

Review of: "Knowledge, Attitudes, and Practice (KAP) Study for Reducing Invalid Vaccine Doses in Routine Immunization: A Cross-Sectional Study in Urban Slums of Bangladesh"

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Potential competing interests: No potential competing interests to declare.

Abstract:

Mixed method approach? What do you mean, this not a mixed method as revealed from the manuscript?

Define the invalid vaccine doses?

What do you mean by proper knowledge?

How your sample was selected?

Parents' knowledge score is associated with maternal education and media exposure: how did come to these conclusions

How the participants assessed to illicit their knowledge about the invalid doses?

Introduction: Define what is the invalid doses? And why they are important? Epidemiological.

Another study: this whole section is redundant and needs re-formulation.

The major section of the introduction was dedicated to the invalid doses on the expense of the KAP part.

What was the rationale for your study and what novel aspect will it add to the literature and practice?

Only one component (informed) while your title included the attitudes and the practices?

Possibly explore the contributing factors for providing invalid vaccine doses.

In the methods section:

- What do you mean by used both quantitative and qualitative information?
- Use subtitle to describe the type of data collected and the participants for each

Use table to depict this section (the invalid doses)

the invalid vaccine doses is Not clear for the full definition and evaluation refer to

-[https://www.ajpmonline.org/article/S0749-3797\(03\)00277-0/pdf](https://www.ajpmonline.org/article/S0749-3797(03)00277-0/pdf)

https://documentation.stchome.com/assets/prodfiles/ImmuCast/5_17_4/html/vaccwarn_desc.htm

sample and sample size:

You did not mention the setting (what slum and why selected) the population in this slum,

In sample size calculation what was your outcome variables used? why you consider the design effect of 1.5? what do you mean by a absolute precision of 6%?

How did you select the household?

How many providers were included and why?

Data collection tools:

For each you to mention:

- The data collection survey tool: sections, items, question format, Responses (if any) what language, which literature used to format the tool, pilot testing, reliability and validity if any?

Data analysis: Not detailed enough:

How knowledge score was created?

What was the response rate?

How did you deal with responses?

What tests of significance were used?

Were there any models to control the possible confounders and adjustment to predict which variables (independent affecting the dependent (KAP)?

How many providers? Job specifications, data collection tools, language used etc.,

For the qualitative component: This section more elaboration as you have to designs themes and subthemes and content analysis should be mentioned in details.

tables: this section needs more attention and re-design

Tables should be designed to be more informative

Use the effective digits (25.8 instead of 25.77)

Footnote for abbreviations

Tests used to detect significance.

Table 1 can be designed to include the status of knowledge against the socio-demographic variables.

The element in the tables is very confusing: How did you assess their proper knowledge?