Author's response to reviews

Title: HIV Prevention for South African Youth: Systematic Review of the Evidence for 'What Works'

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Author's response to reviews:

Miss Judith Gorton
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London, UK

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Ref: Response to Reviewers

HIV Prevention for South African Youth: Systematic Review of the Evidence for ‘What Works' (BMC 3135854243061263)

Dear Miss Gorton:

On behalf of my colleagues, I am pleased to submit a revised manuscript to BMC Public Health, which responds to the comments we have received from the manuscript’s peer reviewers. We thank the three peer reviewers for their helpful and constructive comments on the above-mentioned manuscript. Below, we outline the revisions to the manuscript that have been made in accordance with these comments.

Major Comments:

1. Reviewer 2 felt that Table 1 should be divided into two tables, in order to better represent all major findings from each of the 8 studies included in the review. We accept this comment, and acknowledge the improvements to the paper as a result. The tables have been re-structured accordingly. Table 1 now presents the Study Design for each study, whereas Table 2 now presents the Study Findings for each study in the review, and includes each study’s major findings (intervention impact) broken out according to the following major categories: 1) knowledge, attitudes, perceptions and social norms; 2) behavioral skills and intentions: communication, negotiation, self-efficacy; 3) reported sexual and other HIV-related risk behaviours, and 4) clinical and biological outcomes. Although
Reviewer 2 specified six categories/columns for Table 2, ultimately we have selected four slightly broader categories that are most appropriate for synthesizing and reporting the results of the eight studies included in the review.

In addition to the categories suggested by Reviewer 2, Reviewer 3 felt that greater attention to ‘risk reduction skills’ was important, and thus this item has also been included in Table 2 (included in item 2 in the list above). Reviewer 1 felt it important to note the impact of the Stepping Stones intervention on HIV infection specifically. For each study, Table 1 now makes clear whether or not HIV was measured, and if so, what the impact of the intervention was on this outcome.

2. Both Reviewers 2 and 3 offered important feedback regarding the criteria for inclusion of studies in the review, stating that as currently worded, the rationale was not clear for excluding large scale, national programmes such as Lovelife, Soul City, and various evaluations of the national Life Skills programmes. In fact, we intended this review to include only small-scale, targeted interventions based on a specific curriculum (or curricula), or on a similarly structured protocol. In particular, we felt that mass-media interventions (or programmes based in part on mass media approaches) were very different kinds of interventions. The text on page 6, in the Methods section, has been re-written to address this, and to clarify the selection/inclusion procedures in accordance with the Reviewers’ comments.

3. Reviewer 1 has indicated that a change in the manuscript’s title would better reflect the fact that there is very little evidence to date for what interventions work to reduce HIV incidence; accordingly we have changed the title to: HIV Prevention for South African Youth: Which Interventions Work? A Systematic Review of Current Evidence.

4. Reviewer 2 disagreed with our decision not to include studies conducted prior to 2000. However, we feel that this selection criterion is important, since the few South African intervention studies conducted prior to 2000 focused largely on increasing knowledge related to HIV/AIDS, and on changing attitudes. We have provided further explanation for this point in the text on page 5.

5. Both Reviewers 2 and 3 noted the fact that the results of the IMAGE study should be interpreted cautiously with regard to the intervention’s impact on young women, as the study was not specifically powered to achieve a reduction in HIV-related risk behaviours in this group. We have noted this important point in several places in the text, including the Methods on pages 6-7, and in the Discussion on p. 12.

6. We agree with Reviewer 2 that the term ‘reported’ or ‘self-reported’ sexual behaviour is preferable to ‘sexual behaviour’, as well as more accurate, and we have changed our use of the term accordingly throughout the text.

7. Reviewer 3 made several comments regarding changes to the Discussion, in particular requesting clarification regarding the roles of youth peer educators and
teachers in intervention delivery, and if use of these intervention delivery personnel is not indicated, then who should deliver interventions and why? These points have been addressed in the summary of findings at the end of the Results section, and also in the Discussion (end of the first paragraph, page 13, and the first paragraph on p. 14).

Minor comments:

8. We have corrected the empty bracket on p. 13, noted by all 3 reviewers, and have provided the appropriate reference in that section of the text.

9. We have changed the ‘World Health Organisation’ definition of youth on page 5, simply indicating that we used a broad definition, including studies of youth from 12-24 years of age in the review.

10. One reviewer commented that some school-based interventions do use group-based learning approaches. We have noted this as an additional recommendation related to school-based interventions, on p. 13.

11. With regard to the use of a ‘theoretical framework’ as one of the selection criteria for inclusion in the study, we feel the use of such a framework is widely recognized as an important component of behavioural interventions. We applied a definition of ‘theoretical framework’ that was sufficiently broad as to include any stated ‘conceptual framework’ or ‘guiding principles’ for a given intervention. We felt that most interventions would be able to point to some organizing or guiding principle in their design, and that this framework might provide important insights into why a particular intervention did (or did not) achieve results.

In addition to the reviewers’ comments above, we have attended to the following Editorial Comments:

12. A section on ‘Competing Interests’ has been added.

13. A section on ‘Authors Contributions’ has also been added.

14. The Abstract has been re-structured according to the editorial guidelines provided.

All other details related to this manuscript, such as authors’ names and affiliations, remain the same, and I remain the corresponding author.

I trust that these revisions are in line with the expectations of the editors, and we look forward to hearing from you at your earliest convenience.

Yours sincerely,

Abigail Harrison