Author's response to reviews

Title: Assessment of Voluntary Counseling and Testing Service Utilization and Associated Factors among Debre Markos University Students, North West Ethiopia: A Cross-Sectional Survey in 2011

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Author's response to reviews: see over
Point-by-point Response to Reviewers Comment

Reviewer # 1 (Yordanos Belayneh Molla)

Dear Yordanos: thank you very much for your valuable comments on our manuscript entitled “Assessment of Voluntary Counseling and Testing Service Utilization and Associated Factors among Debre Markos University Students, North West Ethiopia: A Cross-Sectional Survey in 2011” submitted for publication to the BMC Public Health.

We have revised our manuscript according to your comments and have made the required Changes or modifications as indicated in the following point-by-point response and we used highlight in color to address the comments.

General comments:

The document should be organized and rewritten as manuscript rather than its current form, which looks like a thesis. It would be very helpful if the authors could look at the journal’s guide to authors.

Well accepted and we made the changes.

Most of the paragraphs do not flow well and need to be rewritten. It is challenging to comprehend the multiple ideas included in one paragraph as well as similar ideas scattered in more than one paragraphs. For instance the effect of HIV in Africa was mention on the first and fourth paragraph of the background.

Well accepted and we made the changes.

A proper reference manager should be used to organize and standardize the references used in the document. For instance, reference 9, 22, and 25 are not complete.

Well accepted and we made the changes.
Grammar and typos need major revision and multiple words that are capitalized unnecessarily should be corrected.

*Well accepted and we made the changes.*

It is distractive to included unnecessary details which are not also in congruence with the journal’s guideline such as list of dependent and independent variable and list of acronyms.

*Well accepted and we made the changes.*

Title page:

The affiliation of the third author has not been stated.

- **The affiliation of the third person is Co-investigator**

Abstract

The “Abstract” section of the document is titled “Background”

*Well accepted and we made the changes*

The last statement of the introduction section is not clear; particularly the word “they” is not clear to Whom or what it was referring to.

- **despite the high number of people already living with HIV/AIDS, it is estimated that less than 10% are aware they are infected, the word they refers to for people living with HIV or aware themselves by testing.**

Conclusion section of the abstract has a long and unclear statement with supporting and contradicting ideas merged together.

*Well accepted and we made the changes.*
Background

The paragraphs lack the appropriate flow because: Paragraph one starts with a general statement on the effect of HIV on education in Sub-Saharan Africa, followed by the burden of HIV on Ethiopia with particular emphasis on youth. The second paragraph continues to state the disease burden in Ethiopia. Third paragraph states the effect of HIV on the productive segment of Ethiopian population followed by recommendation and solution statements. The forth paragraph gets back to the burden of HIV on African counties with emphasis on Sub-Saharan Africa youth. The fifth and sixth paragraphs talk about the global status and advantages of Voluntary Counseling and testing (VCT) globally. The last paragraph jumps to the gaps in VCT among youth and states the study is aimed to assess the VCT service utilization and associated factors among Debre Markos university students.

*Well accepted and we made the changes.*

Additional information (literature review) is needed in the background so that one can understand the existing situation, in higher institutions in general and in Debremarkos in particular, and the added value of the study for informed decision making. For instance, adding the following points would strengthen the background:

1. The status of HIV in higher institutions globally and locally;
2. The status of VCT service utilization in higher institutions globally and locally;
3. Past and existing endeavours if there are any and the lessons learned from such efforts, etc

*Well accepted and we made the changes*

Methods and Materials

Study period: The study period March 30 to April 2, which is four days, need further notice
• Study period means the actual data collection, since it was self administer questioner and enough data collectors four days is enough to collect the data

Sampling procedure: The selection of 1 department from health science and 5 from non-health science is purposive sampling. It is neither simple random nor proportional to size as the proportion is 2 health science departments for 22 others, and nearly 20% of the interviewed students were from health science department. Moreover, it is not clear if the number of students for different years of study is equal for all years of study or proportional to size of students in each year, although the year of stay in campus was the reason for deciding the number of students from each batch.

• The department was taken based on the number (size) of department, for this matter we have taken one department from health science using simple rand sampling and 5 departments from non-health science using simple random sampling

Data collection and quality measuring- avoiding staff during data collection

• The important of avoiding staffs during data collection helps to control the quality of data b/c the questioner have some sensitive question like have you ever had sex, since such question were very sensitive the students may fear to fill the right answer

How is VCT utilization defined in this study? Is it current VCT service utilization or was it refereeing to ever use of VCT services?

• In this study VCT utilization was within the last 12 months

Result
The introduction of “rural” and “urban” is not clear. If it was referring to the original places where the students came from, what is the importance for the current VCT utilization since the study has a question on the sources of HIV information?

- We consider that students from rural area and students from urban were different in VCT Service utilization b/c their previous residence may have some contribution for their knowledge about HIV, Stigma and other related variables

The VCT non-user is a very confusing term. What was it referring to?

- **VCT non-user refers to those who utilizing the VCT service**

The information on the bi-variate and multivariate analysis was presented in the table and repeated with texts.

- **We remove the text and we use only the table of bi-varate and multivariate results**

**Discussion**

The discussion should present the results summarised in the first paragraph and put the arguments in the following paragraphs.

*Well accepted and we made the changes.*

The discussion should not be the repetition of the result section.

*Well accepted and we made the changes.*

Strength and limitation of the study should be part of the discussion.

*Well accepted and we made the changes.*

**Conclusion**

The conclusion should be presented as a paragraph rather than bullet points.

*Well accepted and we made the changes.*

The statement that VCT utilization is higher but it is not enough should be elaborated.
Point-by-point Response to Reviewers Comment

Reviewer # 2 (Bernard BN Njau)


We have revised our manuscript according to your comments and have made the required Changes or modifications as indicated in the following point-by-point response and we used highlight in color to address the comments.

Minor Essential Revisions

Is the question posed by the authors well defined?

BN: The question posed by the authors is well defined.

2. Are the methods appropriate and well described?

BN: Generally, methods are appropriate. However several areas need to be considered as follows:
a). Source population; study population and inclusion criteria/exclusion criteria—advice to be presented in a narrative format and not bullet points. In addition, participants who were absent the day of data collection should be included as an exclusion criterion.

*Well accepted and we made the changes.*

b). In the sample size determination: in $n_i = 342$ Multiplying by design effect….advised to describe why multiplying by the design effect of two?

- When we use multi-stage sampling the probability of committing error will be increased so in ordered to component we multiplied by the number of stages, in this study we use two stages to select the study subject that’s why we use design effect two

c). Sampling procedures: The 3rd sentence “there are two health science and 22 non health……” Advised to describe in details the simple random sampling technique used to select the 1:5 departments. How did they reach this ratio of 1:5? In the next para.

- In the university there are 24 departments 2 of them health science, 22 non-health science, by assuming that being health science and non-health science have different effect on the outcome variable which is VCT utilization, after this we select department using simple random sampling based on the number(size) of departments found in health and non-health by considering that taking greater than 20% of the department will be representative, one department from health science which is greater than 20% and five department which is greater than 20% was taken that’s what the proportion is 1:5

- “Students in each field…..” Is an unclear statement and need to be written to convey the real meaning
- **Student in each field refers to student from health science and students from non-health science**

  **d)** Variables: The list of independent variables presented are not well described. It is unclear for example how knowledge about HIV was assessed. Was it general knowledge or level of knowledge?

- **We prepare question on the prevention, miss-conception and way of transmission of HIV and calculate average, students who score more than average was classified knowledgeable and students who score less than average was not-knowledgeable**

  **e)** Descriptions of all variables should be described and examples of questions and expected responses used to assess each variable. Possible references for all questions should be provided.

  In addition, there is lack of description of a conceptual framework mentioned under Data collection and quality measurement-This should be included and show how it was operationalised in this study. Reference of the conceptual framework should be provided.

    *Well accepted and we made the changes.*

  **f)** It was unclear what is the source of the questionnaire. Was is adapted from another study and adopted? If a new tool, how was internal reliability ascertained?

- **Self-administered structured questionnaire adapted from similar previous studies in Bahir Dar university students and sample of questionnaire that was modified to the study setting were used to collect socio-demographic information and other important variables.**

  **g)** Under data collection and quality measurement: The last sentence” The data collected by four diploma nurse…..” is unclear, especially on the one supervisor’s role. Advised to re-write the whole sentence
• **Well accepted and we made the changes.**

h). Ethical Consideration: Generally, this section is rather long. Advised to summarize this section to cover only important issues on ethics. It is important to describe how consent was obtained from participants (e.g., those below 18 years and above).

• **Unfortunately I didn’t get students whose ages was less than 18 years but I exclude them**

3. **Are the data sound?**
   Overall the data is sound and correct. However, it is advised that proportion or sample (n) should be presented where appropriate (e.g., out of 753 students, 711(94.4%); …about n/711(58.5%)…etc).

• **Well accepted and we made the changes.**

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

• Yes. However, figure 2: can be removed, without changing the study findings-this is discreetional.

   **Well accepted and we made the changes.**

• Additionally, in Table 2: there are typographic error: spelling mistake (see VCT utlization; yes/NO was bold, WHY?).

   **Well accepted and we made the changes.**

• Figure 3: the title has spelling/grammar errors.

   **Well accepted and we made the changes.**

• Table 3: The title should be edited. Spelling mistakes: VCTutlizatio; subtotal for Yes (n=) and No (n=) are missing.

   • **Well accepted and we made the changes.**

• p-values not indicated

   **Well accepted and we made the changes.**
5. Are the discussion and conclusions well balanced and adequately supported by the data?

Discussion section: advised to remove statistical findings e.g., \{AO: 3.00, 95%CI: (1.65;5.49)\} from the discussion.

*Well accepted and we made the changes.*

The discussion lacks plausible explanations to support the study findings and the implication of such findings in increasing utilization of VCT services among the target population. Advised to discuss the study findings and minimize discussing other study findings. Provide possible implication of the study findings.

*Well accepted and we made the changes.*

The conclusion is general. For example it is unclear to know which motivating factors are, and which ones are barriers to utilization of VCT. This should be separated and included in the conclusion.

*Well accepted and we made the changes.*

In addition, it is unclear if this study accepted or rejected the hypothesis-it is important to include this in the conclusion. The recommendations should be specific to address the study findings. Currently they are general recommendations. Additionally, some words, such as “woreda bureau” and “anti AIDS clubs” are mentioned for the first time in the recommendations. Advised to described first in the study area section as examples of existing HIV/ADS intervention in Debre Markos University.

*Well accepted and we made the changes.*

6. Are limitations of the work clearly stated?
No. Limitations are presented as bullets and unclear how these limitations may affect the study findings. Advised to present the study limitations in a narrative format and describe how they may affect the study findings.

*Well accepted and we made the changes.*

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes. Authors should review their references and comply to the journal instructions.

*Well accepted and we made the changes.*

8. Do the title and abstract accurately convey what has been found?

Yes. However, the abstract seems to be long, and some supporting data (proportions/or sample size [n/N] are missing. Should be included

*Well accepted and we made the changes.*

9. Is the writing acceptable?

Yes. However, several spelling mistakes/and typographic errors throughout the document. These should be addressed by the authors (e.g., in the abstract study area…is it Merry stop…or Marie Stopes?; P-value lees; VCT sits,etc).

**Done**

Best regards