Author's response to reviews

Title: Systematic Review of Effectiveness of School-Based Sexual Health Interventions in Sub-Saharan Africa.

Authors:

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

We have outlined below point-by-point the changes we have made to the final manuscript submitted today.

Reviewer I  (Nicole Crepaz)
1. The authors pointed out the difference between this review and Gallant & Maticka-Tyndale (2004) review on page 4 – that is, this review includes only studies with control groups. However, the majority of the relevant studies in the field utilize control groups. Consequently, there is still a considerable overlap between the two reviews. It would be informative to the reader if the authors could discuss the divergent and convergent findings from the two reviews.

Authors’ reply: we have included the following explanation on page 4:
“Studies with control group have been shown not to differ systematically in estimating magnitude of effects whether randomised or non-randomised [15] and are ranked highest in hierarchy of study types [16]. Fourthly, our review is more up-to-date, and more stringent, for example, our review excluded one of the eight studies that Gallant and Maticka-Tyndale had included, on grounds of low attrition [17]. Whilst we included one study [16] which Gallant and Maticka-Tyndale [11] had ‘missed’.”

In addition we compare the results of the two reviews on page 14:
“. There was also similarity in the trends for effectiveness of interventions in our included studies, in effecting change in knowledge, attitudes, and behaviour change, when compared to a previous review by Gallant and Maticka-Tyndale [11].”

2. The authors provided the quality assessment scale in the appendix. However, it is still not clear how they used the quality assessment form. Was the form used to select a set of studies? Or, was it used to describe the methodology features of selected studies? It seems to be the later case. More clarification is needed.

Authors’ reply:
We have referred to Appendices I and II, where we first mentioned our data extraction and quality assessment forms on page 5. We have made clear that there were two separate forms and that the latter was used in the quality assessment of the actual studies.
3. The authors can combine the conclusion with the discussion to eliminate the repeat of the information

Authors’ reply: we have taken this advice and combined the two sections

Reviewer II (ademola Ajuwon)
1. The reference format used does not conform to that of BMC Public Health. According to the recommendations from BMC “All references must be numbered consecutively, in square brackets, in the order in which they are cited in the text, followed by any in tables or legends. Reference citations should not appear in titles or headings. Each reference must have an individual reference number” The authors should revise the paper accordingly.

Authors’ reply: we have ordered the references appropriately.

2. The authors should support the statement ‘in conducting a focused…’ on the four paragraph with a reference. In addition, the sentence is too long and needs to be revised to make it clearer.

Authors’ reply: We have added a reference (Crombie 1996= reference [8]) and the sentence has been rewritten into two shorter ones.

3. I disagree with the authors in their claim that the ‘strong extended family network is now extinct in many African countries’ (paragraph 4, page 3). It is true that the traditional extended family structures are being weakened by continuing poor economic situation in many African countries, but they are not extinct. The authors should revise this statement.

Authors’ reply: We completely agree, and have changed the text on page 4 to read: “More specifically, with the threatened existence to traditional institutions like the age group/age grade and strong extended family network in many African communities, being replaced by formal western style of education, African pupils….”

4. The use of the acronym PWA is inappropriate (page 9); a more universally acceptable term for persons living with HIV/AIDS is PLWHA.

Authors’ reply: We agree, and have changed the text on page 9.

5. The statement ‘this review found a paucity of school-based interventions in sub-Saharan Africa relative to the magnitude of the AIDS epidemic” on page 11 is not correct. There are many school-based intervention projects to prevent HIV/AIDS in many African countries, but there is a paucity of published studies with rigorous evaluation design.

Authors’ reply: We agree, and have changed the text on page 11: “This review found a paucity of published well evaluated school-based interventions in sub-Saharan Africa relative to the magnitude of the AIDS epidemic.”
6. The following statements are vague and need to be revised: “future studies should address both these preceding…” page 11, “active training of facilitators…” page 11, ‘future studies could be informed by the results of quantitative studies and discrete …’ page 12

Authors’ reply: We agree, and have changed the text on page 12:

Future studies should be conducted after establishing an appropriate framework, such as is informed by the findings of systematic reviews (like this), qualitative studies and discrete choice experiments, as is recommended in the evaluation of complex interventions, such as is represented by interventions to prevent HIV/AIDS [5]. Ensuring the above in the studies included in this systematic review could have helped informing our logical deductions to the explanation of such questions as why behaviour change has been difficult to achieve in HIV/AIDS prevention programs among Sub-Saharan African adolescents.

7. The authors should provide an explanation for why behavior change had been difficult to achieve in intervention programs.

Authors’ reply: We slightly disagree, because there is no single explanation why behavioural change is so difficult. This is widely recognised in the health promotion literature, hence we have changed the text on page 12 to read as follows:

“Ensuring the above in the studies included in this systematic review could have helped informing our logical deductions to the explanation of such questions as why behaviour change has been difficult to achieve in HIV/AIDS prevention programs among Sub-Saharan African adolescents. In the wider health promotion field it is generally acknowledged that knowledge is easiest to change, that attitudes are more difficult to change and that actual behaviour is the most difficult to change.”

8. The authors should double check on information provided under heading for Medline in Table 1. Is the date 1966 mean to be 1986? Please check to be sure.

Authors’ reply: this was unclear we have changed heading to 1966.

Yours sincerely,

Virginia A. Paul-Ebhohimhen, Amudha Poobalan & Edwin R. van Teijlingen