vigorously discussed the suggested themes and a subgroup worked on applying the TPB. We reached consensus on our themes and our application of the TPB model."

Recommendations:

Much of the information in the Conclusions section should be in this section.

Both the Recommendations and Conclusions sections have been rewritten in response to these suggestions. Recommendations now includes this sentence about support: "Beyond facilitating the actual diagnosis, support emerges as equally crucial, to help women cope with a diagnosis of chlamydia and to assist them with partner notification."

Conclusions:

While the proposed components of prevention programs in Australia are helpful, do the authors recommend any further research on the subject? In the context of the epidemiology of chlamydia in Australia, should any further research be conducted to learn what women think about chlamydia screening in that country. Is it possible that aboriginal groups in urban, rural and remote areas may have a unique point of view on the subject? The information obtained might critically impact the efficacy of a program.

The following paragraphs have been added to the Recommendations and Conclusions sections in response to the reviewer's suggestions. Recommendations: "Although these generalised findings emerged from studies involving multi-ethnic groups from more than one country, it may be important in the Australian context for specific studies to explore the views of various groups of young Australian women, including those of Aboriginal women in urban, rural and remote areas."

Conclusions: "While these criteria hold true across national and ethnic differences in the populations which were the subject of the literature reviewed to date, the possibility arises that other groups may have a unique point of view. In terms of developing a chlamydia screening program for Australia this highlights the need for specific further research on Australian women's views about chlamydia screening, testing and diagnosis, before any one chlamydia screening program is implemented."

Reviewer's report

Title: Implementing chlamydia screening: what do women think? A review of the literature

Version: 2 Date: 4 July 2006

Reviewer: Signe Flottorp

Reviewer's report:
General

This is an interesting study about an important topic in public health. The results are relevant (although not surprising) for those responsible for setting up screening programs.

The methods of the literature review is not well described. It is also difficult to understand how the Theory of Planned Behaviour (TPB) has been used in the analysis.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The abstract could be improved, especially the methods part.

The abstract has been revised. The repetition of findings from the Results section in the Conclusions section has been deleted. The comparison of our thematic analysis with the TPB has been stated more clearly in the Methods section.

In the background section in the article I miss information about other reviews (if existing) regarding women's views on chlamydia screening, and how information about what women think has (not) been used in existing screening programs.

We are not aware of any other published reviews regarding women's views on chlamydia screening. The following sentence has been added to the second paragraph in the Background section: "Although there are numerous published studies looking at various aspects of women's views on chlamydia screening, to date there are no published reviews available."

In the methods section the authors ought to give more detailed information especially about how the articles were selected and how the analysis was performed.

The inclusion criteria listed in the methods section are not fully consistent with the eligibility criteria in the methods part of the abstract.

In the second paragraph of the Methods section we have revised the description of the inclusion criteria so that it is consistent with those described in the methods part of the abstract.

There is no information if and how the quality of the articles was assessed, although it is reported that the quality of the studies reviewed varied considerably (p. 6).

It is stated that "We compared our thematic analysis with the TPB" - but I did not understand how this was done, or if this is relevant for the readers or those setting up screening programs.

We have added additional detail regarding the process of assessing and analysing the papers in the second paragraph of the Methods section: "NP read and reread all full text papers retrieved, summarised their settings, subjects and findings, made an assessment of the quality of the different studies and applied the initial thematic analysis. JG, RP, CF and JH were randomly allocated six papers each to read and review to further define and validate NP's summary of the findings, assessment of the quality of the studies and
impression of the themes emerging from the data. JG, RP and NP discussed the thematic analysis and reached consensus on the main and recurrent themes which relate to women's views on chlamydia screening, testing and diagnosis. As a group JG, RP and NP compared our thematic analysis with the Theory of Planned Behaviour [11]."

Results section: It is not quite clear what is meant by studies including "a quantitative/qualitative component".

We have revised the first part of the results section to clarify this sentence as follows: "Eight of the articles reviewed report on studies that took a predominantly qualitative approach; fourteen on studies that were predominantly quantitative in nature and three on studies that blended qualitative and quantitative approaches."

Table 1 presents each study that "included a qualitative component" in each row. They are all described as "qualitative studies". As a non expert in this field I do not know these studies, but I found that for instance ref. 10 France et al is a letter to the editor in BMJ describing a small cross sectional study and interviews with four women with positive test results, hence it is debatable whether it qualifies as a qualitative study.

France et al's study contains a qualitative element, namely in depth interviews with four women with positive chlamydia results, and hence fits the criteria for inclusion in Table 1.

Table 2 presents results of studies giving quantitative information regarding specific research questions. The number of studies informing each research question is stated, but it is not explained how the medians of responses are calculated.

Information on how the medians were calculated has been included in Table 2.

It is unnecessary with separate reference lists for each of the tables, as all the studies included in the tables are included in the main reference list of the article.

We agree that the inclusion of separate reference lists for the tables was unnecessary and have revised the tables accordingly.

The themes listed as factors promoting screening or making screening less acceptable seem reasonable (and not surprising), but it is not transparent how and why these themes were selected (better methods section wanted).

The methods section has been expanded to clarify the process used to arrive at our assessment of the main themes: "NP...applied the initial thematic analysis. JG, RP, CF and JH were randomly allocated six papers each to read and review to further define and validate NP's...impression of the themes emerging from the data. JG, RP and NP discussed the thematic analysis and reached consensus on the main and recurrent themes which relate to women's views on chlamydia screening, testing and diagnosis."

The variability of the quantitative studies is not reflected in the results section, where the themes are presented as if "women" in general agree on factors promoting screening or making screening less acceptable.

The variability of the studies did not result in variable results - even those studies with poor study design found similar results to better studies in our review. Given the similarity of findings in all studies in the review we decided to present them in this form.
I do not find figure 2 particularly helpful, and the logic of the topics in the categories is debatable.

Figure 2 has been revised to incorporate some of the suggestions from Reviewer 1. The Figure is primarily intended to illustrate how the findings of our review relate to the categories inherent in the Theory of Planned Behaviour. The review is useful without the figure but we feel that Figure 2 may help the reader to conceptualise our findings.

Discussion: It is not necessary to repeat the major findings given in the results section.

The Discussion section has been revised significantly. We agree that it was not necessary to include the major findings given in the results section and this has been deleted. We have added further discussion about some of the themes identified in the results section in particular denial, moral connotations, and privacy/confidentiality and how these may affect the development of screening programs. We have added a paragraph the Discussion section (which was previously included in the Conclusions section) on the elements of the TPB and its application to the development of screening programs

I agree that it is a limitation that the review only included studies in English, and that 98% of the studies were based in US/UK. The rest of the paragraph regarding limitations describes important aspects/variability of included studies that I do not consider as limitations of the review (women of different ages, half of studies on women < 25 years, some studies looked at the views of women with specific social problems, women of different ethnic backgrounds etc.).

We agree that the fact that most of the studies were looking at views of women who were under the age of 25 and were from different ethnic backgrounds etc should not be considered a limitation and have deleted this form the Limitations section.

The strength of recommendations based on qualitative studies is generally debatable, hence the recommendations based on these studies might be stated with caution.

We have revised the Limitations section to include a paragraph about the varying quality of both qualitative and quantitative studies: "The quality of the studies reviewed also varied considerably. Some of the qualitative studies had very small number of participants and participant selection was often non-random [18, 35]. For example one study which used a qualitative approach reports on a small cross-sectional study interviewing only four women with positive chlamydia tests [38]. The scope of the research questions addressed by some of the quantitative studies was sometimes limited to "is urine testing acceptable to women?"[28, 34] or even just "do women return a urine chlamydia test kit?"[33]. However despite this variability all studies had similar findings. It is striking that the findings support each other strongly, irrespective of whether the studies were conducted using predominantly qualitative or quantitative approaches."

Conclusions: should be shortened and made more explicit. The elements of the TPB do not belong here (especially since they have not been introduced earlier).

The Conclusions section has been revised as suggested. The elements of the TPB have been deleted from the Conclusions section and are now included in the Discussion section as has been previously outlined.

Discretionary Revisions (which the author can choose to ignore)
What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.