Review of: "Assessing the knowledge, attitude, and practice (KAP) of parents and service providers’ perceptions on invalid vaccine doses: A study in urban slums of Bangladesh"

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Potential competing interests: No potential competing interests to declare.

Review Comments

Topic: Assessing the knowledge, attitude, and practice (KAP) of parents and service providers’ perceptions on invalid vaccine doses: A study in urban slums of Bangladesh

Comments

Abstract

- There is need to provide a definitive statement on invalid vaccination dose in the abstract to inform the reader.
- A bit of background information should also be provided in the abstract why it was important to do a KAP survey on invalid vaccine doses on parents and yet they are not directly involved in vaccination programs and planning.

Introduction

- The introduction is well written and provides accurate information to the reader. The main objective is clearly captured in one of the objectives “To what extent parents of children are informed about the vaccine schedule under the routine EPI?”. This objective can adequately be addressed by parents.
- However, the second objective “To investigate why children are being provided invalid vaccine doses” Which forms the title and basis of the manuscript may be a bit misleading. Because the authors extracted information about invalid doses, something that is not within their control, but the health care workers. Probably, the title needs paraphrasing to reflect the realities of the vaccination programs and the pitfalls of the health campaigns in the study area. For instance, in the results in Table 2 about 3.29% are informed about invalid doses. The question is by who? And how is this information a knowledge gap on the part of the parent. Probably the questions should have been on the consequences of invalid doses. This argument is strongly supported by the findings in Table 4 that the choice of invalid doses is misleading to the readers.

Results

- The column entry for fathers is misleading. For instance, after the age the rest of the entries on education and
occupation. For example, more fathers are housemaids as opposed to mothers.

- The information in Table 3 is a bit confusing for the reader to follow. For instance, the categorization *For which, Where, When, How* is not clear how the questions were framed for the respondents.

- In Table 6 it would be interesting to see the difference between knowledge and practice by collapsing the ages so as to also increase the statistical power for Chi-square analysis that requires at least 5 valid cases.

**Discussion**

- The authors chose to present results separate from the discussion but some results have been carried into the discussion section.

**Conclusion**

- It is not convincing from the presented results that the contribution about health workers. See section *The study contributes to identifying the possible reasons for providing invalid vaccine doses to children by the service providers*…” in fact this statement supports the argument in my introduction that invalid doses is purely a responsibility of health care workers.