

Comments on: Knowledge of Medical Saudi Arabian Medical Students about Hepatitis BAli Kabir¹, Afshin Amini², Mehrdad Moghimi³

¹Candidate of Epidemiology, Department of Epidemiology; Faculty of Public Health; Shahid Beheshti University of Medical Sciences, and Center for Educational Research in Medical Sciences; Tehran University of Medical Sciences, Tehran, Iran. ² Assistant Professor of Toxicology and Emergency Medicine, Imam Hossein Hospital, Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran. ³Associate Professor of Surgery, Department of Surgery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
E-mail: aikabir@yahoo.com

Abstract: In a paper about knowledge of hepatitis B virus (HBV) infection in medical students of Saudi Arabia, there are some issues which their clarification may makes the details of their study more informative and useful specifically for better understanding of the methodology and statistical issues and replicating their study.

[Ali Kabir, Afshin Amini, Mehrdad Moghimi. **Comments on: Knowledge of Medical Saudi Arabian Medical Students about Hepatitis B.** *Life Sci J* 2013; 10(3): 2167-2167]. (ISSN: 1097-8135). <http://www.lifesciencesite.com>. 318

Keywords: Hepatitis B Vaccines; Knowledge; Weights and Measures

In a paper about knowledge of hepatitis B virus (HBV) infection in medical students of Saudi Arabia (Magdy, 2013), there are some issues which their clarification may makes the details of their study more informative and useful specifically for better understanding of the methodology and statistical issues and replicating their study.

The knowledge score and similar scales which are questionnaire based or targeting to change a qualitative issue like questionnaire to a quantitative scale are a matter of debate. It is preferred to approach such scales as qualitative ones like ordinal or at least semi-quantitative variable. Considering median (instead of mean) for selecting a cut-off point or standard deviation to create more than one cut-off point (specifically when we need to have an ordinal variable like good, moderate and poor) is more suitable. More importantly authors have claimed that "The cut-off point for knowledge was the mean value for the corresponding total scores". Such categorization covers dividing to two groups; but, they have categorized the knowledge to poor, average and good! Where is cut-off for other group? How the authors reached to such cut-offs: 11-18, lower and higher? It is not determined that how many questions there are in this questionnaire? Do they give each item, one score or it depends on the sub-items? For example, does the question 8 have one score or eleven score? Does any item have one score or they have give more weights to more important questions. If not, why they have given equal weights to each question?

In addition, validity and reliability of the questionnaire is neither referred as a previous published paper nor explained in the text.

Higher percentage of unmarried students in comparison with married subject, cannot justified that why unmarried subjects have higher knowledge at all. There is no statistical support for such conclusion. Maybe due to more fear from HBV infection, unmarried students need more knowledge about such contagious infection through sexual contact or during working in the hospital which make them to be more cautious before marriage. Such hypotheses should be studied in future studies, maybe after some qualitative studies.

I did not find any study by Khabir et al which was published on 2008! Maybe they mean a study by my colleagues and me on 2010. (Kabir, 2010)

Corresponding Author:

Ali Kabir, MD, MPH, PhD candidate;

Address: Nikan Health Researchers Institute, Unit 9, No. 1, 3rd floor, 3rd Bahar Alley, Ashrafi Isfahani Highway, Poonak Square, Tehran, Iran

E-mail: aikabir@yahoo.com

Reference

- [1] Magdy A. Darwish and Nuha M.Al Khaldi. Knowledge about Hepatitis B Virus Infection among Medical Students in University of Dammam, Eastern Region of Saudi Arabia. *Life Sci J* 2013; 10(2):860-867.
- [2] Kabir A, Tabatabaei SV, Khaleghi S, Agah S, Faghihi- Kashani AH, Moghimi M, et al. Knowledge, attitudes and practice of Iranian medical specialists regarding hepatitis B and C. *Hepat Mon.* 2010; 10

9/6/2013