Author's response to reviews

Title: Poor mental health and sexual risk behaviours in Uganda: A cross-sectional population-based study

Authors:

Patric Lundberg (patric.lundberg@ki.se)
Godfrey Rukundo (rukundogzari@yahoo.co.uk)
Schola Ashaba (scholaashaba@yahoo.com)
Anna Thorson (anna.thorson@ki.se)
Peter Allebeck (peter.allebeck@ki.se)
Per-Olof Östergren (Per-Olof.Ostergren@med.lu.se)
Elizabeth Cantor-Graae (elizabeth.cantor-graee@med.lu.se)

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Author's response to reviews: see over
Dear Dr Norton,

Please find below our response to the reviewers’ comments:

Reviewer 1:

1. We have added information about how the socio-demographic characteristics of the sample compare with those of the general Ugandan population, see Methodological considerations, paragraph four.

2. The reviewer’s point is well taken and we have added a comment on this in Methodological limitations, paragraph five.

Reviewer 2:

1. (P4). The depression section of the HSCL-25 has been validated as a measure of clinical depression in Uganda, using a locally relevant golden standard for depression (Bolton, 2001). Therefore, our measure of depression indicates the presence of significant clinical psychopathology and functional impairment.

   The full HSCL-25 instrument (both depression and anxiety sub-scales) are commonly used as a global indicator of psychological distress. Depression and psychological distress only partly overlap. Many persons in the general population have psychological distress but do not fulfil diagnostic criteria for depression. Nevertheless, such persons may potentially have increased risky sexual behaviours. Therefore, we used the HSCL-25 as a continuous measure of psychological distress and investigated whether this measure was associated with sexual risk behaviours.

   We have added new text to the manuscript in order to clarify this issue, see under Measures, page 7.

2. P8. We agree with reviewer 2. However, data on sexual partners’ age were not collected.

3. P8. The condom use question assessed the conditional likelihood that the person uses a condom in case he or she has sexual intercourse. This question was general and not related to specific partners or to the total number of partners. The question was intended as an indicator of a predisposition to use a condom when having sexual intercourse.

4. P8. ‘Asked in’ has been replaced by ‘asked at’, see Measures, last paragraph.

5. P9. ‘Confounding’ refers to statistical confounding of the main associations under study, i.e. between poor mental health and sexual risk behaviours.

6. P13. The reviewer’s point is well taken. We have changed the first paragraph in the Interpretation section accordingly, see page 14.

7. P14. The reviewer’s point is well taken. We have added one reference and more discussion about reverse causality. The discussion about revere causality has been moved to the first paragraph of the Interpretation section.

8. P16. We have added two sentences with suggestions for further research, see Conclusions, paragraphs 3 and 4.
Yours sincerely,

Patric Lundberg