Reviewer's report

Title: Khat chewing and HIV risk behaviour among in-school and out-of-school youth in Ethiopia.

Version: Date: 19 July 2005

Reviewer: WR Brieger

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Comments on:
Khat chewing and HIV risk behaviour among in-school and out-of-school youth in Ethiopia

While the title implies that the manuscript focuses on khat use, the text also addresses alcohol and other substance use. Is there a reason to include other substances? Is other substance use related to khat use? Does the title need to reflect more broadly the issue of substance use as implied by the analyses performed?

The sampling procedure for schools appears to be straightforward. The authors indicate that interviewers were used to administer the instrument. How this was achieved in the school setting needs to be explained. Hopefully it was not self-administered in the school setting. Otherwise this would create serious problems of validity and comparison. Where was the interviewing actually done on the school premises?

Also there is concern that in-school youth were 15-19 years old while out-of-school youth were 15-24. It would seem that comparing on a same age basis would be better. Since sexual behavior is associated with both being out-of-school and age, and since only the out-of-school youth included the age group 20-24, it seems reasonable to remove this older group from the study and compare similar age groups both in and out of school.

With out-of-school sampling based on the household, does this imply that interviewers went house-to-house? Since many out-of-school youth work, household visits seem to be a challenging way to find people. Please spell out the practical details, not just a broad naming of the sampling procedure. Although the authors indicate the description of the sampling method is given elsewhere, not all readers will have easy access to this information, especially since the document does not appear to have been published in the literature.

Table 4 that considers another HIV risk behavior is not properly presented in the results nor referred to in the abstract. This led one initially to think the manuscript was concerned only with sexual risk behavior, not the fuller gamut of HIV risk behavior.

One would be interested in learning what factors are associated with khat use in addition to factors associated with the 3 main HIV risk behaviors found in Tables 2-4. In particular is there association between khat and alcohol use? In short what is the profile of a khat user in this study and does that differ from an alcohol user? The discussion addresses briefly the possibility of joint use of the substances, but the analysis to support this is not presented.

The way the tables 2-4 are arranged it would appear that HIV risk behavior is the key focus, not khat use. Obviously both are interrelated, but analysis does not address this. The discussion reinforces the concern that the study is focusing more on seeking explanations for sexual/risk behavior factors than on khat use issues as they influence risk behavior.
Discussion of mental disorders, while interesting, seems outside the scope of this study. Issues of ADHD, self-esteem, etc. may have been addressed in the study instruments, but this was not revealed in the manuscript, and thus detailed discussion of these issues is inappropriate.

Alcohol issues receive a fair amount of attention in the discussion in their own right. This makes one wonder again whether the study was about substance misuse or more strictly about khat use. There is certainly value in addressing both substances because as analysis has shown the influence of use on sexual behavior is different – a flat out association of any khat use with unprotected sex while a trend is seen with alcohol. This is an interesting finding that needs more attention. And again the need exists to compare khat and alcohol use and separate out the effect of joint use.

Overall the manuscript is of great potential value and interest. The authors are requested 1) to focus only on the 15-19 age group, 2) to analyze for factors associated with khat use, especially khat/alcohol use, 3) to focus the discussion on the khat issue, not the broader concern of sexual risk behavior and 4) to present and discuss the injection drug use data.

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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Which journal?: Not appropriate for BMC Medicine: an article whose findings are important to those with closely related interests and more suited to BMC Public Health

What next?: Offer publication in BMC Public Health after minor essential revisions

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.