Author's response to reviews

Title: Knowledge and Behaviour of Nurse/Midwives in the Prevention of Vertical Transmission of HIV in Owerri, Imo state, Nigeria. A cross-sectional study.

Authors:

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Version: 4 Date: 25 June 2007

Author's response to reviews: see over
Author’s response to reviews

Title: Knowledge and Practice of Prevention of Vertical Transmission of HIV among Nurse/Midwives in Owerri, Imo state, Nigeria.

Authors:
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Version: 2 Date 09 June 2007

Author’ response to review: See over
Reviewer’s report

Title: Knowledge and practice of prevention of vertical transmission of HIV among Nurse/midwives in Owerri, Imo State Nigeria

Version: 1 Date: 13 March 2007
Reviewer: William Holzemer

Reviewer's report:

This manuscript addresses an important topic in HIV prevention, particular nurses’ knowledge about PMTCT transmission. The article is well developed but needs significant revisions before it is ready for publication.

Major compulsory revisions:
1. There is no discussion of the instrument(s) used to measure knowledge and practice. There is no data on the number of items, instrument validity or reliability, and why 50% of the knowledge is considered average or modest. If one writes a difficult test, 50% could be an extremely high score. There is no way to interpret the meaning of the knowledge or practice test results.

The instrument has now been discussed in more detail under methodology on page 5. A self administered questionnaire that had four sections was used. Validity and reliability of the instrument has been added. We performed test -retest and same was analyzed using Cronbachs Alpha reliability test. The coefficient was 0.81.

The modality for calculation of the score has been explained on page 4. 50% was not the cut off point but the average score for the majority.

The respondents had mean Score of 51.4% on knowledge but the cut off was 47% but majority scored over 50%.

2. There is a conceptual confusion among the terms knowledge, practice, skills, attitudes, and behaviors. It seems like this article would be better served to talk about it being a KAB study or knowledge, attitudes, and behaviors/skills. After reading the manuscript this author is a bit confused about the meaning of practice as used in the title and the document itself.

The title has been modified as suggested on page 1. The modified title is: Knowledge and Behaviour of Nurse/Midwives in the Prevention of Vertical Transmission of HIV in Owerri, Imo state, Nigeria. A cross- sectional study.

Definitions of knowledge, Practice and Behaviour were added to the background on page 3.

3. Sampling. It is not clear if these were all of the nurses at these three sites (50% of them) or were they all working in OB/GYN nurses. Are they all midwives? The article requires a much
better description of the settings, the sampling procedure, the background of the respondents, protection of human subjects, rights of refusal, etc.

The sampling method has been explained in more details on page 5.
The nurses were selected from Obstetrics, Gynaecology and Paediatric Units.
They were all Midwives.
The setting, sampling procedure, protection and right to refuse has been further explained under sampling on page 4 and 5, and Ethical consideration on page 6 respectively

4. The entire section on Theory p. 2 and Figure 1 do not appear to be well integrated into the manuscript and might be dropped. Seems to this reader that the theory of this assessment of nurses comes from Bloom’s taxonomy of learning and focused upon knowledge, attitudes, and skills.
The section on theory and figure 1 has been dropped as suggested.

5. I would consider dropping all of the figures as they do not seem to add any additional information to the findings. All this data is or could be simply put into the text itself.
All the figures have been dropped. Some of the data were integrated into some tables.

6. The summary and conclusions mentioned that five specific objectives were generated…. but it is unclear what these were and how they relate to this study. 5 objectives for what???
The 5 Specific objectives were dropped, correction has been effected on page 11

7. Demographic variables – why not just report the average age, SD, and range. What is the purpose of the categories? It seems that no analyses were conducted by demographic variables. Are there any differences in knowledge or skills by level of education? Age?
Professional qualification? Type of position? Years of experience? (why not again give just a mean?), and years of experience in ob/gyn? (again why not just a mean). I wonder from these high years in ob/gyn if all of these nurses are working in ob/gyn?
The Demographic variables have been adjusted on Table 1.
Cross tabulations were done initially but some were dropped while others were discussed within the body of the work.
The nurses were from both obstetrics and gynaecology as well as paediatric units. Their years of experience were not so high as majority 103(69.1%) had 1-5years experience and the mean experience was 5years as seen on table 1.

8. Table 3 presents some of the results from the knowledge test. It is impossible to understand this table without knowing the number of items on the test, perhaps doing a Kuder-Richardson reliability estimate of this knowledge test, how was it constructed? Etc. Evidence of validity and reliability as mentioned above is missing. Why present just these few items?
The other items have been added to the table on Knowledge of HIV which is now Table 2. The items were reported in the body of the work initially. Validity and reliability can be seen on page 6

9. Table 4. This table can not be interpreted without knowing the stem question. What does always, etc.mean when discussing VCT? Obtaining consent (for what?), etc. More details are required on this instrument, number of items, how it was constructed, perhaps calculating a Cronbach alpha reliability estimate?
The stem questions have been added to the table on practice/behaviour now table 3. The observed omission has been corrected. ‘Always’ means the action is taken every time it is required,
‘sometimes’ represents when an action is occasionally not taken for some reasons when it should have been taken, while ‘never’ means the action is not taken all.

10. Table 5 factors that influence policy do not seem to be related to the study question of assessing the nurses’ knowledge, attitudes, and skills. How does this relate? This information needs to be further developed to be included in the manuscript. Policy as a factor has been removed from table 5.

11. It is not clear to this read how experience is measured in Table 8 – years of experience? How was availability of resources scored for Table 9? The article needs to have a strong section on the instruments used, what they measured, how they were scored, validity, and reliability, etc.

Experience was in the area of managing women living with HIV. Those that answered yes to the question that said: Have you ever managed pregnant women living with HIV?, were said to have experience in this study. The mean score of those that answered yes was compared with those that answered no using student t test.

Items on availability of resources were correlated with items on behaviour.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
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Discretionary Revisions (which the author can choose to ignore)

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

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: NO
Reviewer’s report

Title: Knowledge and practice of prevention of vertical transmission of HIV among Nurse/midwives in Owerri, Imo State Nigeria

Version: 1 Date: 16 April 2007

Reviewer: Leonardo Palombi

Reviewer’s report:

General
The article appears to be of noteworthy interest and gathers aspects of public health and about personnel involved in the control of HIV/AIDS infection that make it suitable for publication. However, more extensive amendments must be made. These amendments could potentially condition some of the results and conclusions of the Authors.

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

1. The method of selection of participants in the survey must be clarified: in the text, it would seem that the proposal was advanced with regard to a randomized sample of personnel employed for at least a year in the maternity units of three selected hospitals. It is not clear how many of the randomized interviewees refused.

The lack of this vital piece of information means that the existence of a serious selection bias cannot be ascertained.

This has been clarified under methodology on pages 5 and 6.

2. It is not clear what percentage the sample of 155 interviewees represents on the overall personnel employed. The lack of this vital piece of information makes it impossible to deduce how representative the study really is. It would be opportune to draw up a table that lists:
   a. The total of personnel
   b. The randomized number
   c. The number of respondents and that of those who refused
   d. The final number as a percentage of the total of personnel

   Total no of personnel: 310
   The randomized no: 180
   The total no of respondents: 155
   The no of personnel who refused: 25
   The final number as a percentage of total personnel: 50%

3. The questionnaire has not been produced, other than indirectly through tables and figures. The modality of calculation of total points and averages is not clear.

   Calculation has been fully explained under instrument on page 6 and data analysis on page 7.

4. Table 4 is not comprehensible and requires more extensive changes:
   a. The first line has no reference
   b. The final totals of the column do not correspond to the baseline values reported and it is not possible to deduce the method of calculation
Table 4 has been corrected and is now presented with the stem questions as seen on table 3 on page 16.
The first line reference has been added.
The totals have been removed because only the positive responses were now presented.

5. Table 5 presents similar problems
Table 5 as been corrected as seen on page 17.

6. More in general, the calculation of averages worked out, which has been used to evaluate the final result, does not seem necessary since the response baseline rates give a clear indication about the overall outcome of the responses.
This has been noted and corrected.

7. The article records in detail only those responses in the field of the physiopathology of HIV/AIDS infection.
It would be rather opportune to record in a table knowledge pertaining to the field of vertical transmission, which is after all what is really pertinent to the work undertaken by those interviewed.
The responses on knowledge in the field of vertical transmission has been added to table 2.

8. Since the “practices” implemented by the nurses do not depend solely on their knowledge but also on the effective availability of necessary equipment, as the authors rightly noted, evaluation of the responses appears to be problematic. Thus it would be useful to break down the questions whose answers are influenced by the effective availability of materials or by hospital policy.
The major items that influence their practices are availability of latex gloves, supply of water, goggles, also the policy of making VCT compulsory for all pregnant women.

9. Tables 6 and 9 report the result of a regression but the calculation method used is not recorded.
Moreover, the indispensable numbers at the basis of calculations were not recorded.
Data on tables 6 and 9 were generated from the SPSS Computer Software using Pearson’s correlation Coefficient. It is not a regression

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
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Discretionary Revisions (which the author can choose to ignore)
As far as the rest is concerned, the only observation to be made is that the discussion appears to be consequential to the elements described in the section relative to the results and in the tables. However, it could be streamlined, especially in part of the conclusions where there are some repetitions.

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

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests: 
I declare that I have no competing interests