Author's response to reviews

Title: Oral and Anal Sex Practices among high School Youth in Addis Ababa, Ethiopia.

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Author's response to reviews: see over
Dear Associate Editor,

Thank you for the comments for the manuscript MS: 1675242103493150

“Oral and Anal Sex Practices among high School Youth in Addis Ababa, Ethiopia.” All the comments were constructive, valuable and educative. I learned a lot from the review process. Thank you so much.

Please see below for a point-by-point response to your comments.

1. The manuscript still needs considerable editing for English language grammar and word choice. For example, the authors move back and forth between present and past tense when describing the methods, which should generally be in past tense. Other examples [see my comments in brackets]:

   a. (pg 3) The sexual behavior of youth becomes [should be ?is?] a priority public health concern because of the high prevalence of HIV/AIDS and sexually transmitted infections (STIs) among this age group (1).

      **Response: Thank you, corrected please see page three**

   b. (pg 3) However, young people [are] still involved in early sexual practices, have multiple sexual partners and do not use condoms consistently (8-11).

      **Response: Thank you, corrected please see page three**

   c. (pg 4) Unprotected anal intercourse carries the highest risk of HIV transmission [as compared to oral and vaginal sex] (22). All other sexual practices would include masturbation, which carries no risk of HIV infection is done alone

      **Response: Thank you, corrected please see page four**
d. (pg 4) Most research [studies] and interventions related to youth sexual behavior [have] focused on vaginal-penile intercourse.

Response: Thank you, corrected please see page four

e. The examples above are not exhaustive; there are many more instances of grammar and word choice problems.

2. There is a more recent AIDS epidemic update from UNAIDS (Reference #2):

http://www.unaids.org/globalreport/

Thank you the 2010 UNAIDS: http://www.unaids.org/globalreport/ 3 is used. Please see page 3 and the reference section

3. Your statement about U.S. estimates of oral sex (i.e., 50%) is not accurate. Halpern-Flesher et al. reported that 19.6% of ninth grade adolescents (~14 years of age) had oral sex. In Lindberg et al. 54% of adolescent (aged 15-19) females and 55% of adolescent males have ever had oral sex. Gindi et al reported past three month oral sex exposure among STD clinic patients, which was 16% in 1994 and 37% in 2004. Gindi et al. is not an appropriate comparison because STD clinic patients tend to be riskier than the general population and the time frame (i.e., recent vs. lifetime) is not comparable. In my own paper (Ompad DC, et al. Predictors of early initiation of vaginal and oral sex among urban young adults in Baltimore, Maryland. Arch Sex Behav. 2006 Feb;35(1):53-65.), 78% reported receiving oral sex and 57% reported performing oral sex in their lifetime.

Response: Thank you, estimates of oral sex corrected

As Gindi et al. is not an appropriate comparison in terms of study population and the time frame it is removed from the reference list

That being said, I’m not sure the U.S. is the most appropriate country for comparison. There are significant differences between Ethiopia and the US. What about other countries in the region?

Response: I have included existing literatures from both the US and Africa

4. Pg 4 and throughout: ?Multilevel? generally implies that data are collected at multiple levels and from multiple sources (i.e., individual surveys, parent surveys, peer surveys, administrative data, etc.). The analysis presented here uses individual level data only and reports individual perceptions of peers and parents. The authors are looking at context, but it is individual-level perceptions of context and should be described as such.

Response Thank you corrected Please page 4

5. Pg 5: Why was a design effect of three chosen? This needs to be justified.

Response: Justified please see page 6

6. How were oral and anal sex defined? Was oral sex receptive only or did you ask if people had performed oral sex as well? Was anal sex receptive and insertive for males? How was self-esteem determined, was it a scale (if so reference it)? How was attitude measured?

Response: Defined please page

7. Pg 7: This sentence is repetitive and should be removed: ?Each coder categorized the responses in the same way.? 

Response corrected please see page 7
8. Include sample size in Tables. For example: "Table 1: Socio-demographic Characteristics of 3543 High School Students. Addis Ababa April, 2009." 9. Check spacing in tables. For example, in table 1 there are too many spaces between the parentheses for several estimates.

Response corrected please see Table 1

10. Pg 8: "53.6% (1897) were between the age group 17 to 18 years." This statistic is not in table 1. Either add this age category to table 1 or include "[data not shown]? in the text.

Response: Corrected please see page 9

11. Pg 8, 3rd paragraph: Need to refer readers to Table 2 in the first sentence.

Response: Corrected please see page 9

12. Pg 8: Again, when an estimate is not presented in a table (e.g., mean age, mean age at first oral sex), it is helpful to the reader if you follow the statement with "[data not shown]."

Response: Data shown in tables 1, 2 and 3

13. Pg 8, 4th paragraph: Need to refer readers to Table 3 in the first sentence. Further, you incorrectly refer the readers to Table 2 on page 9.

Response: Corrected please see page 9

14. Pg 11: The following statement is not accurate: "This is higher than the reported 35% figure from America (15)." Halpern-Felsher et al. reported that 31.5% of participants intended to have oral sex in the next 6 months and 26.3% intended to have vaginal sex; they did not report intentions for anal sex.  

Response; Corrected please see page 12
15. Pg 11: The following conclusion is not supported by the data: ?This shows that sexual health educations given in Ethiopian high schools were not properly utilized by students who have oral and anal sex or, it was not comprehensive enough to cover the wider sexual experiences of young people. Therefore, sexual health education about the danger of oral and anal sex and the ways on how to protect them and how to establish and sustain a committed relationship need to be given.? The authors do not report data about content or utilization of sexual education programs from the school or participant perspective.

**Response: Thank you, the statement is removed. Please see page 13**


**Response: Thank you, the statement is removed. Please see page 14**

17. Pg 13/14: Paragraph about child sexual abuse is an important finding. However, I would argue that child sexual abuse can happen beyond the age of 10.

**Response: Corrected please see page 15**

Further, this finding is significant enough that: (1) forced sex should be mentioned in the background section and

**Response: Forced sex mentioned in the background section please see page 4**

(2) references are needed for that discussion paragraph.

**Response: Reference added please see page 15**

18. Pg 14: Paper should not end with limitations. Further, with regard to limitations, you need to discuss (1) the implications of the limitations (e.g., over- or underestimate associations) and (2)
how your conduct, design or analysis of the data may have ameliorated the impact of these biases.

Response: Thank you that paragraph is moved up to the second paragraph of the discussion section.