

The Authors' Reply

Dear Editor,

We would like to thank Dr Badrodin Najmi for his comments on our paper published in a recent issue of IJMS.¹ The followings are our response to the points raised by Dr. Najmi.

As it was explained in the result section of the abstract, 44% of interviewees had spousal relationship with their patients. The rest of the participants, who were from minor groups, were presented in detail in the text of the paper. In the Materials and Methods section, it was clearly explained that the each interviewee was invited and interviewed separately. Moreover, as it was indicated in the paper, the study was an interventional one. Also, lines 1-7 of the second paragraph of Materials and Methods section read that the interviewees were introduced by HIV positive patients and were included in the study only if they knew about the positivity of HIV status of their patients, and had close and trusty relationships with them. Children couldn't be subjects for this study. The Materials and Methods section described in details that every participant took part in the study twice at two separate counseling sessions. The theoretical basis of intervention was mentioned in lines 9-16 of the second paragraph of the introduction. Also, the guidelines for counseling were mentioned in lines 25-28 of the second paragraph of this section.

In regards to the establishment of the face or content validity of the questionnaire, it is believed that the use of expert opinion is among the most popular methods to validate a questionnaire, which covers a highly specialized issue such as AIDS related subjects.¹⁻³ Indeed, there is not a gold statistical method to define the content validity co-efficiency,⁴ although factor analysis may only help this assessment.⁵ The face validity and content validity in some areas are mainly based on expert opinion and not statistics.⁴ However, experts' opinion about the content validity of an issue may not either be definite, or the same.^{4,6} We used Kuder-Richarson method (KR20) for the estimation of reliability, because the questionnaire items were binary and such as method was appropriate for the evaluation of internal consistency.⁵ The reliabilities of the knowledge and behavior sections of the questionnaire were 0.727 and 0.896, respectively. All items of table 2 in the paper include attitude aspects of HIV patients' families toward their patients. Items 1, 3, 5 and 6 relate directly to the patients and items 2 and 4 relate indirectly to them by means of intermediates. Table 2 includes binary questions that couldn't be scored using Linkert Scale. In regards to ages of the participants, the age (mean±SD) of the participants was 40±13 years (range: 27-53 years).

To choose between parametric or non-parametric test is a very difficult and complex decision. In contrast to Dr Najmi's views behavioral scientists rarely have data meeting the assumption of the parametric tests. The data from behavioral research do not allow the use of parametric tests, since they do not meet the criteria for such tests. Therefore, non-parametric tests play a prominent role in the analysis and of data obtained from investigations in behavioral and social sciences.⁷ Moreover, the researchers' knowledge about the population from which the data are obtained defines which group of tests is appropriate to be used in a study.⁷ On the other hand in studies involving large samples it is possible to use non-parametric tests instead of parametric tests. Indeed using parametric or non-parametric tests don't cause problem in these situations.⁸

In conclusion, it is almost impossible to find a study in which cofounders are totally controlled. Obviously, the before-after design may suffer from the impact that pretest could have on post-test, or from simultaneous events. However, in our study only two months were allowed between pre counseling and post counseling measurements. It doesn't seem that family members who knew of the HIV status of their patients and revealed a particular behavior toward them for several years could change their behavior significantly as a result of events other than counseling practiced in the study.

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