Author’s response to reviews

Title: Barriers faced by Ugandan university students in seeking medical care and sexual health counselling: A cross-sectional study

Authors:

Andualem T Boltena (andy_tadesse@yahoo.com)
Farhad A Khan (farhad.khan@smi.se)
Benedict O Asamoah (benedict_oppong.asamoah@med.lu.se)
Anette Agardh (anette.agardh@med.lu.se)

Version: 3 Date: 9 October 2012

Author's response to reviews: see over
To: BMC Public Health

Editorial Board

Dear Mr Dizon,

We wish to thank you and the reviewers for reviewing our manuscript and providing us with such valuable feedback. We have addressed all the comments raised by the two reviewers and revised the manuscript accordingly. We have provided below point by point response to the concerns raised by the reviewers. We hope you find this version of the manuscript much improved and acceptable for publication in BMC Public Health.

Sincerely yours,

Andualem Tadesse Boltena (corresponding author)
Social Medicine and Global Health
Dept of Clinical Sciences, Malmö
Lund University, Sweden
Authors’ response to reviews

Reviewer: Frances Quirk

Minor Essential Revisions

Ammendment to descriptors of health status on pg 9, should be ‘very good, good, etc (currently it is good, good)

Response:

The sentence has been revised as follows: “Self-related health, an indicator of how participants classified their general state of current health, was rated on a five-level response scale (very good, good, fair, bad, or very bad),…..”

Discretionary Revisions

Change three-fourths to three-quarters (pg 11)

Response:

The phrase has been changed to “Three- quarters of all students with poor self-rated health status indicated having UMCN”. (please see page 12 paragraph 2)

Reviewer: Sally Hunter

Major Compulsory Revisions

1) The article reads as if it relates to young people accessing medical care and sexual health counselling in their own areas of residence, rather than through the university medical services. This may be because of the three-month period asked about. However, depending on the actual timing of the administration of the questionnaire the survey may or may not relate to accessing services at the university. If so, this needs to be made clear in the abstract and throughout the article. If not, this also needs to be clarified. In other words, are the barriers for (originally) rural students lack of acceptability of services in rural areas or lack of acceptability of university services for rural students?

Response:
Thank you very much for the valuable comments. We very much appreciate the reviewer’s concerns and have addressed it accordingly. The focus of the study was not particularly on whether the students accessed medical care and sexual health counselling in their own areas of residence or through the university medical services but rather whether they had general access to medical care and sexual health counselling services while in school. This is because, although students may be expected to use university health facilities when they are in school, this is not necessarily so with all the students. That not said the questionnaire for this study was administered at the time when the students had been in school for close to 4 months, implying that the previous three months referred to in the questionnaire was a period that the students were generally expected to use university health facilities. This has been clarified in the manuscript with the following paragraph (please see page 9 paragraph 4 to page 10 paragraph 1):

“The focus of our study was not particularly on whether the students accessed medical care and sexual health counselling in their own areas of residence or through the university medical services but rather whether they had general access to medical care and sexual health counselling services while in school. That not said the questionnaire for this study was administered at the time when the students had been in school for close to 4 months, implying that the previous three months referred to in the questionnaire was a period that the students were generally expected to use university health facilities.”

2) the difference between acceptability, accessibility and availability were blurred. The definitions used on page 4 were unclear and were subtly different from those used on page 7. These need to be clearly separated and, if necessary, the results may need to be re-analysed if the data has been coded incorrectly. The confusion arises because on page 4, ‘being resigned to not getting help’ could relate to acceptability or availability or accessibility (I can't afford it). Similarly, 'postponing the search for professional intervention' could be related to acceptability, or availability or access ability. 'Not knowing where to find a good doctor' sounds more like availability than acceptability. 'Not having time to seek counselling or treatment' sounds more like accessibility than acceptability etc. the confusion continues on page 7, with 'the health problem disappeared' which could mean anything, as could 'did not have time' and 'wanted to wait for a while'. None of these statements are obviously only about acceptability of services, and 'did not know about any good doctor' could relate to availability not acceptability.

Response:

Thank you very much for this comment. It is very well appreciated. The differences in the definitions of acceptability, availability and accessibility used on page 4 and 7 were basically due to the differences in wording. The definitions on page 4 (page 7 in revised version) have been reworded to make it clear and same as that used on page 7 (page 10 in revised version). Now the definitions on page 7 (previously page 4) reads:

“Availability of health care services is defined both as a treatment that is not delivered at a time convenient for the consumer, and as the unavailability of professional help in the area and at the time of need. As a result, individuals experience waiting time as too long and may fail to see a doctor. Problems of cost, transportation, and competing responsibilities are linked to accessibility of health care services. Accessibility issues are commonly associated with people...”
not having sufficient money. Acceptability of health care services refers to personal attitudes toward illness, health care providers, and the health care system (Nelson & Park 2006, Sibley & Glazier 2009). Responses associated with acceptability factors are: disappearance of the health problem, perception of not getting any help, respondents claim of not knowing about any good doctor, not having time, wanting to wait for a while (for medical care only), and not feeling confident with existing counselling services (for sexual health counselling only).”

It is worth noting that the definitions and responses used to categorize barriers experienced in seeking medical care and sexual health counselling are from an instrument that has been validated by previously published studies (Cheng & Hou, 2002; Nelson & Park, 2006; Sibley and Glazier, 2009) and these studies have been referred to in our manuscript. Therefore, we would like to state that particular attention be paid to the operational definition of acceptability, availability and accessibility when reading this manuscript so as not to confuse it with the broad general definitions that these words may denote. For example, the reviewer mentioned that “not knowing where to find a good doctor” sounds more like availability than acceptability. Although this statement has now been slightly reworded as “not knowing about any good doctor” to tally with the responses used in the questionnaire and that from validated sources, this statement may only be considered as an availability problem in the absence of the operational definitions that guided our classifications. The concept of not knowing a “good” doctor is by our definition an acceptability problem because it refers to personal attitudes toward health care providers and the health care system. In other words, it speaks more about how these students perceive the existing quality of medical care and of the expertise of existing health care givers rather than unavailability of a doctor. Problems related to unavailability of a doctor were rather captured by the response “did not succeed to get in touch with a doctor”.

3) The abstract must refer to university students, not to Ugandan youth.

Response:

Thank you very much. The phrase ‘Ugandan youth’ has been replaced by ‘Ugandan university students’

4) The study design should describe whether or not the instrument has been validated.

Response:

The instrument has been validated and this has been clarified in the study design.
Minor essential revisions:

Abstract, Background, line 4, ‘university students’ not ‘youth’
Abstract, Method, line 5, add ‘of services’
Abstract, Results, line 6, change rural to students originally from rural and
change residents to areas
Page 1, para 1, line 7, ‘governments’ not ‘government’
Page 1, para 2, line 3, change ‘they require higher medical’ to ‘they are more
likely to require medical’
Page 1, para 2, line 11, change ‘colloquial relegated’ to ‘combined with’
Page 1, para 2, line 12, add ‘the’ before health care
Page 2, para 1, line 2, ‘for young people’ not ‘among youth’
Page 2, para 1, line 5 ‘they face’ not ‘youth faces’
Page 2, para 2, line 2, ‘health services’ not ‘health service’
Page 2, para 2, line 6, ‘by’ not ‘from’
Page 2, para 2, line 7, ‘waiting times’ not ‘waits’
Page 3, para 1, line 1, clarify meaning of ‘suppressed sexuality’
Page 3, para 2, line 2, insert ‘African’ before ‘nations’
Page 3, para 3, line 3, insert ‘attitudes towards’ before ‘sexuality’
Page 3, para 3, line 5, change ‘house leader’s to ‘the head of the household’s’
Page 4, para 1, line 6, change ‘head of household’ to ‘the head of the household’
Page 4, para 1, line 8, remove bracket in reference
Page 4, para 2, needs to change considerably (see comments above)
Page 6, para 1, line 7, insert ‘very’ before the first ‘good’
Page 6, para 2, line 4, insert inverted commas around “yes, several times” and
“yes”
Page 7, para 4, needs considerable rewriting (see comments above)
Page 9, para 3, line 1, omit ‘to’ before sexual health
Page 9, para 3, line 1, spell counseling with double l throughout
Page 10, para 1, line 1, ‘barrier’ not ‘barriers’ and spelling of ‘counselling’
Page 10, para 3, line 6, insert ‘to’ after leads
Page 11, para 2, last sentence clarify meaning
Page 12, para 2, insert heading ‘Limitations of the study’
Page 12, para 3, line 5 change last phrase to ‘reducing waiting time, lowering
costs, and increasing the availability’

Responses:

Thank you for all these helpful comments. We agree with all the suggestions made by the
reviewer and have revised the sentences accordingly. On page 6 paragraph 1 lines 1 and 2
(previously Page 3, paragraph 1, line 1), the sentence has been revised and ‘suppressed sexuality’
has been removed. The new sentence reads “Young people in that country appear to have very
poor access to sexual and reproductive health and HIV/AIDS services”.