Author’s response to reviews

Title: Take the sex out of STI screening! Views of young women on implementing chlamydia screening in General Practice

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Author’s response to reviews: see over
Dear Editor,

**MS: 2576534991781774 - Take the sex out of STI screening!: Views of young women on implementing chlamydia screening in General Practice**

Thank you for forwarding the reviewers’ comments on this manuscript. We found them to be helpful and constructive. We have responded to them, as detailed below, and believe our paper is stronger following their incorporation.

**Response to Reviewers’ Comments**
We have organised our response to each section of the paper in view of the comments made by the referees.

**Reviewer one**
**Minor essential revisions: Abstract**
The word “representative sample” is confusing given the context of the study. Conclusions need to be more focused on study findings rather than whether they were previously published or not.

**Our Response**
In the abstract methods section line 2 we have changed the words “representative sample” to a “randomly selected” sample of general practices to more accurately reflect the study.
In the abstract conclusions section we have deleted references to whether our findings have been previously published. We have included a sentence in abstract conclusions at line 4 regarding the importance of
normalising screening as we feel this is one of the study’s significant findings.

**Minor essential revisions: Background**

This section can benefit from adding a sentence on asymptomatic nature of chlamydia for women and men.

**Our Response**

A paragraph on the nature of chlamydia in women and men and in Australia has been added to the background section at para 1, lines 1-6.

**Minor essential revisions: Conclusions**

The present study doesn’t support the conclusion that young women prefer female GPs for sexual health as the study participants were predominantly recruited by female GPs. Also the study has little evidence to claim that women will accept chlamydia screening if adequate education and support are provided. This needs a considerable rewrite.

**Our Response**

We have deleted the statement that young women prefer female GPs for sexual health and the statement regarding education and support.

**Reviewer two**

**Major Compulsory Revisions 1., 2. and 2a:**

1. The authors should share their preconceptions, that is their previous experiences and prestudy beliefs, motivation and qualifications for exploration of the views of young women on chlamydia screening.

2. The methods are not well described. The authors should consider the following issues:

2a. How were the questions chosen and the interview guide for the semi-
structured interviews developed?

**Our Response 1., 2. and 2a**

We have added text in the methods section, para 1, lines 5 – 23, describing how the interview schedule was devised and the composition and contributions of the research team. We have addressed our preconceptions and qualifications for exploring the views of young women on chlamydia by making explicit the composition of the research team.

**Major Compulsory Revisions 2b**

What was the main content of the interview guide for the semi-structured interviews?

**Our Response 2b**

We have inserted a table showing the interview schedule used (see Table 1).

**Major Compulsory Revisions 2c**

I understand from "Authors' contribution" that NP conducted the interviews. RP supervised the conduct of the interviews. I think this should be stated in the methods section.

**Our Response 2c**

We have inserted text in the methods section para 1, lines 17 – 23 to describe how and why NP conducted the interviews and that RP supervised the conduct of the interviews.

**Major Compulsory Revisions 3**

The description of how the analysis was done should be made more explicit. The authors should state the theoretical frame of reference ("reading glasses" used in analyses). What are the theories, models or notions that the authors applied for interpretation of the material?
**Our Response 3**
Thematic analysis is more explicitly stated as the theoretical frame of reference in methods section para 3, line 2. We have inserted text to describe our analysis in more detail in methods section para 3, line 5 – 10.

**Major Compulsory Revisions 4**
The authors should make the strengths and limitations of the study explicit.

**Our Response 4**
We have made explicit the strengths and limitations of the study in the discussion section at para 5 lines 1-8.

**Major Compulsory Revisions 5**
I miss evidence of authors' reflexivity in the manuscript: have the authors attended systematically to the effect of the researcher, at every step of the research process? If so - how?

**Our Response 5**
We have added text at methods section para 3, lines 4 – 10, to illustrate the process by which we attended to the effect of the researcher – primarily by the involvement of our intentionally multi-disciplinary team and their active and critical attention to the findings as they developed.

**Minor essential revisions 5**
In the discussion it is stated that the women interviewed were primarily recruited by female GPs, and that they preferred female to male doctors. Both statements belong to the results section. The second could be omitted from the paper. I agree with the authors it seems less significant.

**Our Response 5**
We have deleted the finding that the women preferred female GPs for
sexual health consultations from the paper as we agree it is not substantial given our bias in recruitment however we have chosen to keep the reference to the women being recruited primarily by female GPs in the discussion section as it forms one of the limitations of our study.

Thank you again for these very useful reviews and for the opportunity to publish in BMC Infectious Diseases.

Yours sincerely,
Dr Natasha Pavlin