Reviewer's report

Title: Psychological and behavioural factors associated with sexual risk behaviour among Slovak students

Version: 3 Date: 17 November 2008

Reviewer: Donald Langille

Reviewer's report:

THE AUTHORS HAVE RESPONDED REASONABLY TO ALL OF MY CONCERNS EXCEPT FOR THREE (CLARIFYING THE NATURE OF THE THREE PART YES/NO RISKY SITUATION QUESTION (PAGE 7), REFERENCES FOR REASONS FOR NON-PARTICIPATION IN SUCH STUDIES (PAGE 14) AND CLARIFICATION OF TABLE 4. WHILE I HAVE CLASSIFIED THE LATTER AS A MINOR ESSENTIAL REVISION, AND HAVE TICKED THAT BOX FOR THE NEXT STEPS, IT DOES NEED TO BE ADDRESSED SATISFACTORILY, AND SOME ONE SHOULD MAKE SURE THAT IT IS.

>Reviewer's report

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>Please number your comments and divide them into

>- Major Compulsory Revisions

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> THESE WERE 12 IN NUMBER.

1. BACKGROUND: RATIONALE FOR STUDY. THIS SECTION IS MUCH BETTER NOW.

2. METHODS: RISKY CONDITIONS. IT IS STILL NOT CLEAR IN THE TEXT THAT RESPONDENTS WERE ASKED TO RESPOND YES/NO TO ANY ONE OF THE THREE CONDITIONS QUESTIONS. I'D ADD "TO ANY OF THE THREE CONDITIONS" AFTER "YES/NO" IN THE FIRST PARAGRAPH IN "MEASURES" ON PAGE 7.

4. METHODS: CHOOSING LEVELS OF RISK BEHAVIOURS. I CAN ACCEPT THE SEX BEFORE AGE 16 EXPLANATION AS GIVEN. WHETHER HAVING BEEN DRUNK ONCE IN THE PREVIOUS MONTH, OR HAVING SMOKED ONE CIGARETTE PER WEEK FOR A MONTH INDICATES MUCH RISK, AS OPPOSED TO NORMAL EXPERIMENTATION, IS DEBATABLE, BUT THESE "RISKS" WERE SEEN IN ASSOCIATION WITH SRB, AND THEY ARE LEVELS USED IN OTHER STUDIES.

5. METHODS: TIME FRAME FOR CONSISTENT CONDOM USE. IT IS PROBABLY AS THE AUTHORS INDICATE A REASONABLE ASSUMPTION THAT THIS REFLECTS DAILY USE, BUT MOST STUDIES PROVIDE A TIME FRAME (e.g., LAST 30 DAYS).

6. METHODS: NOT INCLUDING AGE IN THE MODELS. THE ADDED SENTENCE ON PAGE 8 IS FINE AS IT INDICATES THIS POTENTIAL CONFOUNDER WAS CONSIDERED.

7. DISCUSSION: RISKY CONDITIONS NOT NECESSARILY REFLECTING CURRENT RISK. THE EXPLANATION GIVEN IN THE REVISED PAPER IS SUFFICIENT.

8. DISCUSSION: PROPORTION OF OLDER STUDENTS PERHAPS NOT NEEDING TO USE CONDOMS CONSISTENTLY DUE TO LONG TERM RELATIONSHIPS. THE AUTHORS HAVE EXPLAINED THE AGE DISTRIBUTION IN THE METHODS SECTION (PAGE 7) AND HAVE ADDRESSED THIS IN THE DISCUSSION.

9. DISCUSSION: LITERATURE ABOUT ALCOHOL AND CONDOM USE. THIS IS FINE (AND NOW THAT I HAVE REREAD THE ORIGINAL ARTICLE, IT WAS PROBABLY FINE BEFORE).

10. DISCUSSION: HIGH PARTICIPATION AS A STRENGTH. THIS IS ADDRESSED AS NOTED.

11. DISCUSSION: REFERENCES ABOUT RELIGIOUSNESS. THIS HAS BEEN
ADDRESSED.

12. DISCUSSION: REFERENCES ABOUT REASONS FOR NON-PARTICIPATION. THE
SENTENCE BEGINNING WITH "PROBLEMS WITH A WILLINGNESS..." (PAGE 14) NEEDS
TO BE REFERENCED OR REMOVED.

>The author must respond to these before a decision on publication can be
reached. For example, additional necessary experiments or controls, statistical
mistakes, errors in interpretation.

>- Minor Essential Revisions
> The author can be trusted to make these. For example, missing labels on
figures, the wrong use of a term, spelling mistakes.

> THESE, WITH ONE EXCEPTION ARE ALL ADDRESSED.

I REMAIN CONFUSED ABOUT THE RELATIONSHIP OF EXTROVERSION TO
MULTIPLE
PARTNERS IN MALES. THE WAY TABLE 4 IS SET UP, IT LOOKS LIKE
MIDDLE AND
HIGH LEVELS OF EXTROVERSION ARE EACH BEING COMPARED
SEPARATELY (AS
CATEGORICAL VARIABLES) TO THE REFERENT CATEGORY (LOW
EXTROVERSION), AND
NEITHER COMPARISON, AS JUDGED BY THE ODDS RATIOS PRESENTED,
APPEARS
SIGNIFICANT. PERHAPS THERE IS ANOTHER INTERPRETATION OF THIS,
BUT IF
THERE IS, IT IS NOT APPARENT AND IT NEEDS TO BE EXPLICITLY
STATED IN THE
RESULTS.

MY ASSUMPTION IS THAT THE SIGNIFICANCE OF EXTROVERSION IN
FEMALES FOR
THE TWO SRBs RELATES TO THE SEEMINGLY SIGNIFICANT ORs FOR
HIGHER
EXTROVERSION COMPARED WITH LOW, THOUGH PLACING THE
ASTERISKS NEXT TO THE REFERENT CATEGORY IS AN ODD WAY TO INDICATE THIS.

>- Discretionary Revisions

>-These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

>- MY ORIGINAL SUGGESTION WERE ALL LOOKED AFTER IN THE REVISIONS. I HAVE A COUPLE OF OTHER SUGGESTIONS:

> SPELL OUT THE WORDS FOR "ESPAD" ON PAGE 5.
> PUT THE WORD "WHO" BETWEEN "ADOLESCENTS" AND "BELIEVE" ON PAGE 6.
> ALSO SEE THE SUGGESTIONS IN #2 AND # 3 ABOVE.

>-Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be forwarded to the authors and published on the site if the article is accepted.

>-What next?

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>-Based on your assessment of the validity of the manuscript, what do you advise should be the next step?

>- Accept without revision
>- Accept after discretionary revisions (which the authors can choose to ignore)
>- Accept after minor essential revisions (which the authors can be trusted to make)
>- Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
>- Reject because scientifically unsound
>- Reject because too small an advance to publish (note that BMC Public Health will publish all sound studies including sound negative studies)

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X An article whose findings are important to those with closely related research interests

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Quality of written English

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- Needs some language corrections before being published

X Acceptable

Statistical review

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Is it essential that this manuscript be seen by an expert statistician?
If you feel that the manuscript needs to be seen by a statistician, but are unable to assess it yourself then please could you suggest alternative experts in your confidential comments to the editors.

- Yes, and I have assessed the statistics in my report.
- Yes, but I do not feel adequately qualified to assess the statistics.
- X No, the manuscript does not need to be seen by a statistician.

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