Author's response to reviews

Title: Perceptions of HIV/STI prevention among young adults in Sweden who travel abroad. A qualitative study with focus group and individual interviews

Authors:

Anna Qvarnström (anna.qvarnstrom@lnu.se)
Marie G Oscarsson (marie.oscarsson@lnu.se)

Version: 3  Date: 16 June 2014

Author's response to reviews: see over
Dear Referees,

On behalf of both authors, I hereby submit the revised manuscript ID: 3036878601220784, title “Perceptions of HIV/STI prevention among young adults in Sweden who travel abroad. A qualitative study with focus group and individual interviews”.

Thank you for the valuable comments regarding our manuscript. We found the recommendations to be constructive and insightful. The manuscript has been revised according to the reviewers’ comments and the journal guidelines.

Please find below a point-by-point author response to each comment. All the changes made in the manuscript have been highlighted in yellow. We greatly appreciate the time and effort spent by the reviewers and believe the peer review process has improved the manuscript. The manuscript has again been reviewed for language. We hope you find the revised version satisfying.

Best regards,

Anna Qvarnström
Comments from Reviewer #1

Major Compulsory Revisions

1. General comments

This article is a qualitative study that describes the experiences of and attitudes towards prevention efforts against HIV/STIs among young adults who travel abroad as well as investigate what kind of prevention efforts young adults want before travelling abroad.

The question is well defined however fails to deliver any new information that is previously described in the literature. The methods are appropriate however a higher number of in-depth interviews as part of the methodology would have added a deeper level of meaning to the results.

We are not sure if we understand the first part of this comment correctly, but will try to answer. Literature reviews were carried out prior to writing the article and during the writing process. We found perceptions of prevention efforts of young adults who travel abroad to be understudied. It might have enriched the results with more in-depth interviews, but since our intention with the study was to use focus groups in the data collection only, the in-depth interviews were only a “bonus”. It is now clarified in the discussion part why there were only four individual interviews.

How was the theory of salutogenesis used in the study? It does not seem to have been used in your analysis yet in the discussion you state that you found issues relating to meaningfulness, comprehensibility and manageability. I am unclear how you came to that point as it is not clear in your presentation of the results.

The interview guide was written from a salutogenic perspective, focusing on health factors rather than problems alone. Thank you for this valuable remark. It is correct that salutogenesis was not used in the actual analysis and we have rewritten the section you mention so as not to be misleading. What was meant, and which hopefully is clearer now in the text, is that when interpreting and attempting to understand the results in the discussion we have had a salutogenic perspective in mind.

2. Methods
As BMC Public Health is an international journal more information about the context would be helpful to international readers.

To make the Swedish context clear to international readers, we have included in the manuscript information about: the age of sexual debut; the age of contracting Chlamydia; youth clinics; compulsory sex education at school and how that is perceived; young adults being a risk group but prioritised for prevention efforts as part of a national plan; and the degree to which young adults perceive they receive information.

Although the authors state that the study was undertaken in southern Sweden it is unclear from the paper whether it is a rural or urban setting and whether the clinics and university was in one area/town or multiple areas/towns.

This has been clarified in the manuscript. Table 1 with demographic data, has also been expanded to include more information on where and how respondents were recruited.

It is unclear as to why one researcher participated as an observer. Further information required.

It is now included in the manuscript that one researcher participated as an observer to take notes during the interviews, and to support the moderator in holding the focus of the interviews. This is recommended when using focus groups by Polit & Beck (2008) and Malterud (2009).

It is unclear why you undertook only 4 interviews. Please elaborate.

We conducted twelve focus group interviews, and four individual interviews. It has now been mentioned in the discussion section that the 4 individual interviews were a result of the fact that they could not be fitted into a focus group interview.

It is unclear why 19 year olds were included when your inclusion criteria states 20-29 years. Please elaborate.

All the respondents received verbal information about the study and its inclusion criteria (including age limits) prior to the interview. At the time of the interview, they all filled out a questionnaire where, among other information, they wrote down their age. When this was discovered after the interview was finished, we decided to keep the interview anyway since
the respondents were almost 20 and because we thought it unethical to disregard the whole interview. This has been elaborated in the manuscript.

3. Analysis

Please elaborate as to who undertook the transcription. Were they professionally transcribed?

It is clarified in the manuscript that it was the first author who undertook the transcription. That the same person who moderates the interviews also transcribes is considered positive according to Paulsson (2008) since it likely leads to a more correct transcription.

4. Discussion/Conclusion

The use of the salutogenesis theory may provide a way to articulate the uniqueness of your study. Do you have any specific recommendations about how to address the lack of available information for young people?

This has been elaborated in the manuscript. Among other things, we recommend developing educational tools to aid discussions in schools and more generally, using a salutogenic perspective when designing prevention efforts.

Comments from Reviewer #2

Title:

Perceptions of HIV/STI prevention among young adults in Sweden who travel abroad. A qualitative study with focus group and individual interviews

Version: 2

Date: 16 May 2014

Reviewer: Jerry Okal

Reviewer's report: Major Compulsory comments

The paper somewhat covers unfamiliar grounds in terms of its findings. With that said, the authors seems not to provide a critical analysis on the nexus between personal experience of prevention, attitudes towards prevention, prevention efforts wished for by young adults on
one hand and the risks they are exposed to when travelling abroad. In my view this is a missing link which the authors can address if data is available. While personal experience of prevention, attitudes towards prevention, prevention efforts wished for by young adults seem to be the main topic I find lack of depth in the analysis of the results section. I expected to read more compelling findings on these topics and how they relate to one another. Providing depth, in my opinion would enrich the paper and give the reader a clear understanding of the topic in question and the associated risks. That said it is clear that the topic is an under studied area and the associated risks of young adults travelling abroad remains little understood especially in the epidemiology of diseases such as HIV/AIDS and other STIs. Therefore, the author could do well to explain how personal experience of prevention, attitudes towards prevention, prevention efforts of young adults contribute to increased vulnerability and explain how other elements such as social support explain current risk taking behaviour. Of note, these issues are a key concern not only among young adults but also among the general population and is a rising concern potentially related to the globalization. This scenario brings with it monumental challenges in HIV prevention with a good number of new HIV infections likely taking place as a result travelling to foreign destinations.

Thank you for this valuable remark. More focus on the link between attitudes and behaviour, and on the importance of social support, is planned for future studies. This initial study was intended to be explorative, examining experiences and perceptions of prevention efforts. We did not have as an aim to map or comment on sexual behaviour. We have developed the discussion part to provide more depth to the analysis.

Minor Comments:

General comment: Please ensure that the revised manuscript does not exceed the word limit.

We have tried to narrow the manuscript down and be concise according to the journals guidelines.

Methods:

General comment: How was confidentiality of study participants maintained by the study team?
It is now clarified in the procedure (method) section that the informants were assured confidentiality and informed that participation was voluntary and that they could withdraw at any time without explanation.

Page 4: The authors report that “...recruitment was done through universities, colleges, sports clubs...” but the steps taken to reach young people is unclear. Explanation is only given of how young people were recruited in youth clinics.

In the manuscript it is explained under the paragraph ”procedure” how recruitment was done through youth clinics, universities, colleges, sports clubs etc.

It would also be important to note the number of participants recruited from each of the recruitment sites.

The distribution on how the respondents were recruited is now included in Table 1.

Another question is what was the rationale for targeting travelers who had made a foreign trip in the last twelve months. Is it not clear our criterion for sex work was self-identification as a sex worker”, my question therefore is, was there a cut off point for sex work say having sex with another man in the last 3, 6 or 12 months?

We are not sure if we understand this comment correctly, but will try to answer. The choice of targeting travellers who had made a trip within the last 12 months was to minimise recall bias. Generally, studies in this field have 12 months as a common retrospective timeframe. Since we did not aim to examine sexual habits or behaviour, but only their experiences and attitudes towards prevention efforts, questions concerning such were not posed.

Page 6: What was the profile of those travelling abroad like? For example socioeconomic status, marital status etc.

We have inserted ”area of residence” in table 1, where there also is information about current pursuit, which might indicate income. We did not collect information on e.g. marital status since we did not intend to study their sexual behaviour or experiences. We wanted to see if they encountered any information on HIV/STI prior to their trip regardless of marital status, who they travelled with, or purpose with the trip, for the main reason that prevention efforts do not differentiate according to such factors. Future studies are planned to focus more on nexus between socioeconomic status/support and prevention.
How did researchers verify that the participants indeed made a trip abroad in the last 12 months?

The participants answered a questionnaire in connection with the interview in which they were asked where they had travelled to in the last year.

Results:

The presentation of the quotes is rather unconventional. The authors can look at previous published qualitative work and draw examples.


Conclusion: The author does a good job talking about how appropriate information can be channeled to young people but I think this can be taken a step further to include not only young people but their partners and immediate families as well.

This is a very important aspect and is now added as a suggestion for future studies.

References:

