Author’s response to reviews

Title: Injection practice in Kaski district, Western Nepal: A community perspective

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Author’s response to reviews: see over
To

The Editor,

BMC Public Health

Subject: Submission of revised manuscript (MS: 1232209530136354) for publication

Dear Editor,

We are thankful to you and the reviewers for the review of the manuscript entitled “Injection practice in Kaski district, Western Nepal: A community perspective” submitted for consideration of publication in your esteemed journal as an original article. We are pleased to have the reviewers’ insightful comments to improve our manuscript. As per their suggestions, we have made changes in our manuscript. The modifications have been conducted using blue font in the manuscript. The point-by-point answers to the queries raised by the reviewers, and description of the changes made are given on the next page. We are re-submitting the revised manuscript for further necessary action. Hoping for a favourable consideration

Thanking you.

Yours’ sincerely,

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REPLY TO DR. MOHAMED AZMI AHMAD HASSALI’S CONCERNS

Major compulsory revisions

In the background session under the health care service in Nepal,

Q 1: Author can further elaborate the injection practice in Nepal (Can patients inject themselves? Or only the healthcare providers who are trained are allowed to inject? Are patients able to purchase the injections from the pharmacy? Is there a compulsory injection that all citizens in Kaski district have to take etc?)

Reply: In Nepal there are no specific rules regarding the qualification and training of injection providers (Refer line number 75-76). Except for a few narcotic injections, most injections and injection equipments (e.g. syringe, cannula etc) can be purchased even without a prescription. There are no compulsory injections that all citizens and/or residents have to take. Government of Nepal offers some vaccines free of cost to children and encourages the community to ensure that all the children up to the age of five years are fully immunized. These vaccines are also not compulsory. These lines have been added in the revised manuscript (lines 109-113).

Q 2: What kind of injections is available in Kaski district? (Only syringe and needle? No insulin pen available?)

Reply: All types of injections e.g. disposable syringe, cannula, prefilled syringes, insulin syringe, insulin pen etc are available in Kaski district. The use of insulin pen is very less and is limited to a small group of people. In the present study, out of 2470 subjects who were inquired about their injection use, 258 received injection during the last three months and only 6 were receiving insulin injection. Out of those 6, only 2 were injecting insulin using an insulin pen. The type of injections available in a pharmacy, health facility depends on the nature of the facility and its location.
Q 3: Then, author can add the definition of “injection” in the context of this study rather than writing at the exclusion criteria.

Reply: For the purposes of this study, an injection was defined as “a skin-piercing event performed with a syringe and/or needle with the purpose of introducing a curative substance or a vaccine into a patient by various routes”. The definition is mentioned immediately before the subheading, ‘Inclusion and exclusion criteria’ in the revised manuscript (Ref. to lines 171-176).

For methodology,

Q 4: The author need to define what kind of injections which are going to study (is it insulin injections, immunizations or supplementation injections or all?)

Reply: The study included all type of injections e.g. therapeutic bolus injections and infusions, immunizations etc. This did not include blood transfusion or syringe used for phlebotomy. This has been mentioned in lines 171 to 176 in the manuscript.

Q 5: Does the injection include only the syringe or insulin pen as well?

Reply: As mentioned above, the study included all type of injections including the insulin pen. Since, the diabetes mellitus patients dependent on insulin and using insulin pen for the delivery of insulin were very less, the insulin pen was not prominently reflected in the results.

Discretionary revisions

Q 6: In the results part of qualitative study, if it is possible author can just write the theme of the transcribed interview example “A significant number of people preferred oral pills because of their fear of injections. They reported a perception that injections are not only painful but also produce additional side effects, and dependence (addiction)” can be shortened to Fear of injections.
Reply: The transcribed interview has been condensed by writing only themes and deleting other lines in the manuscript.

REPLY TO DR. MOHAMED IZHAM MOHAMED IBRAHIM’S CONCERNS

Major Compulsory Revisions

Q 1. **Study aims** - authors put 2 objectives but in objective 1, there are several sub-objectives that are confusing. Please make changes. see both sections in abstract and main text.

**Reply:** To avoid confusion, the objectives have been modified to four. The sub-objectives have been mentioned as separate objectives. The changes have been carried out in both the abstract and the main text.

Q2. **Methods - Questionnaire** - translation method looks so simple. Is this the only step taken i.e. forward and backward?

**Reply:** Once the questionnaire was constructed, it was then modified by including suggestions obtained during the pilot study and inputs from experts in the subject. The modified questionnaire was forward translated into Nepali (national) language by a group of three individuals proficient in both languages. The questionnaire translated to Nepali was then given to a different group of three individuals proficient in both languages for backward translation to English. The backward translated English questionnaire was then compared to the original questionnaire and discrepancies, if any, were noted and analyzed. If required modifications to the original questionnaire were carried out and the same was finalized. The persons involved in the translation were not involved in the study. This has been added in the main manuscript (Line 202-211).
Q 3. **Methods** - I would prefer if authors could separate methods of FGDs with other survey. Under FGD - clearly mention the steps - Conceptualization, Logistics, Facilitation, Analysis and Reporting. Some of the parts have been mentioned but put in clear and proper order so that people/readers who are not familiar could easily follow the work i.e. understand.

**Reply:** The description of the FGD has been presented as a separate sub-heading and we have included conceptualization, logistics and facilitation, and analysis and reporting.

Q 4. **Methods** - sequence of subsections under methods - not in order. Please check articles and books on this aspect. One example - inclusion and exclusion criteria should be with population and sampling.

**Reply:** The methods subheadings have been sequenced as follows.

1. Study design
2. Study area
3. Sample size and sampling technique- criteria for inclusion and exclusion.
4. Data collection tools- The basic household information form; The questionnaire; The topic guide for FGD
5. Description and measurement of some variables mentioned in the study- Age; Education; Prevalence of injection use at the household level; frequency of injection use; Mass media exposure.
6. Data collection procedure
7. Ethical issue
8. Data analysis

Q 5. **Methods - Data analysis** - Normality test was not conducted. Problems occur in results section.
Reply: Normality test was done and the data was not found to be following a normal distribution and hence median and interquartile range is used to describe the data.

Q 6. **Results** - data presented as mean (sd) were skewed i.e. large SD. Normality should be proven. Median (IQR) should be used when it is not normal. No point of presenting data using mean (sd) that are skewed.

Reply: Since, the number of injections received by the respondent was skewed, the mean (SD) values have been replaced by median (IQR) value.

Q 7. Any strengths of the study?

Reply: Injection use studies conducted among patients visiting or admitted in health care facilities may report the injections administered by formal providers (mostly qualified and trained) only. The present study has quantified the injection use in the community and could be considered as reliable data because it has included all the injections administered at all types of health care facilities (primary, secondary, tertiary etc), at home and in other places by all types of providers (formal, informal, quacks and self). This study has identified different types of injections providers (qualified/trained, unqualified/untrained and quacks) prescribing and administering injections to the community. The results of this study may serve as the baseline for conducting studies in the community regarding injection usage in other districts and the western development region of Nepal. The lines have been added as a separate section (strength of the study) immediately before the limitations (lines 649-657).

Q 8. Any study recommendations?

Reply: The study recommendations were integrated with conclusions previously but now, in the revised manuscript, recommendations have been grouped under a separate heading (lines 678-688).
Q 9. **Conclusions** - based on your objectives and main findings. Few statements are not conclusions of the study. The last few statements might be your recommendations.

*Reply:* As mentioned earlier, the recommendations have been separated from the conclusions and presented in a new heading i.e. recommendations in the revised manuscript.

Q 10. **Analysis and table** - Tables 1 and Table 3 - is Chi-Square test appropriate for all analysis? Please check and confirm? Should it be better for occupation section if authors could merge some categories and reanalyze?

*Reply:* The chi-square test was repeated and the test was found to be appropriate for all except occupation. Occupation was re-coded by merging Housewife and unemployed. Similarly, pensioner, Labourer and others were merged. The chi-square test to test for difference among the modified occupations was found to be significant.