Author's response to reviews

Title: Cross-cultural adaptation of the short-form condom attitude scale: validity assessment in a sample of rural-to-urban migrant workers in Bangladesh

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Author's response to reviews: see over
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The Editor (s)
BMC

Subject: Revised Submission: Original Research Article

Dear Editor (s),

Thank you for considering our paper entitled “The short-form condom attitudes scale: development, cross-cultural adaptation and validation amongst an at-risk population in Bangladesh” (New Title: Cross-cultural adaptation of the short-form condom attitude scale: validity assessment in a sample of rural-to-urban migrant workers in Bangladesh). We appreciate the reviewers for their valuable suggestions and inputs to improve the paper. Please find below our detailed response to the reviewer/ editors’ comments. The specific issues are addressed below and clarified/amended in the appropriate sections of the manuscript (please see the revised manuscript with highlighted changes).

We hope our revisions will meet with your approval criteria.

Yours sincerely,

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New Title:  
Cross-cultural adaptation of the short-form condom attitude scale: validity assessment in a sample of rural-to-urban migrant workers in Bangladesh

Responses to reviewers’ comments:

Reviewer: Saifur Rahman

Reviewer’s report:

Comment 1: Title: The title needs to be rephrased. I would strongly recommend using the term “vulnerable” instead of “at risk” or “high risk” and please be consistent with this term. The study specifically targeted Bangladeshi migrant taxi drivers and restaurant workers, which should be reflected in the title. I would prefer a title like “Cross-cultural adaptation of the short-form condom attitude scale: validity assessment in a sample of migrant taxi drivers and restaurant workers in Bangladesh”

Response: We agree with the reviewer and changed the title as suggested; “Cross-cultural adaptation of the short-form condom attitude scale: validity assessment in a sample of rural-to-urban migrant workers in Bangladesh”

Comments 2: Abstract: Please re-write the abstract. A statement on scale should be in the background. The result section in the abstract does not properly convey the findings. Instead, the section includes comments on the study findings. In addition, it is not clear what the authors mean by “Culturally equivalent content was achieved for the scale in Bengali language.” Nothing has been mentioned about the easiness of using the scale and its cultural acceptability in the main result section of the article. The study was conducted on a very specified group of population. Therefore, the concluding remarks should acknowledge that instead of making a generalized statement, which could be misleading. (The concluding remarks can be based on the last paragraph of the discussion where the wordings: reliable and culturally standardized are appropriate.)

Response: We have now re-written the abstract as suggested by the reviewer.

Comment 3: Background: Needs to be shortened. It would be better if the focus would only on condom use and its measuring scale.

Response: As suggested, the background section is shortened keeping focus only on condom use and its measuring scale.

Comment 4: Method: Needs to be shortened as well. Information in the sections: Design and participants and instrument are too detailed for a journal article. Authors need to focus on important issues rather than mention every bit and piece of things related to sampling, data collection etc.

Response: The method section is shortened now in the line of reviewer’s suggestion.

Comment 5: Results: Table 1 is not necessary. Table 2 should also be deleted, as there is repetition of information in the text. There is repetition of information from table 4 in the text as well. I would prefer the text. Therefore, table 4 should also be deleted.

Response: We appreciate the reviewer for his comments. As suggested we have deleted table 2 & 4 and shown those data in the text only. However, we prefer to keep table 1 as we
believe this will be helpful for the readers who wish to know more about the basic characteristics of the study sample.

**Comment 6:** Discussion: The first paragraph is the repetition of information provided in the background. In fact, this paragraph can be used in the background of the study as it clearly describes the rationale and objective of the study. Also, putting this paragraph in the background would contribute in shortening this section as well.

**Response:** We have amended this as per reviewer’s suggestion.

**Comment 7:** Conclusion: There are repetitions of information provided in the background as well as in discussion. Please provide only a paragraph indicating ATC-B scale’s usefulness and future exploration.

**Response:** We have rewritten the conclusion section as per reviewer’s suggestion.

**Minor Essential Revisions**

**Comment 8:** I would like to suggest the authors to use the term “repeatability” instead of “Test-retest reliability”. “Repeatability” in this topic would be more understandable to the readers with non-statistical background.

**Responses:** As suggested we used the term “repeatability” to explain “test-retest reliability”.

**Reviewer:** Rupali Limaye

**Reviewer’s report:**

**Comment:** Abstract
1. I am unclear from the abstract how this is a mixed methods study, as it appears that surveys were administered (albeit to different populations).
2. The conclusion states that the instrument assesses factors that hinder condom use, but I thought that the study aim was to measure attitudes toward condoms, not barriers toward use.

**Response:** We appreciate the reviewer for this comment. We have rewritten the abstract clarifying these issues.

**Comment:** Background
1. Have there been campaigns in Bangladesh to increase the uptake of condoms? If there have been, it would be pertinent to include any evaluations of these campaigns/programs.

**Response:** Although there is no study specifically evaluated condom promotion campaigns in Bangladesh, we have included a few references about campaign exposure in certain groups of population.

**Comment:**
2. Is incidence 9% among IDUs or is it prevalence? Either way, include incidence and prevalence for all of Bangladesh and among MARPs, if available.

**Response:** We have provided prevalence data now both for general population and MARPs.

**Comment:**
3. Cite numbers 4 and 5 are relatively older references, are there more recent studies that can be included?

**Response:** As suggested by the reviewer, we have included new references now replacing citation 4 and 5.

**Comment:**
4. The authors state that there is significant overlap between IDUs, SWs, and clients of SWs. Can the authors provide some context about HIV risk transmission in these populations?
5. IDUs are identified by the authors as a key group for transmission risk, but there is no data about condom use among IDUs, and this should be included.
6. The statement that men have low levels of condom use with SWs is general; there needs to be some information about condom use among IDUs and SWs.

**Response:** We agree with the reviewer on the points highlighted and provided new data on condom use.

**Comment:**
7. How are high-risk populations identified in Bangladesh? If they do include taxi drivers, migrants, etc., statistics about their incidence and prevalence should be included.
8. Is there some data that show how often taxi drivers, truckers, migrants, fishermen, etc., visit a SW?

**Response:** We have provided relevant data in the background section to clarify this issue.

**Comment:**
9. Are the authors arguing that specific attitudes, and NOT general attitudes, predict behaviors? This is a bit unclear.
10. I think what is missing here is some context about which factors have the potential to influence behavior change. There isn't a clear explanation as to why the authors chose to focus on attitudes – where is the argument that attitudes are important/integral for behavior change to occur? Have there been other studies that have demonstrated this in condom use behavior globally or more specifically in Bangladesh/the region?
11. If there have been several scales besides the ATCS, why did the authors pick it for this analysis?
12. What is meant by functional attitude?

**Response:** We have re-written this section and clarified the issues pointed by the reviewer within the tight word limit.

**Comment:**
Methods
1. It is not clear why the survey was administered to restaurant workers. Are they also a MARP? How are they comparable to taxi drivers?

**Response:** We have clarified this in the method section.

**Comment:**
2. There needs to be more detail about how the participants were recruited/approached. What were the rates of acceptance? Where were they approached? Was the sampling done systematically? What can the authors say about generalizability about their sample in relation to other taxi drivers/restaurant workers?
3. What were participants compensated for being in the study? Could this have influenced agreement to be in the study?
4. Why were the measures structured along the three dimensions noted?
5. Why were 6 of the items from the original scale included? How were these chosen for inclusion?
6. Were 10 items included or were 11 items included?

**Response:** Details about sampling frame, participant selection and recruitment were reported before in a paper published in Public Health Journal (Roy et al. 2010). However, we have rewritten the methods section and clarified these issues as much as possible.

**Comment:** Results
1. For table 1, I am not sure if all of the variables that are currently included need to be included...
2. The authors separated the taxi drivers and restaurant workers in table 1, but in table 2, they are combined. Were there differences in attitudes by group? I think a mean score of 21.45 is quite close to being indifferent about condom use, but the authors state that the participants had negative attitudes toward condom use...

**Response:** As suggested, we have now stated this clearly in the result section.

**Comment:**
3. For table 5, can the authors comment on those that were retested to those that were not retested?

**Response:** As suggested, we have clarified this.

**Comment:**
4. How was the questionnaire structured – were participants asked about their use first and then their attitudes later on in the instrument?

**Response:** Questions around condom use were asked first and then about their attitudes towards use. We have clarified this in the method section.

**Comment:** Discussion
1. The authors state that individual instrument norm and attitude is important for behavior change. Both of these terms need to be explained and referenced, and should be included in the background.

**Response:** We have rewritten the discussion section keeping the focus on aims and key findings of the study.

**Comment:**
2. There needs to be some discussion about the implications of these results. How will this scale help program developers? Researchers?

**Response:** As suggested, we have briefly discussed the implications our results for program developers and researcher.