Author's response to reviews

Title: AIDS knowledge and attitudes in a Turkish population: an epidemiological study

Authors:

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Version: 3 Date: 8 July 2005

Author's response to reviews: see over
AIDS knowledge and attitudes in a Turkish population: an epidemiological study
Reviewer: Andrew Furber

General
Paragraph 1
As you indicated and stated “I was unable to immediately find any relating to the general population” There is no such study relating to the general population, as there is in my study, in Turkey. The study which you found was conducted on a specific target group as I indicated in the references I quoted, such as university students.

Paragraph 2
The paper has been shortened and a through copyediting was done by a English teacher, who works in our city, from England

Major Compulsory Revisions
The paper has been shortened, in particular the introduction, throughout the MS. Clarification of the MS has been provided by a native English teacher, from England.

The sentence “Thus, AIDS seems to become a health problem for also Turkey in the future” was taken out in line with your comments.

Considerable degrees of stigma come out in the results as “In general, the respondents’ attitudes towards AIDS and people with AIDS were found to be significantly tolerant and positive, with the exception of items 7 and 8. The majority of the respondents positively agreed with statement 5 (70.5%) and statement 9 (90.7%). On the other hand, a large number of the respondents agreed with the stigmas 1, 2, 3, 4, 6, 7, 8 and 10 with proportions of between 30% and 50%. These results are shown in Table 4.” and in the discussion as “On the other hand, there was a substantial negative attitude towards AIDS and HIV positive patients. A proportion of about 30% and 50% of the respondents, excluding item 5 where the proportion of negative attitude was only 17.8%, expressed negative attitudes. These findings are consistent with the findings of some studies conducted in Iran and Indian (3,29). This can be explained by the similar sociocultural design of Turkish, Iranian and Indian attitudes towards HIV/AIDS, especially in the light of religious factors, and may also be explained by the respondents having confused opinions towards the HIV virus and people with AIDS”

Methodological questions
1. The original paragraph relating to alpha coefficients was changed as follows: The sentence “As a result any necessary changes to the questionnaire were made.” was deleted since it caused confusion. In fact, no changes were made to the questionnaire after the alpha coefficients had been determined.

“The questionnaire was then pre-tested on a sample of 62 participants from different subpopulations of the city. Alpha coefficients for reliability and internal consistency of the questions were found to be 0.891, 0.734, and 0.603 for knowledge, attitudes, beliefs or misconceptions about AIDS/HIV, respectively. The completed questionnaires were checked for consistency and completeness. Questions were answered using the options “Agree/True”, “Disagree/False”, and “I don’t know/I have no idea”. Responses to all the items were converted to a percentage indicating the number of correct responses suggesting high levels of knowledge.”

2. The sample is representative. The related sentence was written in the end of the section “sampling” as “The sample was representative. It did not differ from the general population in terms of age or sex in the result of t test.

That is;
The population of Eskisehir : 460 000; the proportion of women: 0.455 (n=209 000), the proportion of men: 0 545 (n=251 000).
Our study population : 1 048; the proportion of women: 0.433 (n=454), the proportion of men: 0.567 (n=594).
For women : t test=1.37, p>0.05
For men: $t$ test=1.37, $p>0.05$

**FOR AGE:**

<table>
<thead>
<tr>
<th>Age</th>
<th>Study population N</th>
<th>Study population %</th>
<th>Eskisehir population N</th>
<th>Eskisehir population %</th>
<th>$t$ test and $p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\leq 24$</td>
<td>396</td>
<td>37.8</td>
<td>175 000</td>
<td>38</td>
<td>0.17, $p&gt;0.05$</td>
</tr>
<tr>
<td>25-34</td>
<td>367</td>
<td>35.0</td>
<td>161 000</td>
<td>35</td>
<td>0.01, $p&gt;0.05$</td>
</tr>
<tr>
<td>35-44</td>
<td>184</td>
<td>17.6</td>
<td>74 000</td>
<td>16</td>
<td>1.29, $p&gt;0.05$</td>
</tr>
<tr>
<td>$\geq 45$</td>
<td>101</td>
<td>9.6</td>
<td>50 000</td>
<td>11</td>
<td>1.28, $p&gt;0.05$</td>
</tr>
</tbody>
</table>

The response rate was stated in the section “procedures” as “All the subjects accepted participation in the study (1048/1621, 64.7%).”

The paragraph relating to “inclusion criteria” was changed as the following:

“Criteria for inclusion in the study was having the ability to complete the questionnaire and completion of education to at least primary school level, working on the presumption that this would ensure that all participants had a basic knowledge level of sexuality, a basic level of maturity with regard to answering sexually related questions, or the ability to communicate with one another.”

3. Confidence intervals were stated in the section “Sample characteristics” as “The mean (±SD) age of the respondents ($n=1048$) was 29.9±10.6, 95% CI of 29.3-30.6, years ranging from 12 to 83. It was significantly lower in women than in men (28.6±10.9, 95% CI of 27.6-29.6 and 31.1±10.3, 95% CI of 30.2-31.9, respectively).”

4. A lecturer from the statistics department in our university said that the study data were not related to means and that the estimation of the percentage of respondents for each question item was not possible to estimate.

5. The following sentence relating to education level was put into the last paragraph of the section “Respondents’ knowledge levels” as “Table 3 shows the respondents’ AIDS knowledge levels according to their educational status. It revealed that the respondents’ AIDS knowledge levels showed statistical significances according to their educational status for all but 8 knowledge items (5., 7., 20., 21., 26., 27., 29. and 30.). The knowledge levels of those who had attained a higher education level, such as university, were higher than those having lower educational levels, save for 6 items out of 34 (7., 26., 27., 29., 30. and 34.).”

The previously written sentence was deleted “There were significant differences between those with different level of education and knowledge about AIDS. In all items individuals with higher education had more correct responses and this being higher was significant for the other items except seven items (7., 8., 20., 26., 27., 30., and 35.).”

I also did a table titled “Table 3” in this revised form of the paper. I have tried to explain the claim that those with higher educational attainment were more likely to answer correctly.

6. The lecturer from the statistics department in our university said that the study items to be answered had 3 choices as “agree”, “disagree”, and “neither agree nor disagree” and also that a multivariate analysis could not be performed for choices of more than 2. Instead I performed then table 2 relating to education.

**Minor Essential Revisions**

The use of misconceptions in the title was removed as “AIDS knowledge and attitudes in a Turkish population: an epidemiological study”
AIDS knowledge and attitudes in a Turkish population: an epidemiological study
Reviewer: Omar Khan

General:
The aim was corrected as balanced with the paper as “Therefore, the present study sought to address a Turkish society’s risk behavior, knowledge, attitudes and misconceptions about HIV/AIDS, to assess needs for sexual education and to discover sources of information about AIDS for the people in a city of west Turkey, Eskisehir.”

The paper has been shortened and a through copyediting was done by an English teacher, who works in our city, from England

Major Compulsory Revisions:
The English of the paper was re-written by an English teacher, who works in our city, from England in view of grammatical, spelling and general design and also checked by an associate professor from the infectious illnesses department.

The References:
The references were corrected and Turkish references were converted into English.

Minor Essential Revisions:
Spelling mistakes on Tables and on Questionnaires were corrected by myself and then the English teacher.