Author’s response to reviews

Title: School workers’ knowledge, attitude and behaviour related to use of Toombak: a cross sectional study from Khartoum state, Sudan.

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Response to Reviewers’ Comments

Abstract
1. A brief introduction about Toombak and its potentiality in causing oral cancer is added (line 23-25).
2. The aim of the study is rewritten (line 26-29).
3. In methods questionnaire is added (line 30).
4. Results shortened, percentages are rounded
5. Conclusion is rewritten (line 47-53).

Background
1. Spaces are used between texts and references.
2. Schools-workers include all members of the personnel working and available in the school premises. In general teachers form the majority of the group in our case (86%), beside others such as labourers, clerical and administrators. Teachers might be in a closer contact than others, and have an impact on the students’ Toombak use behaviour. So this might have been the reason of treating the group as a one unit and not considering the sub-group analysis.
3. New sentence is added “Toombak chemical analysis has revealed that it contains at least 100-fold higher concentrations of the tobacco specific N-nitrosamines than the commercial SLT brands from US and Sweden. These substances have also been reported to responsible of potentially malignant oral lesions and oral cancer”. In line (60-64)
4. The word (tobacco) changed to (Toombak) in (lines 71, 73)
5. Information about Khartoum State moves from “Method” section to “background” section. (in lines 85-88)
6. Justification for the study is introduced (lines 89-91).
7. The aim of the study rewritten to be consistent with the aim in abstract (in lines 91-95).
8. The word descriptive omitted (Line 98).
9. Sample procedures change to sampling procedure (line 101).
10. Subtitles are added to method section.( sampling procedures line 101, data collection line 119, questions and variables line 138, data analysis line 196)
11. “SLT section questions” is added (line 128).
12. Subtitle “Measures” changed to “Questions and variables” (line 138).
13. Word anonymous is added to “Data collection” line (125)
14. Current use of Toombak “not at all” answer is omitted ( In line 143)
15. Age groups was dichotomized into 2 groups “less than 40” and “40 and above” due to previous studies of Toombak use in Sudan for the possibility of comparison and interpretation.
16. Age groups changed to “< 40 years and ≥ 40 years” instead of “≤ 40, >40 years”. (line 145-148)
17. The variable “Knowledge about Toombak health hazards” change to “ knowledge about Toombak related health hazards” (line 149)
18. The variable “knowledge about Toombak related health hazards” redesigned by adding another question “does Toombak use cause malaria” , the sum of four questions were dichotomized on median split and Cronbach’α is added.
19. The variable “attitude towards Toombak use and control policy” change to “attitude towards Toombak use inside schools” and Cronbach’α is added (line 162)
20. The variable “attitude towards Toombak use inside schools” redesigned.
21. A new variable “Availability of a policy to prevent use of Toombak in schools” is introduced (line174)
22. A new variable “Effectiveness of schools’ policy” is introduced and Cronbach’s α is added (line 179)

23. The sum variable “availability of a policy to prevent use of Toombak in schools” is analysed as individual variables

24. A sum variable “preventive practice of school workers” is omitted

25. A sum variable “capacity building on preventive educational activities in schools” is omitted.

26. A new variable “Preventive practices in schools” is introduced and Cronbach’s α is added (line 183)

Data analysis
1. “SPSS Inc., Chicago, Illinois, USA” replaced by “IBM SPSS Statistics” (line 196)
2. New statement is introduced “For the bivariate analysis, chi-square tests were performed to evaluate the categorical variables and the level of significance was set at p < 0.05. Multivariate analysis was conducted using multiple logistic regression for the significant values in bivariate analysis. Estimates were presented as odds ratios (OR) and 95% Confidence Intervals (CI) and Nagelkerkes R²”. In line (197-201)

Ethical issues
The paragraph (line 203-207) transferred to Declarations section

Ethics approval and consent to participate (line 382-387)

Results
1. Duplications of results and tables are corrected.
2. “Not shown in the table” omitted (line 215, 225).
3. New figure is introduced (line 536).
4. New tables are introduced (table 1, line 223; table 2 line 259; table 3, line 277; table 4, line 539)

Discussion
1. Study limitations moved to the end of discussion section.

Conclusion
1. Rewritten.

Recommendation
1. Is omitted

Reference
1. Corrected according to the format.

Declarations
1. The following subtitles are added:
2. Ethics approval and consent to participate
3. Ethics approval of ethical Committee of the Faculty of Dentistry, University of Science and Technology, Ministry of Health and Ministry of Education was obtained and the committee’s reference number was No. WKH/WS/AA/AB.18.09.2013.
4. We obtained informed consent verbally from all participants.
5. Consent for publication
6. Availability of data and material
7. Competing interests
8. The authors declare that they have no competing interests
9. Funding
10. Authors' contributions
11. The roles of the authors were: HMA, ANA, RWA, EFN contributed to the conception and design of the study, the acquisition of data, analysis and interpretation of data. HMA wrote the paper, ANA, RWA and EFN have critically read and edited the paper. All authors have read and approved the final manuscript.
12. Acknowledgements

13. Authors' information