Author’s response to reviews

Title: Knowledge, Attitudes and Practices of Cervical Cancer Prevention among Zambian Women and Men

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Author’s response to reviews:

Dear Editor,

RE: Cover Letter for Addressing Reviewer Reports

Thank you for reviewing our manuscript. We hereby re-submit the edited version of our manuscript entitled, “Knowledge, Attitudes and Practices of Cervical Cancer Prevention among Zambian Women and Men” for publication in BMC Public Health.

I hope we have been able to answer your questions to your satisfaction. The responses to the review report are as follows:

Reviewer #1:

1). I am surprised that you say that studies on the subject of your study (knowledge, attitudes and practices) on cervical cancer have (a) not been done (b) before the roll out of the HPV vaccination program. I am familiar with the Cervical Cancer Prevention Program in Zambia (CCPPZ) from my previous work on cervical cancer in Cameroon because we referenced many of the studies from this Program. I can see that some of the authors of the studies are referred in the current manuscript (e.g., Mwanahamuntu, and Liu FW, Vwalika B, Hacker MR, Allen S, Awtrey CS). But some key studies from the Program are also missing, for example [Mwanahamuntu MH, Sahasrabuddhe VV, Kapambwe S, Pfaendler KS, Chibwesha C, et al. (2011) Advancing Cervical Cancer Prevention Initiatives in Resource-Constrained Settings: Insights from the Cervical Cancer Prevention Program in Zambia. PLoS Med 8(5): e1001032]. This study could be mined for more studies to be included where relevant.
Answer: The theoretical frameworks that were applied (SEM, TTI), the practices that were assessed (self-screening, vaccination of boys) were not done before in Zambia, which is mentioned in the background on page 3, lines 63 - 66 and 74 - 76. The focus of this paper was only on the data obtained from Zambian women and men regarding cervical cancer knowledge, attitudes and practices. However, we published another paper that focuses on the stakeholders, special interest groups and policy makers that have been involved in the administration of the Cervical Cancer Prevention Program in Zambia (page 6, lines, 148 - 151, reference 42). That is where most of the references to their work is found and summarized to adhere to word limits. The study you mentioned has been included as an extra reference (page 4, lines 91 - 92, reference 39).

When this study was conducted, the vaccine was being administered in the last round of the pilot launch in Lusaka (not yet officially introduced country wide). Therefore, saying the vaccine has been rolled out in Zambia at the time would be incorrect.

2). I am surprised that the authors missed to see a key systematic review I was involved in [Perlman S, Wamai RG, Bain PA, Welty T, Welty E, Ogembo JG. Knowledge and awareness of HPV vaccine and acceptability to vaccinate in sub-Saharan Africa: A Systematic Review. PLoS ONE 2014;9(3): e90912].

Answer: Your point has been noted and the reference has been included page 19, lines 437 - 440, reference 46.


Thus, I advise the authors to broaden their review of the literature on this topic.

Answer: Since the study was about Zambia, preference was given to referencing studies that occurred in Zambia, then in Africa and lastly anywhere else in the world if no relevant study was found in Zambia. There are now 57 references and only the most essential studies for this research have been added see page 5, line 111, reference 30; page 5, line 117, reference 1 & 52; page 19, line 437, reference 38; page 19, lines 454 - 455, reference 53.
Another thing, on page 7 there is a statement saying: "Chilenje being relatively richer than Kanyama". Is this verified somewhere else in the text and data used to show this difference?

Answer: Kanyama is one of the largest unplanned settlements/compounds in Lusaka, unlike Chilenje which is a planned settlement. To specify the difference in living standards in the areas the statement “Chilenje being relatively richer than Kanyama” was written. A reference has been included (page 7, line 159, reference 28). Nevertheless, it was found that data obtained from these communities did not vary much e.g. knowledge, screening and vaccination practices were low in both areas regardless of social economic status. Therefore, apart from the sociodemographic table and opposing views mentioned on page 13, lines 306 – 308 & 324 – 326; and page 15, lines 355 - 358, there was no need to mention the difference in these communities anywhere else in the text since it was found to be negligible.

We wish to thank the reviewer for helping to improve the quality of our work. We appreciate your time and look forward to your response.

Sincerely,

Anayawa Nyambe (corresponding author)