Author's response to reviews

Title: Assessment of periodontal knowledge following a mass media oral health promotion campaign: a population-based study

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Author's response to reviews: see over
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Executive Editor
Dr Magdalena Morawska
BMC Oral Health

Re: MS: 1162850306107888

Dear Dr Morawska,

Please find enclosed our revised manuscript “Assessment of periodontal knowledge following a mass media oral health promotion campaign: a population-based study”, which we wish to resubmit for publication in the BMC Oral Health.

We thank the reviewers for their constructive suggestions and comments. The paper is now carefully amended in accordance with the reviewers’ comments. The new text has been highlighted with color. A point-by-point description of the changes is attached to this letter. We hope that the paper now is in an acceptable form and can be published in the BMC Oral Health.

Sincerely yours,

M. Gholami   A. Pakdaman   A. Montazeri   A. Jafari   J.I. Virtanen

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Our responses to the Reviewers’ comments

Reviewer #1: Eino Honkala

Discretionary Revisions:
This is really an interesting manuscript. It shows clearly, what oral health professionals can do in developing country. The study design was based on mass media campaign and showed it as successful. The data is sound and the methods well described. This is a good manuscript.

I have only some minor suggestions for this manuscript:
p. 3. row 15. omit “then”
   Done.
row 20 change “who seen” to “who had seen”
   Done.
row 24 change “significantly was associated” to “was significantly associated”
   Done.
p. 6. row 5 change : “visits were very low” to “visits were very uncommon or Rare”
   The sentence has been deleted as suggested by the Reviewer #2.
p. 9. row 4 change “characteristics of the respondents are shown in Table 1.” To “characteristics of the respondents did not differ between these groups (Table 1).”
   The text has now been amended (p. 9).
row 8 change “did not seen” to “did not see”
   Done (row 15).
rows 13-14 omit the first sentence and include (Table 2) after the second sentence
   Done.
row 15 change “who seen” to who had seen”
   Done (row 20).
rows 18-19 change in 39.1%, in 45.5% and in 15.4% to by 39.1%, by 45.5% and by 15.4%
   Done (p. 10. row 2).
p. 10. row 1, omit the first sentence and add (Figure 2) after the second sentence
   Done.
row 15 omit the last sentence and leave (Table 3) after the second last sentence
   Done.
p. 11. row 7 change “evidence suggest” to “evidence suggests”
   Done (row 13).
row 10 change “literature indicate” to literature indicates”
   Done (row 16).
p. 21. Rows 1-2, change “who seen the campaign and did not” to “who had seen the campaign and who did not”
   Done.
Fig. 2 change knowledgein” to “knowledge in”
   The Figure has been amended as suggested by the Reviewer #2.
Our responses to the Reviewers’ comments

Reviewer #2: Joyce Masalu

Abstract: Requires editing to make the sentences clear; for example fist sentence under results
The text has been revised as suggested:

1. Background:
   • First paragraph: Chronic diseases have occurred due to failure of oral health sciences advances.....such statements are “overstatements”
   The sentence has now been amended (p. 5).
   • Para two: Could you elaborate how prevention of periodontal disease fits into the common risk factor approach
   The text has now been amended as suggested. (p. 5. row 12)
   • Page 6: para one; second sentence is not connected to any findings.
   This part has now been deleted as suggested.

2. General comments on the background:
   • Little is explored about the utility of mass media and knowledge improvement: What kinds of mass media do best for example in what perspectives and to which groups of target population for example.
   More information has now been added in this context. (p. 5. row 16)
   • Probably readers would want to know why you want to improve knowledge and whether there is any information tagging knowledge and practices. These are the areas that need exploration in the background
   More information has also been added here as suggested. (p. 5. row 21)
   • The importance of a healthy periodontium can be defended on its own merit with very little attention to its “far-fetched links” with life threatening diseases.
   These links have been overemphasized as if we don’t have other strong reasons of having a clean mouth (See for example the contents of your animation clip).
   The Background is now more focused on periodontal disease.

3. Instrument:
   • The three questions used to measure knowledge are too few. Could the authors explain why they had only three questions and whether the knowledge measured is sufficient for prevention of periodontal disease? Can the authors defend the scientific value of this gathered information?
   The questions on periodontal knowledge were from a previously developed valid and reliable questionnaire [19] and were chosen based on expert opinion, content of the clip, and time constraint. The item has also been discussed on page 13.
   • While the questions had several options why was the response dichotomized?
   The main findings were presented using this common technique.
   • Campaign visibility and background variables need to be included in the questionnaire. How was socioeconomic status measured?
   The socio-demographic background and campaign visibility has now been added on page 7.
4. Campaign effect
• It will helpful to present both baseline and follow up measurements in figure 2 not just unit change
   The Figure 2 has been amended to reflect baseline and follow-up measurements.
5. Discussion:
• What are practical implications of your findings; are you recommending a similar approach in future on a regular basis? What are the cost implications and who pays for such programs just in case they are to come out routinely? Are there any aspects you consider changed? ETC
   We believe the findings from this study could be a good starting point in launching similar campaigns in Iran (p. 12). More discussion on this topic has also been added on page 13.