

# 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"

### Ahmad Firdhaus Arham<sup>1</sup>

1 Universiti Kebangsaan Malaysia

Potential competing interests: No potential competing interests to declare.

The abstract should start with the background of the study that shows the research problem that caused this study to be carried out. Then followed by the purpose, methodology, research findings and conclusions, whether this study impacts the country, or the results are discussed globally.

### Introduction:

- 1. However, various literature based on intervention results identified that vaccination dropout and the high prevalence of invalid doses are the main obstacles to achieving the desired target. The year when it dropped?
- 2. Can you explain more what is MR1, Pentavalent 2, 3...these vaccines for whom and what their benefits?
- 3. "One study in India [14] found that the low rate of education of the mother, place of delivery, and high birth order had a positive association with low vaccination coverage and recommended doing role plays, group talks; displaying posters, pamphlets, and arranging competitions in the community level to ensure immunization to be a "felt need" of the mothers for their children.", how about invalid doses in India?
- 4. "Another study [16] conducted in 41 Gavi-eligible LMICs found that universal coverage of the measles, rotavirus, and pneumococcal conjugate vaccines (PCV) could avert a significant portion of disastrous health expenditure. In Bangladesh, some researchers [17] conducted a study to see the awareness among parents about PCV under routine immunization program and showed that most parents were unaware of the PCV vaccination status of children." Are you trying to say that PCV is an invalid vaccine? Hope your writing is in line from the beginning...if you want to say that PCV is one of the invalid vaccine doses, please carefully explain it.

# Methodology

- 1. Data were collected using a structured questionnaire during January 2020 using smartphones by experienced and skilled interviewers and immediately uploaded to the data server. Are you using random sampling? Snowball sampling?
- 2. Where is your location of sample? Do you use the public as respondents? How old are they? Can you describe their demographic background in detail?
- 3. How do you develop the instruments for quantitative and qualitative? Do you use any theories or references from



previous studies? Is your questionnaire valid?

4. How do thematic answers from the service providers' interviews?

# Discussions

If you want to discuss KAP, please synchronize your explanation from knowledge to awareness and what can contribute to practice or not. Because readers want to know if good knowledge makes them aware or not of valid and invalid vaccines to take. Does knowledge and awareness cause them to have what kind of practice? Are KAP findings parallel or vice versa?

## Conclusion

Please explain the findings of this study not only for Bangladesh but the surrounding countries or developing countries. The findings of this study are important to ensure that the right vaccine with the right dose is taken by the community. This study can give recommendations to put a guideline or policy related to it.

Qeios ID: VWE6PJ · https://doi.org/10.32388/VWE6PJ