Author's response to reviews

Title: Evaluations of Health professionals care students' in response to Voluntary Counseling and Testing services in Kilimanjaro region, Tanzania.

Authors:

- Eliningaya J Kweka (pat.kweka@gmail.com)
- Mgosha P Charles (peter400us@yahoo.com)
- Aneth M Mahande (anethf@yahoo.co.uk)
- Seif Shekalage (sshekagal@yahoo.com)
- Longini Barongo (lrbarongo@yahoo.com)
- Asanterabi Lowassa (alowassa@yahoo.co.uk)
- Michael J Mahande (jimmahande@yahoo.com)

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Author's response to reviews: see over
Comments from Reviewer 1

ABSTRACT SECTION
Risk behavior could be protective or otherwise. There is therefore a need to qualify the 'Risk behavior' by adding 'High risk'
Line 4 ..Who are engaged in risk behavior without perceiving themselves at risk..
  • I was done

Methodology:
line 1 typo error change .. to 'questionnaire'
  • It was changed

Results
Line 3 did not know...
  • It has been re-written.
  •

Conclusion 'Among students' delete health school/colleges 2003 figures used. Authors need to use more current data. quoted references 1 and 2 are too old for describing situation in the country with regards HIV/AIDS.
  • It has been incorporated

Line 6. Insert a Full stop after HIV. Start new sentence 'Approximately 32 million..'
  • It has been done

3rd Paragraph, line 2 'The only hope..' is too restrictive as other preventive options are been increasingly recognized. Suggest restructuring the sentence.
  • It has been done

Lines 6-7 reads VCT is among the strategies ...' Rest of the sentence needs to be rephrased.
  • It has been done

Para 4, Line 1. As at the end of 2003, 100,328 clients had been counseled. This number made up 0.7% of Tanzania's adult population.
  • It has been done

METHODOLOGY
Study Area:
Paragraph 2, line 2. Why is KIWAKKUKI in upper case?
Study Population: Line 2 - At KCMC??.
  • They are in upper case because they are abbreviations of the institutions
Sampling Frame: Line 2 sentence needs to be restructured.
  • It has been done

Inclusion & exclusion criterion included adults 18-25 years. (NACP, 2003) Insert
correct referencing style here.
  • It has been done

RESULTS
Demographic characteristics:
Line 2- 'enrolled' to replace 'involved'.
  • It has been done

What was the proportion of males to females in the study population? Why were there more males than females?
  • It has been explained

Risk assessment: major editing required in this area. lines 1-4. Insert 'ever' contracted STIs. Insert supporting statistics.
  • It has been done

Page 8, para 3, line 2. The youngest age at 'sexual debut' when reported as 6 years; Had all the student ever had sex? There are no controls who have never had sex!
  • It has been done

Pg 9, lines 1 & 2 need rephrasing.
  • It has been done

line 3- insert 'reported having'......
  • It has been done

The whole of paragraph 3 needs to be made clearer.
  • It has been done

Para 4, line 6..replace 'high' with 'many'...
  • It has been done

Para 5, line 3 - missing figures.
  • It has been done

para 6, The assessment of risks taken is poorly reported by the authors.
  • It has been changed

DISCUSSION:
3rd paragraph. The authors comment that more male students were sexually experienced...... The difference could be explained by the fact that males were more likely to be explicit about their sexual experiences.
The comments has been changed and incorporated

pg 15.
Discussion just about broached the study objectives.
  Changes has been made accordingly

REFERENCES
Some old references. How long ago was the paper submitted? Many references from the web.
  The current reference has been incorporated

TABLE
Far too many Tables. Table 1 uploaded inadequately making it difficult to follow.
Table 3 statistics difficult to understand
Table 7 crowded and poorly uploaded
Table 9. Attitude scores would have complemented the table
  It has been done

FIGURES
None of the figures seen have Titles.
  Titles of the figures has been inserted.

Comments from Review 2
Title: I feel that the title misrepresents the professional groups that were studied. The title suggests perhaps that only medical students were enrolled in the study; in fact other professional groups were enrolled. I would therefore suggest that medical students be replaced by health professions students or another such term that encompasses all the other professional groups.
  It was done as suggested.

It does not come out clearly when i.e. years, the survey was conducted.
In the Abstract, the authors refer to a “questioner”, I would suggest they replace with “questionnaire”;
  It was done as suggested.

In the Results section of the Abstract, the authors report that there were 63.8% females and 36.2% males. However, in the results of the main text, the authors report of a 1:9 gender or sex ratio. The authors need to reconcile this difference.
  It has been changed.

In the results of the Abstract, the authors report about the differences between this sample and studies in Zambia and Uganda. Unless this objective was part of the methods of the study, this comparison may have to be shifted to the Discussion section.
  It was shifted to discussion.

In the conclusion of the abstract, the authors suggest that health education is needed in health colleges; one would wish they were specific in the recommendation as it can be assumed that the health professions trainees have
a lot of health education but, according to the authors, a different kind is required.

- It was done as suggested.

In the Background section, the authors quote references that are a bit older than may be necessary. For instance they refer to UNAIDS reports 2003, when the 2007 and now the 2008 are out. Unless of course one wants to say something about the situation 5 years ago, but to refer to these as if there were no current data may be misleading.

- It was done as suggested by incorporating new reference.

**SAMPLING FRAME**
A total 780 students listed down their names, **BUT** only 420 are reported to be eligible. Was age the only inclusion/exclusion criterion? Also note that the sentence that reports on the age criterion is grammatically problematic. The authors wrote: “Purposive sampling was used, an inclusion/exclusion criterion was the age below or above 18-25 years from each class and college inclusively. I would suggest, “We only aimed to recruit students within the ages 18 to 25 years.” Or “Only 18-25 year olds were eligible for the study.” Now the authors also report that they used purposive sampling. What was the criterion for such purposive sampling? What would it achieve? How do you deal with the bias such an approach may raise?

- It was done corrected and improved.

Within the same section, the authors wrote: “Eleven regions, namely……Tabora had reported to have a prevalence rate of 5.1 – 10% youths who attended VCT services in the year 2003.” It is not clear what this prevalence is for. Is this the prevalence of HIV among the people who reported for VCT? Is this the prevalence of testing? Which ever is the case, one would not use that prevalence to estimate the sample size for a study with the objective as outlined in this study. Moreover, the need to calculation of sample size breaks down when the sampling is PURPOSIVE.

- It was done as suggested.

The selection of research assistants has been reported in detail, but may not be important for reader, unless the authors justify why we need to know.

- It was changed as suggested.

**Data management and analysis**
In this section, it would be important for the authors to report what was the outcome of interest, and the other variables that were analyzed. The section is too brief it does not do justice to all the results that have been presented.

- It was done as suggested.

**Ethical issues**
The questionnaire was administered in class. How did you manage those students who had not been selected to participate in the study?

- It as been explained in Manuscript.

Results (Main text)
I have raised the issue of sex ratio already. In this section, the ratio that is being reported is 1:9; yet in the abstract, different percentages are being reported. I appreciate the fact that the authors report again that the age range was 18 to 25 years. However, it would be much better if the authors were to remind the reader that this was the age group that was eligible for study instead of erroneously thinking that students in health colleges are necessarily 18 to 25 years.

- It was done as suggested.

Risk assessment
The authors reported in first sentence: ..experience compared to females (96.4%) as described in Table 2. In fact Table 2 does not really describe, but it reports or shows, or indicates; i.e. there is no discussion in Table 2
The second paragraph needs a different sentence construction. The sentence: Both gender had 17 years maximum age of sexual debut. This sentence can be made a little clearer. Also note that this idea only makes sense if all of the sample reported that they had ever had sex. If there is an individual who is yet to have sex, then the maximum age of sexual debut is undefined (possibly infinity)

- It was done as suggested.

The authors also report: Twenty one point seven percent of the students perceived low risk of HIV despite the history of being taking narcotic drugs compared to 176 (77.9%) students who never took narcotic drugs. My reservation is on the substantive matter of this sentence. Taking narcotic drugs, e.g. by mouth or sniffing them should not be raise the risk of HIV if no sex or injecting drugs are not use. There is of course an association between drugs and HIV but the mechanisms are different.

- It was done as suggested.

Attitude toward VCT
How was this attitude determined? i.e. which questions were asked; what were the responses/options and how did the researchers decide that this is negative attitude and this is positive attitude?

- The comments were implemented.

Perceived risk of HIV
We may need to be reminded why perception matters.

- It was done as suggested.

Benefits of VCT
The authors have suggested that VCT is great. It may also be good to report that
other studies exist where VCT does not seem to be beneficial. Furthermore, unless HIV testing is only via VCT, people may have testing from other avenues and not necessarily VCT.

- It was done as suggested.

**Minor Essential Revisions**

**References**

The references need to be updated.

- It was done as suggested.

No uniform formatting of references has been followed.

- It was done as suggested.

There are also too many tables and figures. Table 1 is unclear; what are the authors showing? What do figures 2 and 3 show? The figures have no titles.

- It was done as suggested.

What was the definition of causal sex? Can sex with a relative be casual? If not/yes, why have they categorized differently.

- It was improved.

**Comments from Reviewer 3**

1. The authors should clearly justify the conduct of this study in the background section. This could include the fact that they are youths engaging in high risk sexual practices, occupational exposure, role model status of health care professionals/trainees and may be dearth of information regarding this group in the study area.

   - It was done in this revised form of Manuscript

2. Methods and statistics are appropriately described. However, the following needs to be addressed.

   a. The questionnaire used for this study should be adequately described. If it is original, how was it validated? If the questions were adopted from an existing tool, it should be referenced.

      - It was done in this revised form of Manuscript

   b. The extensive description of the selection of research assistants is not necessary and should be deleted. Instead, the sampling techniques used in selecting respondents should be clearly described.

      - It was done in this revised form of Manuscript

   c. Data management and statistical analysis should be described in detail. For instance, how were quantitative variables analysed? How were categorical variables analysed. Which statistical tests were used to test for significance of association between categorical variables?
Results
a. The authors calculated the required sample size for the study to be, but in the report section, they reported that 309 students were involved in the study. Although a higher sample size doesn’t vitiate a study, the authors need to indicate that the calculated sample size was a minimum sample size and that they administered the questionnaires to 309 students.

Table 1: This table should be reformatted, in its present form it is confusing as some of the numbers have shifted.

Table 2: There is also the need to re-align some of the numbers

Table 3: The Pearson’s Chi square test used to assess association between sexual exposure and perceived risk is not valid because one of the cells of the 2 by 2 contingency table has an expected count of less than 5. The Fisher exact test would be more appropriate here.

Table 4: Should show knowledge of VCT by professional group, year of study, Age group of student and Religion

Table 7: This table should show factors associated with having had VCT. For example, Religion, professional group, Age group, year of study, awareness of existence of VCT centres etc.

Table 9: Importance of knowing HIV status should have a category for “No”, even if no respondent chose this option.

Table 10: Replace title with preferred mode of provision of VCT services to Students

Figure 1: Delete and give results as narrative
Figure 2: Delete completely
Figure 3: Delete completely

Discussion
a. What were the limitations of this study?
   **They have been stated**

b. What are the implications of the findings of this study for training institutions, health care program managers and health care practitioners?
   - It has been stated

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
   - The changes has been incorporated.