Author's response to reviews

Title: Adolescent - Parent Communication on Sexual and Reproductive Health Issues among High School Students in Dire Dawa, Eastern Ethiopia: A Cross Sectional Study

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Author's response to reviews:

Cover letter
Date- 24/07/2014
To: BMC Reproductive Health Journal
Subject: Revised manuscript submission

Dear Sir/Madam;

This is our great pleasure to express our happiness to you when we submit our revised manuscript entitled “Adolescent - Parent Communication on Sexual and Reproductive Health Issues among High School Students in Dire Dawa, Eastern Ethiopia: A Cross Sectional Study.” Adolescents are the significant portion of the global population. They are generation of tomorrow society. They are the extremely vulnerable to different sexual and reproductive problems. Therefore, evidence based interventions is very crucial to prevent and control health problems of adolescents. Parents are the main focus point for intervention and behavioral modification or shaping of adolescents nature and directing their futurity though nurture has a significant contribution to their behaviour. The publication of this research paper helps us to disseminate information’s to the global community. All of your comments are very helpful for the betterment of our manuscript. We are very happy and we would like to thank the reviewers and an editor of the journal.

Title: Adolescent - Parent Communication on Sexual and Reproductive Health Issues among High School Students in Dire Dawa, Eastern Ethiopia: A Cross Sectional Study
Mulatua Ayalew1*, Bezatu Mengistie1, Agumasie Semahegn1

Response to reviewers: Reviewer 1
Version: 1 Date: 27 May 2014
Reviewer: Selby M Conrad
Reviewer's report:

This article focuses on an area of great import. Understanding the sexual health knowledge, sexual risk behaviors and parent child sexual communication of High School students in Eastern Ethiopia is a topic that is understudied and of interest. This makes this article of great value. However, there are several areas in which the authors may wish to make changes that would clarify and strengthen this article. Please see areas below. Thank you for the opportunity to review this article. I hope the authors find my comments helpful.

Response: we accept all of the comments and we got all are very helpful to make our manuscript better for publication. Thank you!

Major Compulsory Revisions

General comments: The article would benefit from continued editing. There are many sentences and phrases throughout that are in the improper tense, awkwardly worded or confusing to the reader.

Response: we accept the comment and correct as per the comment. We edit throughout the manuscript. Thank you!

Introduction:

• Authors may wish to expand some of the literature view:

Response: we accept the comment and correct as per the comment. Thank you!

o Many readers may be unaware of what the national reproductive health strategy is.

Response: we accept the comment and make correction accordingly. The national reproductive strategy of Ethiopia 2006-2015. The country give due attention to adolescents and women reproductive health programs. We cited appropriately in the introduction. Thank you!

O The study’s hypotheses should be clearly outlined at the end of the introduction. The way it is currently written, it is difficult for the reader to know exactly what the study is exploring.

Response: we accept the comment and correct it as per the comment. Thank you!

O There is a fair amount of literature on parent child sexual communication that has not be included in this introduction. While some of it pertains to subsamples of adolescents (e.g., mental health samples), it may be worth referring to this literature.

Response: we included fair amount of introduction and modify the sequence of the paragraphs from general to specific. Thank you!

Methods:

• The paragraph on sampling methods was confusing to this reader. Reworking the description of this methodology may help others to follow how the sample was selected.
Response: we accept the comment and correct it as per the comment. Thank you!

• There is no mention of the questionnaires or instruments used in this study.
Response: we accept the comment and correct it as per the comment. Thank you!

o What was used to measure HIV/STI knowledge? Sexual risk behaviours? Parent child communication? Are these measures reliable and valid (with adults? adolescents?)? What is the range?
Response: we accept the comment and correct it as per the comment. The instruments adapted from previous study and contextualized according to the objective of the study and study area. Thank you!

o Subheadings related to measurement may be helpful
Response: we accept the comment and correct as per the comment. Thank you!

• There is little discussion of the methods for the qualitative part of this study.
Response: we accept the comment and correct it as per the comment. We authors transcribe independently. The interview was open ended and probing. The interviewers trained by principal investigators. The qualitative interview or focus group discussion was made in group. One interview assigned to guide the discussion. Others take notes and facilitate the discussion. The principal investigators interpreted the finding according to the verbatim of study participants. Almost reliable findings were obtained. The thematic area developed in terms of communication on sexual and RH issues such as menses, sexually transmitted infections including HIV/AIDS, condom use and knowledge of other contraceptive methods, premarital sex and unwanted pregnancy, barriers for sexuality communication, sex education preference (to whom want to discuss) etc. Thank you!

Results:
Response: we accept the comment and corrected. We construct one table that illustrate knowledge of student about sexual transmitted infections including HIV/AIDS and labeled as table 3. And also knowledge of different contraceptives methods presented by using figure 1. Thank you!

o The qualitative data provides rich information about the topics. However, I am not clear where the percentages are coming from. Is this a result of the analysis of the interviews or quantities data?
Response: we accept the comment and made corrections. All of the percentages
are coming from quantitative data. This is because the qualitative data are presenting triangulated with quantitative data to strengthen the finding. We made rearrangements on the result part and appropriately triangulate the qualitative data with quantitative data. Thank you!

Minor Essential Revisions

Literature review/Introduction:

• It is currently not clear if the discussion about parent-adolescent communication is related to youth from Ethiopia or a general discussion. Additionally, citations related to communication about sexuality being “controversial” and that “most parents do not feel comfortable or competent in talking with their…” will strengthen this section.

Response: we accept the comment and correct as per the comment. Thank you!

Discretionary Revisions

Literature review/Introduction:

• Authors may wish to add subheadings to help the reader follow the outline of the literature review. Response: we accept the comment and correct it as per the comment. Thank you!

• Adding information specific to Ethiopian culture and sexuality would be very interesting to the reader. Response: we accept the comment and correct it as per the comment. Thank you!

Results:

• A header noting the transition to qualitative section would help the reader follow the article.

Response: we accept the comment and correct as per the comment. The qualitative data triangulated with quantitative data.

Reviewer's report [Reviewer 2]

Version:1 Date:5 March 2014
Reviewer: Augustine Ankomah

Major compulsory Revisions:

Introduction:

1. The question being addressed in this paper is not clearly defined. The issue is embedded in the second and third paragraphs of the introduction. The authors must clearly state the research question or the hypothesis being tested in coherent manner.

Response: we accept the comment and correct it as per the comment. The introduction part re-organized again. Thank you!

2. Paragraph 2: The link between Ethiopian national reproductive health strategy, the establishment of, and utilization youth friendly services and
parent-adolescent communication about sexuality is not clearly established. Link these issues.

Response: we accept the comment and correct it as per the comment. Thank you!

3. Paragraph 3: state clearly how parent-child sexual communication help in addressing the MDGs 3 4, 5, and 6. Also state the goals; for example, MDG goal 3 (promote gender equality and empower women)

Response: we accept the comment. We try to clearly state the relationship. Sexual and reproductive health has strong relationship most of MDGs. Sexual and reproductive health has unlimited role on MDG 3, 4, 5, 6. Unless we educate and transparently discuss on sexual and RH matters might limit their autonomy of decision making about adolescent and young people particularly females. This may have direct or indirect relationship with women empowerment. Lack of adequate communication about sexual and RH issues definitely lead to negative health consequences like unwanted pregnancy, teenage pregnancy, unsafe abortion, STI including HIV/AIDS, etc. almost all of the Sexual and reproductive health problems directly associate with MDG4-reduce child mortality, MDG5-promote maternal health, MDG-6 combat HIV, Malaria, TB and other communicable disease. Thank you!

Methods:
4. The authors need to provide a bit more details about the sampling procedure

Response: we accept the comment and clearly state the sampling procedure. Thank you!

5. How many high schools are in the Dire Dawa administrative council area? Out of the total number of high schools, how many were selected into the sample?

Response: there are eight government and eight private high schools in dire dawa city. However, only six of schools have 9-12 grades but others only 9 and 10 grades. The sample was obtained from six high schools (9-12 grades), of which due to time and logistic reason, we select 4 schools randomly. Thank you!

6. State the total population of the schools selected

Response: we accept the comment. We select 4 schools. The total students were 4350. Thank you!

7. The multi-stage sampling technique employed in this study needs elaboration. The authors must specify what was selected at the 1st stage, 2nd stage, etc.

Response: our study area was dire dawa city council, then select sub cities, finally we select high schools randomly for logistic reason. Therefore, dire dawa city-#sub city-#high schools----selected sections from respective grade (9, 10, 11, 12 grades). This shows stage sampling. After proportional to size allocation, the actual study participants were selected by Simple random sampling. Thank you!

8. If proportional sampling was applied to the strata, (which is the 4 grades (9th, 10th, 11th, 12th), did you really use simple random samplings or systematic
sampling? Check and report appropriately.

Response: simple random sampling (lottery method) was used to select each study subjects from respective grade levels. Alphabetical registration book order was used as sampling frame. Thank you!

9. How many day students participated and how were their parents selected for FGD? Exactly how many parents of day students involved in the FGD? Why were FGDs restricted to only parents of day-school students?

Response: we accept the comment; the number of parents in each group was 10 for female parent and 9 for male parent. We focus on day time students due to convenience and representativeness. Thank you!

10. The questionnaires were translated from English to Amharic. Did you do an independent back translation from Amharic to English to ensure that there was no change in the meaning of the questions and responses?

Response: we accept the comment. We were miss one sentence that state about back translation from Amharic to English for language consistency. That mean, the questionnaire prepared in English and translated to Amharic (local language). Then back translation was made by third body to English to check language consistency. Thank you!

Communication on sexual and reproductive health issues:

11. What was the basis for using 2 topics to define ever discussed sexual and reproductive health issue?

Response: we said they know at list two sexual and reproductive issue to be discussed. Thank you!

Discussion:

12. How many sexual topics did the authors assess in this study? It will be helpful to provide data relating to the topics. If specific topics were not studied, then the authors should discuss it in the context of Bastien and colleagues findings (Ref 17), thus paragraph 3 of discussion, line 7 ... to end must be deleted.

Response: we accept the comment on “ref 17” thus paragraph 3 of discussion, line 7 ... to end must be deleted. The topics that assess in this study were communication on STI, contraceptive, unwanted pregnancy, premarital sex, sexual history, place of sex education, menses, condom, etc were assessed using different variables on the self administered questionnaire and FGD guides. Thank you!

13. The qualitative text must be written well to convey the exact ideas they are intended to represent.

Response: we accept the comment and correct as per the comment.

Minor Essential Revisions

Data processing and statistical analysis:

14. Line 2: “Descriptive statistical analysis was used”. Descriptive statistics about what? The authors must explain what this sentence means.
Response: we accept the comment. Descriptive statistics was done to compute frequency, percentage and mean for different variables.

Ethical considerations:
15. The study was conducted among young people 13-24 years. Particularly for minors (adolescents 13-17 years of age), how did the authors obtain consent among this group? Parental consent and minors’ ascent are crucial.
Response: first, we obtained permission from the high school administrative officials and teachers. Then, the informed verbal consent obtained from study participants (students). And also detailed explanation provided to school parent-teachers committee about the purpose of the study.

Results:
16. First sentence – if response rate was 92%, the authors must indicate the actual sample use for data analysis
Response: we accept the comment. The sample size was 695. Among these sample, only 641 questionnaires were properly filled/completed by study participants that made 92% [641/695 x100=92%]. Actual sample use for analysis is 641.
17. Paragraph 1 line 7, delete “during the study period”
Response: we accept the comment and corrected as per the comment. Thank you!
18. Table 1: Age 10-14 must come before 15-19. Also under religion, align the various religions with their respective frequencies
Response: we accept the comment and edit table-1 align various religions properly. The age interval 10-14 and 15-19 are properly put on the table. Thank you!
19. Study sample is aged 15-24 but mean age of respondents is restricted to 15-19 year olds. Consider entire sample.
Response: we accept the comment and we consider the entire sample to compute mean age. It is editorial error. …majority (91%) of students were between 15-19 years old. The mean age of respondents was 17.1 (±1.5) years old…the mean age is for the entire sample. Thank you!

Knowledge, sexual attitude and behaviour…:
20. Paragraph 1, 5th and 6th lines… Students reported unwanted pregnancy…the whole sentence is not clear. The authors must clarify the sentence.
Response: we accept the comment. Knowledge of STI and knowledge of contraceptive findings are present by using table and figure to make clearer to readers. The sentence rephrased/restructured to make easily to understand by readers. Thank you!
21. Paragraph 2 lines 2 and 3; the sentence is not clear. Also the percentages provided for male and female use of condom at first are misleading. Check the
denominator and compute the rates again.

Response: we accept the comment and corrected as per the comment. We would like to report findings by using counts as it is instead of percentages because the count is very few. So percent or rate might be misleading. Thank you!

22. The authors need to use counts to present result where the numbers are few. For example, Paragraph 2 lines 5 and 6, the percentages should be computed again or present the raw counts: 90 out of ... and 70 out of ...

Response: we accept the comment and correct as per the comment. We present the finding by using counts only and delete percentages. Thank you!

23. The report of sexual activity/behaviour is not conventional. It’s unclear how sexual debut was measured. E.g. what is the meaning of ...57.6% of female students strongly disagreed on having on having pre-marital sex’. This attitudinal question cannot be used to measure the proportion ever engaged in sex (behaviour).

Response: sexual initiation and any sexual experience was measured based on study participants report. Regarding to 57.6% of female students strongly disagree on having premarital sex. This means, they do not accept sex before marriage. They might have premarital sex or might not have premarital sex but they do not encourage/advice premarital sex. Thank you!

24. Some of the references were not properly cited. For example Ref 7, the article was published 2009 in the Bulletin of the WHO, but the authors state just WHO and publication date as 2010. Please check.

Response: we accept and correct as per the comment. Thank you!

Discretionary Revisions:

25. The authors need to discuss their finding in the context of local studies or African-based studies since Ethiopia may share similar culture with other African countries. Direct comparison across different cultures may present some difficulties. They might, for example, consider reading the work of Tesso et al. 2012 (see http://www.reproductive-health-journal.com/content/9/1/13) and other related works in Africa.

Response: we accept the comment and correct as per the comment. We try to include fair amount of review to strengthen our discussion part of the manuscript. Thank you!

Recommendations:

Language: The whole paper needs a thorough grammatical review to fix omissions, sentence construction, punctuations, tenses, inappropriate usage etc.

Response: we accept the comment and make correction throughout the manuscript.

Comments from the editor: Additional material submitted by the reviewers
Please pay attention to the referees comments regarding the methodological section.

Response: we accept the reviewers comment and made corrections as per the comments. And also the whole manuscript edited for spell, grammar, punctuation errors and made necessary sequence rearrangement of paragraphs and some sentences throughout the manuscript.

I wonder if you can do a better organization of your Discussion section. Please see some suggestions about the organization of this section.

Response: we accept the comments and correct as per the comment.

Please follow this structure: * Statement of principal findings of the study. Summarize key results with reference to study objectives. Response: we accept the comment and correct as per the comment.

  * Strengths and weaknesses of the study. Response: we accept and correct as per the comment.

  * Strengths and weaknesses in relation to other studies, discussing important differences in results and what your study adds. Whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses (eg Cochrane reviews). Response: we accept and correct as per the comment.

  * Meaning of the study: possible explanations and implications for clinicians and policymakers and other researchers; how your study could promote better decisions. Response: we accept and correct as per the comment.

  * Unanswered questions and future research Response: we accept and correct as per the comment.

Both reviewers raised serious concerns about aspects of the writing of your article and suggests you to send this to an English speaking editor. Please, regard such suggestion.

Response: we accept and correct as per the comment. We edit the whole part of the manuscript grammar, spell and punctuation errors.

With Kind Regards!