Author's response to reviews


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Version: 2 Date: 29 February 2008

Author's response to reviews: see over
Dear Editor,

Thank you for the important comments from the reviewer. We attach a revised manuscript according to them with the changed sections marked in red colour.

Each point of the reviewers comments are answered in red colour below.

With best wishes

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Reviewer's report- Reviewer 1


Version: 1 Date: 3 January 2008
Reviewer: Fred Nuwaha

Reviewer's report:
Minor Essential Revisions:
1. In the abstract routes should be routes. Changed.
2. Under methods, it is not necessary to give so much detail regarding the calculation of sample size. Reference 7 and 8 with corresponding text may be deleted without losing detail. References and text are deleted.
3. Internet references should be properly written. References are corrected.
4. In background there is need to state the extent of HIV epidemic in Kazakhstan. This puts the manuscript in context. Text is added with 4 references.
5. In background there is need to summarize what the objective of the study/manuscript is. Text is added.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No, the manuscript does not need to be seen by a
Declaration of competing interests:
I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

Reviewer's report- Reviewer 2
Version: 1 Date: 21 January 2008
Reviewer: Valeriane Leroy
Reviewer's report:
1. Is the question posed by the authors new and well defined?
The objective of studying knowledge and attitudes is mentioned in the abstract section but is not clear enough and it should be stated in the introduction section. The aims of the study are specified in the introduction.
My suggestion would as follows: this study is aimed at study knowledge and attitudes of pregnant women about HIV/AIDS in Semey, Kazakhstan in 2007. In the background section, it would be important to remind what is currently known about the level of HIV prevalence in the population and its socio-demographics characteristics. A section on the HIV epidemiology in Kazakhstan is added including 4 references.
There is imprecision in the introduction section: elective C-section is indeed recommended in developed countries in women with high viral load around the time of delivery and in developed countries where the health care level is good. But this could be not the case in the Kazakhstan context and this needs to be adapted to the specific local context. The level of health care in Kazakhstan is high enough to recommend Caesarean section to women with high HIV viral load at delivery. A sentence about this is added.
The quality of reference cited should be improved: The ref 2 could be replace by the following one : De Cock, K., M. Fowler, et al. (2000). "Prevention of Mother-to-Child HIV Transmission in Resource-Poor Countries. Translating Research Into Policy and Practice." JAMA 283: 1175-82. In this paper, it is clearly stated that Breastfeeding transmission is responsible of about 20 to 50% cases of overall MTCT cases. Reference 2 is replaced by the suggested reference.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Methods to select the sites and the study sample of pregnant women are unclear. What is the representativeness of the four sites selected compared to
the rest of unselected sites? Text is added describing the study sample in relation to the total number of pregnant women. How were selected the 226 women in the study: consecutive sample, randomly selected? The women were included consecutively. This is added in text.

Please the content of the questionnaire into more details: quantitative then qualitative interview: type variables collected. Details of the questionnaire are added in the text. How were conducted the interview with helping of the interviewer or anonymously? Details of the interviews are added in the text. It would have been nice to describe the groups of transmission of this population? We have no data on HIV tests for our patients.

There is no need to precise the 95% Confidence interval formula if the reference is stated but these confidence interval is more meaningful to precise the characteristics of the population. There is no need to state all 95% CIs after each percentages: the question could be either a description (% or mean or median) or a comparison with another variables. The confidence interval formula is excluded. We want to present most of the confidence intervals to make it possible to compare with studies in other countries.

To study the statistical relationship between variables, it could be more appropriate to use test: chi-square or t-test according the type of data collected. In our opinion confidence intervals are a better way of presenting the data than by using chi-square or t-test.

This should be corrected here.

I would suggest revising method and result sections of this ms with an epidemiologist. The results have been reviewed by a biostatistician.

3. Are the data sound and well controlled?

Organisation should be synthetic mentioning what variables are distributed differently over the different groups of women: is there a statistical association between women occupation and her ethnic origin? No, text on this added.

Is there an association between her education and her ethnic origin? Yes, text with 95% CI is added showing the difference.

Occupation classes look bizarre: what is clerical occupation for pregnant women? Clerical means work in an office. As no difference was seen regarding occupation between the ethnic groups, the details on occupation are deleted from table 1.

The last paragraph of the results section p4 is difficult to understand? What is a good socio-economic status compared to fair in this context? We had no criteria for good, fair and poor socio-economic status. The results are the womens´ self-reported view about their living conditions.

Only 1% are poor? What this represent compared to the general population? It seems highly selected. We agree that the women can be selected. According to CIA homepage, World Fact Book, the population in Kazakhstan below poverty line was estimated to 19% in 2004. In that aspect our result with 1% poor may indicate a selected group of women. However, our result was based on the women´s own view and the women in Kazakhstan may have different frame of reference than people in the west. As our evaluation the proportion of poor has low validity, this sentence is deleted.
It seems that breastfeeding transmission is different from mother-to-child transmission (MTCT) is one mode of HIV transmission that can occur through three different timing: in utero, during delivery or postnatally through breast-milk transmission. The MTCT by during the different time periods is briefly mentioned in introduction.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Tables needs to be revised: their current presentation is inappropriate: title should mention persons, place and period of time of the study. The year of the study is added in the title.
Blank answers should be dealt as lack of knowledge in this context: this classification will change lot of trends when there are many blank answers. We agree that no answer in many cases should be dealt with as lack of knowledge. We find it however interesting to present the part of the participants giving no answer in the table 2. We think it will be too many rows in the table if we add rows with “No + no answer” and “Yes + no answer”. It is easy to get these figures as “No + no answer” = 100 % - “Yes” and “Yes + no answer” = 100 % - “No” for the different questions.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion section should not repeat the results section: all results should be in the results section. Results are only repeated if they are compared with other studies. There is lot of redundancies. The discussion should raise the representativeness of the sample compared to the general population. The modality of data collection should also be discussed. Text describing the selection of the patients is added in Methods section.
To me the idea of being ready to accept a c-section while being HIV-positive is a misconception message that should not be induced in such a context (p13) this needs to be discussed but I am not sure that this was not induce by study questions. This sentence is changed. The take home message of this paper is there are lots of lacks of knowledge or misconceptions in this population about the way of HIV transmission. This is stressed in the text. The last paragraph of the conclusion should be in the introduction section. The section is moved to discussion.

6. Do the title and abstract accurately convey what has been found?
The abstract should be revised being more informative: the methods used for sample selection should be detailed as well as the variables collected. There are 23 antenatal clinics in Semey. Four clinics from different parts of the city were selected for the study. All women consecutively visiting these clinics during the study period were asked if they agreed to participate in the study after information. The decision to participate was totally voluntary. Text about selection is added in abstract.

As in the results section of the ms the presentation of the results is confusing: it seems that breastfeeding transmission is different from mother-to-child transmission (MTCT) is one mode of HIV transmission that can occur through three different timing: in utero, during delivery or postnatally through breast-milk transmission. Transmission by breast-feeding is one part of MTCT.
Conclusion of the abstract needs revision stating public health implications. Abstract is changed. The title could be modified as follows: knowledge and attitudes regarding HIV/AIDS among pregnant women in Semey, Kazakhstan, 2007. The title is changed.

7. Is the writing acceptable? Needs editing

Please make your review as constructive and detailed as possible in your comments so that authors have the opportunity to overcome any serious deficiencies that you find and please also divide your comments into the following categories:

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

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being Published. The language is corrected.

Statistical review: Yes, and I have assessed the statistics in my report. The results are reviewed by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'

Reviewer's report- Reviewer 3


Version: 1 Date: 8 February 2008

Reviewer: Rakhi Dandona

Reviewer's report:

Major Compulsory Revisions
This paper reports HIV/AIDS awareness and risk behaviour among the pregnant women in Kazakhstan. The major limitation of this paper is poor description of methodology which restricts the understanding of the study findings. The methodology is described in more detail.

Background
1. Please describe the aim/objective of this paper at the end of this section. Text is added.

2. Some description of scenario of HIV/AIDS in Kazakhstan would be useful. Text is added.

Methods
3. Please specify the following about the study population:
   a. What criteria were used to select the 226 pregnant women for this study? Text is added. The selected women were a consecutive sample.
   b. How many pregnant women were contacted of whom the 226 women participated? The women were asked to participate in the study when they visited their atenatal clinic. The decision to participate was totally voluntary. We have no data over how many women that declined to participate already from the beginning. In total there were 520 pregnant women followed at the participating clinics.
c. Were these women first time users of the antenatal clinic for this pregnancy or were seen previously at the antenatal clinic for this pregnancy? No, the women had all previously visits to the antenal clinic during the actual pregnancy.
d. How were the four antenatal clinics selected? How many such clinics are there in Semey? There are 23 antenal clinics in Semey. The four clinics selected for the study were from different parts of the city.
e. Which women were selected for the open interview? No special criteria more than pregnancy, voluntariness and that they had visited the clinic during the study period.

4. How were data collected from the study population interviews or self-administered questionnaire? We provided the personnel at the clinics who helped us to hand out and collect the questionnaries. The women we interviewed are not included in the statistics, which is based on the questionnaires.

5. Please describe the questionnaire/study instrument that was used to collect these data. Include description of the variables presented in this paper. Text is added.

6. Paragraph 3 - The details of the formula for confidence intervals can be omitted. The formula is deleted.

7. Was this study approved by an Ethics Committee? Please provide details. Details on the information and voluntary design of the study are added to the text. The study has been analysed ethically and approved by the doctor at the clinic. As only interviews and questionnaires are used no application to the Ethics Committee was necessary.

Results
8. Study population All the missing data should be referred to in Table 1 and not in the text. The missing data is presented in Table 1 and not repeated in the text.

9. Table 1
a. What does the 95% CI denote in this Table? It is inaccurate. The 95% CI is presented to make it possible to compare the ethnical groups.

b. What is the difference between employed and laborer, clerical, professional, etc? Labourer is a manual labourer, clerical is a person who works in an office, professional is a specialist, employee means that you are employed but you don’t fit in the other categories. As no difference regarding occupation is found, the details on occupation are deleted from table 1.

10. General knowledge, page 5
a. How was the question about the source of general knowledge about HIV/AIDS? Were they read out the possible response options or was it an open-ended question? More details on the questionnaire and interviews are presented in added text.

b. How was the analyses done if more than one response option was given by a respondent for the source of information? The first and main information was registered.

c. No statistics are presented for the reported significance. Only comparative
proportion of the responses across the groups is used in these data. If the 95 % CI is not overlapping the difference is regarded significant with p<0.05.

11. Knowledge about transmission and symptoms, page 6
a. Table 2 - A very important finding here is that a high proportion of women responded do not know for these questions in addition to incorrect responses. Please discuss. The proportion with correct answers is discussed.
b. Another important finding is that half of these women were not aware of symptoms of HIV. Please discuss. Text is added in discussion.

12. Page 6 No statistics are provided for the reported statistically significant findings. If the 95 % CI is not overlapping the difference is regarded significant with p<0.05.

13. Risk behaviour and protection, page 8
a. Were these questions designed to assess the attitude towards condom use or actual practice of condom use? The questionnaire contained three questions about condom use. The first and second question about use of condom in steady relationship respectively with casual partners were designed to assess the women`s actual practice of condom. The third question concerning responsibility for condom use is a question about the women`s attitude. Text about this is added.

b. 96% of the women reported only one partner in the last 6 months. What would be the basis for responses to the question about condom use with casual partners? The question about casual sexual partner is not just during the last 6 months.
c. Were there any women who were not aware of condoms. No

Discussion
14. Page 9, paragraph 2 Please provide reference for HIV epidemic in Kazakhstan. Text and references about HIV epidemic in Kazakhstan is added in introduction.

15. Page 9, paragraph 3 Some description of the study methodology (as mentioned above) would be useful to understand the reasons for do not know responses. Details on study methodology are added.

16. The comparisons with data from other studies are reasonable. However, little attempt is made to explain the study findings or provide a context for the findings. Also, generalisation of these data is incorrect. Text in discussion is added and changed.

17. Conclusion is repetition of what is presented in discussion. Conclusions are made shorter.

Minor Essential Revisions
18. Background, paragraph 2, lines 3-4 Please provide reference for this statement. Reference 2 is changed to a new reference.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being Published. The language is corrected.
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
I declare that I have no competing interests.