Title: Emotional and Behavioral Problems and associated factors among children and adolescents on Highly Active Anti-Retroviral Therapy in public hospitals of West Gojjam zone, Amhara Regional state of Ethiopia, 2018: a cross sectional study

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Author’s response to reviews:

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To: "BMC Pediatrics - Editorial Office" Catherine.Olino@biomedcentral.com
From: "Demewoz Kefale" demewozk@yahoo.com
Subject: Revised manuscript submission to BMC Pediatrics - BPED-D-18-01088

Title: Emotional and behavioral problems and associated factors among children and adolescents on Highly Active Anti-Retroviral Therapy in public hospitals of West Gojjam zone, Amhara Regional state of Ethiopia, 2018: across sectional study Demewoz Kefale; Abdisa Boka; Zureyash Mengstu; Zelalem Belayneh; Shegaw Zeleke BMC Pediatrics Dear Mr Kefale, Your manuscript "Emotional and behavioral problems and associated factors among children and adolescents on Highly Active Anti-Retroviral Therapy in public hospitals of West Gojjam zone, Amhara Regional state of Ethiopia, 2018: across sectional study" (BPED-D-18-01088) has been assessed by our reviewers. Based on these reports, and my own assessment as Editor, I am pleased to inform you that it is potentially acceptable for publication in BMC Pediatrics, once you have carried out some essential revisions suggested by our reviewers. We request that a point-by-point response letter accompanies your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision. A decision will be made once we have received your revised manuscript, which we expect by 21 Jan 2019. We look forward to receiving your revised
manuscript and please do not hesitate to contact us if you have any questions. Best wishes,
Pieter Hoekstra BMC Pediatrics https://bmcpediatr.biomedcentral.com/ Technical Comments:
Editor Comments: BMC Pediatrics operates a policy of open peer review, which means that you
will be able to see the names of the reviewers who provided the reports via the online peer
review system. We encourage you to also view the reports there, via the action links on the left-
hand side of the page, to see the names of the reviewers. Reviewer reports: Maretha Visser, PhD
(Reviewer 1): The paper describes research done to investigate the level of emotional and
behavioural problems of children and adolescents with HIV who receive HAART from hospitals
in a zone in Ethiopia. The children are assessed using the Paediatric Symptomatology Checklist,
 a scale that is not standardized for the Ethiopian context. The second aim of the research is to
investigate which other variables are linked to emotional and behavioural problems of children
and adolescents. The value of the research is that it confirms that children living with HIV have
high levels of emotional and behavioural problems. The research identified factors contributing
to the problems which can be addressed to assist children and families affected by HIV.

The paper improved since the first version I read. My main concerns are still writing, spelling
and formulation - I will highlight a few things I noted but think the journal will have to assist
with the language used in the paper.

A few concerns and suggestions to improve the paper. The finding was that children and
adolescents experience high level of emotional and behavioural problems. Research in other
regions are provided as confirmation of the results.

Are these any research done on the emotional and behavioural problems of Ethiopian children in
general or on non-HIV infected children in the same region to compare the results with?

Reply: Thank you. The comment is accepted. We incorporated other researches done on the
EBPs of Ethiopian children (Ambo district and Butajira district) in general or on non-HIV
infected children. The findings of these studies showed lower prevalences of EBP than the
finding of the current study. (Discussion) In the abstract: reference to "systematic randomly"
What does this mean?

Reply: Thank you. The comment is accepted and edited as “Systematic random sampling
technique...” Line 56: globally more than ….are living with HIV or have died...

Reply: Thank you. The comment is accepted and modified accordingly

Line 58: adolescence

Reply: Thank you. The comment is accepted and modified accordingly

Line 63-67: reformulate this long sentence so that it makes more sense. Seems you want to say
there is a world wide effort to provide sustainable antiretroviral medication to prolong life and to
reduce stigma. But a more holistic and comprehensive approach to HIV care and treatment is needed.

Reply: Thank you. The comment is accepted and reformulated as ‘…..There is a world wide effort to provide sustainable antiretroviral medication to prolong life and to reduce stigma. This calls a more holistic and comprehensive approach to HIV care and treatment.

However, HIV treatment outcome of children and adolescents has not yet been satisfactory due to the co-morbidity and unusual onset of Emotional and Behavioral Problems” Line 72: health factors clearly play a role in emotional and behavioural problems. HIV is an illness that affects emotions and behaviour.

Reply: Thank you. The comment is accepted and the statements are rewritten as “…Health factors clearly play a role in emotional and behavioral problems. HIV is an illness that affects emotions and behaviors of children and adolescents. This can accelerate AIDS-related mortality among HIV-positive children and adolescents regardless of the scale up of antiretroviral therapy innovations.” Line 76: engagement in risky behavior

Reply: Thank you. The comment is accepted and modified accordingly.

Line 89: might have significant challenges upon??

Reply: Thank you. The comment is accepted and modified accordingly Line 93: limited to Addis Ababa

Reply: Thank you. The comment is accepted and modified accordingly. Line 126: parents/caregivers need to give consent for research

Reply: Thank you. The comment is accepted and modified accordingly. Line 133: cut off point of

Reply: Thank you. The comment is accepted and modified accordingly. Line 138: cut off point

Reply: Thank you. The comment is accepted and modified accordingly. Line 136 - WHO self-reporting questionnaire - you need a reference

Reply: Thank you. The comment is accepted and a reference is cited (reference 10) Line 140-141: part on caregiver consent/assent is repeated here

Reply: Thank you. The comment is accepted and the repetition is removed Line 142: caregivers participated to answer… if the child has difficulty in answering questions… What would the influence be of caregivers sitting in the interviews and answering some of the questions on the data? This may be added to the limitations of the study.
Reply: Thank you. The comment is accepted and the issue is incorporated in the limitation part of the version. Line 147: clarify: did not disclose his/her status to him/her

Reply: Thank you. The comment is accepted. This was to say that children and adolescents who did not aware of their HIV positive status and the statement is modified as “child or adolescent who were not aware of his/her HIV positive sero-status status because the professional or the care giver did not inform as he/she is HIV sero-positive.” Line 151: statistics

Reply: Thank you. The comment is accepted and modified accordingly. Line 162: respondents were participated in the study? Respondents participated...

Reply: Thank you. The comment is accepted and modified accordingly. How was the family income determined accurately? Seems that family income did not play a role in the emotional and behavioural problems of the children? In other research in SSA socio-economic position played a role!!

Reply: Thank you. The income was determined by asking the amount of money they earn monthly for families who get their income in money for every month. For families whose income was not in money nor got for every month, we estimated the amount of kinds or assets they can have per year in money. Then, we divided the estimated money to 12 to get their average monthly income. Finally, we use the mean family income as a boundary. Family monthly income did not have significant association in this research because the economical levels of the families of the respondents were nearly similar.

Really, it was better is wealth-index was done to measure the accurate family monthly income. We have incorporated this issue in the limitation part of this revised manuscript. Line 168 characteristics

Reply: The comment is accepted and modified accordingly.

Line 169 more than 6 months

Reply: The comment is accepted and modified accordingly.

Line 169: 70.1% knew their HIV status

Reply: Thank you. The comment is accepted and modified accordingly. Table 3: acts as if driven by motor - also low frequency (n=3, 0.8%)

Reply: Thank you. The comment is accepted and edited accordingly. This was the least commonly mentioned symptoms of EBPs in the PSCL. Line 210-211: who were not aware … who were aware
Reply: Thank you. The comment is accepted and modified Line 218: whose caregivers are their parents - they are not parents in general, but it refers to the child's own parents

Reply: Thank you. The comment is accepted and modified as “whose caregivers are child's own parents.” Line 220: please h2 description for "less ignorant care"

Reply: Thank you. The comment is accepted and replaced by “…a more protective and parenthood care” Line 231-233: please reformulate. Reply: Thank you. The comment is accepted and the statement is reformulated.