Author's response to reviews

Title: The health and wellbeing of young people in sub-Saharan Africa: An under-researched area?

Authors:

Caroline W Kabiru (carolinekabiru@gmail.com)
Chimaraoke O Izugbara (cizugbara@aphrc.org)
Donatien Beguy (dbeguy@aphrc.org)

Version: 2 Date: 11 January 2013

Author's response to reviews: see over
January 11, 2013

Journal Editorial Office
BioMed Central

RE: Manuscript number: 4229322158239130 (The health and wellbeing of young people in sub-Saharan Africa: An under-researched area?)

Thank you very much for the opportunity to revise and resubmit our manuscript titled “The health and wellbeing of young people in sub-Saharan Africa: An under-researched area?” (MS: 4229322158239130) to BMC International Health and Human Rights. We highly appreciate your and the reviewers’ comments on our manuscript. In response to specific points noted in the reviews, we note that:

1) **Article type:** As suggested by the editorial team and both reviewers (Reviewer One – comment 3; Reviewer Two – comment 1), we have reformatted the manuscript to fit the Journal’s Correspondence format

2) **Justification for study** (Reviewer One - comment 4): We have revised the first paragraph in the background to provide a clearer justification for our argument. As suggested by the reviewer, we provide an explanation for the term “demographic dividend” and provide a reference. We acknowledge that governance and leadership play a critical role in ensuring that African countries reap the demographic dividend. However, we argue that evidence is needed to inform the development of policies and programs to ensure youth health and wellbeing.

3) **References:** We have reviewed the manuscript closely to ensure that supporting references are provided to substantiate the conclusions we draw (Reviewer One - comments 5 and 6; Reviewer Two – comment 2). In several instances, we have revised the text to more clearly articulate our thoughts and to ensure the research questions we pose derive from the evidence presented (Reviewer One - comments 7 and 8)

4) **Identification of research gaps** (Reviewer One - comments 6 and 7; Reviewer Two – comments 2 and 3): We note here that the research questions that we pose are not intended to be comprehensive nor have we prioritized them in any way. These are meant to be largely illustrative of the breadth of research needed to understand the drivers of youth health and wellbeing, as well as to inform policy and practice. We now clarify this point in the background section. However, we include more references to support the research questions we highlight. For example, we now cite studies showing prevalence of mental health conditions and cardiovascular disease risk factors among sub-Saharan African youth.
5) **Methods** (Reviewer One - comment 8): As indicated above, the research questions that we pose are not intended to be comprehensive nor have we prioritized them in any way. These are meant to be largely illustrative of the breadth of research needed to understand the drivers of youth health and wellbeing, as well as to inform policy and practice. As a commentary piece, we are largely reflecting on the state of knowledge on youth health and wellbeing. However, we have included more references to support the statements that we make.

6) **Language:** The reviewer’s point about the use of language (Reviewer One - comment 9) is well taken and we have revised the manuscript accordingly. With respect to the specific point raised on the HIV section, we have revised the text and now include the proportion of new infections that occur among young people (42%) to demonstrate that young people are disproportionately affected by the pandemic.

7) **Gender differences and culture:** We acknowledge the reviewer’s comment on gender differences (Reviewer One - comment 10). We agree that gender differences are an important consideration in many of the outcomes reviewed. Although a detailed examination of gender differences is beyond the scope of the manuscript, we do highlight some gender differences in HIV/AIDS testing behavior and HIV prevalence. The reviewer’s point on our presentation of the loss of traditional structures as a purely negative thing is very well taken. We agree that certain traditional practices can be harmful and we have avoided discussion of traditional structures in the revised text.

8) **Age bracket:** We confirm that our manuscript focuses on young people aged 10-24 years (Reviewer One - comment 11). In certain cases, however, we report on slightly different age groups depending on the availability of data. With respect to the reviewer’s comment on education levels, rather than use enrollment rates, we now provide estimates on literacy rates among 15-24 year olds.

9) **Review of current research training opportunities:** We strongly agree with Reviewer Two (Comment 4) about the need for a more systematic assessment of research training opportunities relevant to youth health and markets for research on youth health. However, such an assessment is beyond the scope of the current manuscript. We do however, indicate the need for such an assessment in the manuscript in Page 7 of the revised manuscript.

10) **International mechanisms supporting research:** We thank Reviewer Two (Comment 5) for highlighting the existence of other organizations which have invested in research in adolescent health, we now state this in Page 8 of the manuscript, but also make the point that few of these grants are led by African researchers.

**Minor essential revisions**

11) **Split infinitives** (Reviewer One - comment 12): We have reviewed the manuscript and tried to avoid split infinitives where possible.

12) We now clarify that the estimate provided on the proportion of the population living in slums (Reviewer One - comment 13) is for sub-Saharan Africa.

13) **Grammar** (Reviewer One - comment 14): The section on war and conflict been revised and grammatical errors corrected. The sentence highlighted by the reviewer as having language more appropriate for a lay piece has been deleted.

14) **Clarification on marital-status related barriers to health service utilization** (Reviewer One - comment 15): In the text, we now explain that young people’s use of sexual and reproductive health services may be particularly low in contexts where pre-marital sexual activity is proscribed because unmarried youth fear mistreatment or stigma. With respect to the congruence between the evidence and research questions, we wish to clarify that many of
the barriers presented this section are based on studies conducted among young people and reflect demand side issues. We have also revised the text to show that existing literature focuses primarily on utilization of reproductive health services and note the need for further research examining health service utilization for other health needs. Finally, as suggested we provide more references in this section.

15) In our introductory paragraph we now note the decline in fertility rates in sub-Saharan Africa (Reviewer One - comment 16).

16) Medline Search (Reviewer One - comment 17): We have provided the date for the literature search and corrected the name of the database.

17) Examples of African journals (Reviewer One - comment 18): In light of word limitations we have provided the example of one African journal referred to in the end of the discussion section - the Journal of Child & Adolescent Mental Health, which is published in association with the South African Association for Child and Adolescent Psychiatry and Allied Professionals.