Reviewer's report

Title: A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa.

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Reviewer: Kim Miller

Reviewer's report:


This report is a joint review by:

Sarah M. Lasswell, MPH
Health Scientist, HIV Prevention Branch
Centers for Disease Control and Prevention, Center for Global Health Division of Global HIV/AIDS
e-mail: slasswell@cdc.gov

AND

Kim S. Miller, Ph.D.
Senior Advisor for Youth Prevention
Centers for Disease Control and Prevention, Center for Global Health Division of Global HIV/AIDS
e-mail: kmiller@cdc.gov

REPORT TEMPLATE

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Reviewer's report

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Please number your comments and divide them into:

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached.

Major compulsory revisions are stated below in response to the itemized questions.
1. Is the question posed original, important and well defined? The research question posed by the authors should be easily identifiable and understood. Reviewers should ask themselves after reading the manuscript if they have learnt something new and if there is a clear conclusion from the study.

The authors have not posed clear research questions. What is the purpose of the review? Clearly state and itemize what it is you are seeking to learn/answer about parent-child communication in Sub-Saharan Africa. The authors have compiled an extensive amount of information that can potentially provide the field with a very useful summary of existing knowledge about this topic, and have highlighted specific elements useful for programming, but the paper needs a clear and specific path, and more consistent organization throughout.

The introduction needs a more thorough literature review about parent-child communication, with evidence supporting why understanding parent-child communication in SSA is important and why different elements of communication discussed in the review are of note. For example, there has been no background literature that tells us why or which factors/qualities of communication are important, if/why timing is important, if/why frequency is important etc.

2. Is the interpretation (discussion and conclusion) well balanced and supported by the data? Conclusions drawn from the study should be valid and result directly from the data shown, with reference to other relevant work as applicable. Have the authors provided references wherever necessary?

We are concerned with categorization of studies as “Communication Outcome Studies”. This wording indicates that the studies are presenting data on outcomes resulting from communication. This is compounded by the wording of the first subcategory (page 17 ‘Impact on sexual intentions, behaviours, and contraceptive use.’) This suggests that the intentions, behaviours, etc. are an outcome of/ being impacted by the communication, i.e. there is a cause-effect relationship. The authors do not indicate if any of the study designs can be used to determine cause-effect, and most are stated to be cross-sectional so that findings are only associations with no pre-post or temporal measurement—thus no indication that communication preceded onset of behaviour or behaviour change. This is extremely important, especially with this topic, because sexuality communication is often reactive—parents discuss sexuality with children because they know/believe them to be already intending or active, thus there may be an association, but we cannot interpret that association as an outcome, or to be impacting the intention/behaviour in either direction (causing or preventing). In addition to rewording the category and subcategory heading to replace ‘Outcome’ and ‘Impact’, and clearly highlighting the non-temporal, non-cause/effect nature of the findings in the results and discussion, a good deal of research has been done concerning the question of whether sexuality communication with youth increases youth sexual activity, and should also be addressed in the literature review in the introduction.

The Discussion section and especially conclusions seem very focused on identifying gaps in the research, and while this is one of the stated goals of the review, it does not reflect the full scope and importance of the findings. The
Discussion should be structured to follow targeted research questions and a clear sequence, and the conclusions should reflect more than just the need for more research. However, the final line of the conclusion suggests that these review findings indicate that parent-child communication contributes to sexual health outcomes. The intervention studies presented measure communication-related outcomes, not sexual health outcomes, and those in the category of outcome studies, as noted above, measure non-temporal associations and should not be presented as contributing to outcomes.

3. Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work? Please remark on the suitability of the methods for the study, which should be clearly described and reproducible by peers in the field.

The authors use standard, relevant databases and present search terms such that the results should be repeatable, and hand-searching reference lists in identified articles is also a good additional step. A review of the included studies by an expert in the field to further ensure full inclusion of relevant studies would be nice but not critical. Further on in the paper (page 5, end of 2nd paragraph) it is stated that some studies contain data that falls into both categories—this should be stated in the Methods.

4. Can the writing, organization, tables and figures be improved? If the manuscript is organized in such a manner that it is illogical or not easily accessible to the reader please suggest improvements.

Please quantify statements of majority and minority with percentages or counts (ex. “The majority of studies (70%)...” or “The majority of studies (19 of 24)...”).

Overall the presentation of results within the subcategories is inconsistent and for some incomplete (by ‘Subcategories’ we refer to headings such as ‘Frequency and content of discussion’). As a reader I would like to know, within each subcategory, 1) how many studies reported data relating to that subcategory, 2) variations in measurement and reporting within that subcategory IF relevant (ex. frequency) and 3) A more complete presentation of findings from studies. More interesting or important findings may go into more detail than others, but I would still like to know the full range of findings in each subcategory.

Additionally, there are instances where findings are included within a subcategory that are unrelated to that subcategory (ex. Within the subcategory on Content, Page 6 and 7—why are triggers of conversations and differences in the family member that communicated tacked into this section?) Clear and consistent organization is needed.

- 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.

Abstract
Page 1
Indicate which findings belong to the process category of studies (as you have for outcome and intervention categories.)

Introduction

Introduction, Page 3

Paragraph beginning “Studies…”: if this is a review of studies in Africa, this sounds like information gleaned from your review of the included literature and thus these are your results—they should not be included in the Introduction. If this is a presentation of non-African literature on parent-child communication, this needs to be presented as a literature review, the non-African nature of the information noted and the literature cited and referenced.

Results, page 5

First sentence of last paragraph (but applicable throughout the paper): Please Quantify and cite the studies you are referring to when you make statements that group them together—[ex. Seven studies investigated frequency of ....(x-x citation numbers)]. As a reader I need to know what you are referring to, and if replicating I need specifics.

Results, page 11

Middle of second paragraph: As written, it sounds like the two studies used the same population, not the same dataset (the second study added longitudinal data rather than only using baseline data, so different dataset, same population.) Please revise wording or clarify.

Results, page 13

Second paragraph, all but the final sentence: Is this a summary of findings that should be moved to the Discussion, or a presentation of results that need to be specified and cited?

Second paragraph: Please specify whether respondents in the qualitative work were adolescents or children. Also page 14, second paragraph.

Results, page 15

First two sentences: Was communication being the domain of extended family the only reason that all of these studies considered parent-child communication non-normative, or just one of the explanations? Please clarify.

Results, page 23

Evaluation of intervention materials: This study does not seem to really go with the rest of this review, as it is not a study of communication process or outcomes, but of parents’ reactions to campaign materials. If you do include it, please clarify in the first sentence that respondents were not “critical of attempts to address...communication” but were critical of these particular campaign materials.

- 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.
In Table 1, please include the citation number following each author/date tag in column 1.

Abstract
Line 2-3: Given that your review returned 24 studies meeting your inclusion criteria, it does not seem that the overall literature in this area is limited. It may be better to indicate that the body of literature is growing and a systematic review of this literature has never been conducted.

Introduction, Page 2
Add to last line of first paragraph: “…develop more comprehensive HIV/AIDS prevention programs that include social level influences.”

Results, page 5
Second sentence of last paragraph: This sentence is unclear. Are these the only two methods of assessment or is there a range and these are just two examples?

Results, page 6
Second paragraph: The paragraph beings with ‘in addition to HIV/AIDS’, yet there was not a full discussion of findings related to HIV/AIDS prior to this, and it is mentioned again later in this paragraph.

Results, page 6 and 7
Specify that findings are separated into results based on parent report and results based on adolescent report, rather than just saying the results are contrasting and not highlighting this key difference.

Results page 10
First paragraph: Was the SES status association observed in the South African families higher or lower SES status?

Results page 15
‘Barriers to sexuality communication section’: It may be easier for the reader if findings are grouped within this section by those that are parent-reported and those that are youth-reported.

Results, 18--
Intervention studies, starting base of page 18: This section is very strong, with consistent and clear presentation of the interventions/studies. Please include the name of the intervention on page 20, indicate that CHAMP is also an adaptation of a US based program. At the start of page 22—did the youth also directly receive a portion of the intervention (a class or workshop?) that led to increases in knowledge, or was this measuring knowledge increasing only as a result of information provided by the parent? If it is the latter, please indicate that, and if it is the former then the results are not really relevant to this review.

Conclusion
We feel that an important conclusion from the review of the intervention studies is that parents in SSA can and will communicate with their children about HIV,
sexuality, etc., especially if they receive support.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests' Sarah M. Lasswell

'I declare that I have no competing interests' Kim S. Miller