Author’s response to reviews

Title: Prevalence of sexually transmitted infections and associated factors among the University of Gondar students, northwest Ethiopia. A cross-sectional study

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We have attached the response to reviewers as Point-by-point document.

Author’s Point-by-Point Response to the Reviewer's Reports

Title: Prevalence of Sexually Transmitted Infections and Associated Factors among University of Gondar Students, Northwest Ethiopia. A cross-sectional study

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First of all, the authors would like to thank BMC reproductive health Journal editors and the respective reviewers for reviewing our manuscript and providing the necessary and constrictive comments to be corrected. As per the comments given, we have made corrections point by point to comment. The authors tried to answer all the issues raised by the editorial team and reviewers. Please note that we gave our response in a blue font colour.

Author's response to Reviewer # 3

Introduction
1. The study is not presented well and does not add much to the literature but is important from the point of having data which can be improved upon. The authors better to refine the research gap by using update data.

Thank you for your comment

We had revised the background section.

2. The description of Line 29-37 paragraph is true in Ethiopia context? show evidences

Thank you for your comment

We have included some evidences

Methods

3. The authors do not describe the inclusion and exclusion criteria; How to select?

Thank you, dear reviewers, for your concern

As we have explained in the methods section (study population), all University of Gondar regular undergraduate students during the study period were included in the study which tells us all students who were attending their education during data collection period were included to study, so as its clear that there was no individual who excluded from the study at the time of data collection once they were included through systematic random sampling technique.

4. Sample size and sampling procedures: All University of Gondar regular undergraduate students during data collection were included in the study. What this paragraph indicates? If you include all students, why you determined the sample size.

Thank you, reviewer

‘All University of Gondar regular undergraduate students’ were our target population and wants to generalize. Since target and study populations are different for the study and large to collect data, they need to determine sample size. Source population is a group of students from which samples are taken for measurement.

To make clear and avoid redundancy, we re-written the paragraph

5. Health stream students responding well about the different type of STI, BUT non-health stream students are not well good, so how to manage such cases.

Thank you for your concern
We have provided intensive training for data collectors, how to collect the data and resolve any students’ confusion. All data collectors told the students to ask any unclear questions or doubts. Moreover, authors used the list of syndromes(signs/symptoms) of STIs not the names of disease and tried to state those signs/symptoms with easily understandable words

6. The authors do not describe the study collection tools: The study variables (independent and dependent) are not defined and it not clear how they were measured.

Thank you for your valuable comment

The comments have been accepted and corrected

7. The author does not explain how they checked for multicollinearity: The author mentions use of a bivariate analysis approach, but no further explanation on which type of bivariate was employed

Thank you so much

We have explained how multicollinearity checked

Even though authors did not fully understand the question on the approaches of bivariate analysis, there are different types of bivariate analyses which are suitable for given pairs of variables or types of variables like categorical-categorical, numerical-categorical or numerical-numerical variables. Hosmer and Lemeshow recommended to using bivariate analysis to reduce confounding variables with enter method that consider p-value less than 20% in the multivariable analysis

Discussion and conclusion

8. It is quite poor and repeats a lot of known facts without making any point as to how this current study contributes to the discussion. The discussion section does not indicate the new (addition of) knowledge that has been generated by this study. What are the innovative ideas, for scale up through the public health system? formulate clear what is innovating in the study.

Thank you

The purpose of discussion is to interpret and describe the significance of your finding in light of what was already known about the research problem being identified, and to explain any new understanding of fresh insights or scientific explanations about the problem after considering the finding. Likewise, in our research, we have discussed the possible reasons as a new insight or scientific reasons. Then based on the findings and the discussion, it needs a conclusion and recommendations.

Example
The prevalence of STIs among University of Gondar Students is higher than the national and other studies in different institutions which requires strategic intervention and also in this study the significant proportion of students’ (44.7%) found to have poor knowledge of STIs, therefore such and other findings from the study are really helpful for possible interventions so as to prevent and control STIs among University of Gondar students.

Moreover, research also helps to identify the specific gaps for a certain intervention and used as a monitoring and controlling system, and better understanding (refining) the existing problems, not focused only new finding beyond the scientific grounds.

9. There are several language mistakes that may necessitate the paper to be proofread before publication.

Thank you

The comments have been accepted and corrected

Author's response to Reviewer # 4 comments

1. Title: why you were interested in this topic since risk factors or factors associated with sexually transmitted disease are already known.

Thank you so much for your comments

First, health problems caused by different aggravating or preceding factors that varied from area to area in magnitude and severity in the population. So as the occurrence of STIs may depend on the quality and quantity of health service, the availability of sophisticated diagnostic and treatment materials, awareness of the population, life skill training and skills of health professionals, lifestyle of the community like substance abused, transactional sex and community sexual workers. These factors are not equally distributed to all areas and are not caused by the same factors in each area. Scientifically, the causative agent of STIs are already known but the factors are not studied in Ethiopia and varied from area to area due to difference in culture, demographic characteristics, professionals, and health services. In Ethiopia universities, some of them have organized reproductive health service and health facilities, provided STIs and family planning, offered like skill training, appropriate referral linkages and others while most universities have not such services for students, so that the factors are not the same and know in each university to develop and strengthen the service helps to prevent and treat STIs problems. Moreover, one of the most outstanding problems in STI prevention and control program is the lack of information on the status and trends of STIs in the country. it’s important to show the magnitude of STIs for a corrective action.

2. On page 4, line 31-33; you considered only regular undergraduate students. Don't you think that being not regular students, for example, evening students that attend the class on the night do have considerable risk that you haven't studied. May you think that this affected your study, if not how did you alleviate?
Both regular, extension and night students are affected by STIs. While, in this study, we did not include both extension and night student to reduce research bias. Almost all of these are living with their parents and less risk for risky health behaviours compared to regular students because most of them are living with their parents. Be in the university two days a week so that we consider them more of a community member than comparing them with the university students residing inside the university the whole time and were not at the campus during the study area. University health related services were offered for regular students only so we consider what are the factors even they can get access to health care service

3. Page 4, line 54-56; how did you make sampling frame to select study unit from a department having different batches of students?

Thank you for your comment

The list of students was available in the department head and used a systematic random sampling method to select participants from their list of students in all batches of the selected department.

4. Page 5, line 7; why you used English version of questionnaire for self-administered data collection since all participants may not equally comprehend some medical expressions in the questions?

Thank you for concern

Since all students are learning with the English medium of instruction, is a better language to be understood by all students who speak and understand different languages and regarding the medical expressions we used list of syndromes (signs/symptoms) of STIs not the names of a disease and tried to state those signs/symptoms with easily understandable words. Moreover, as we tried to explain in the above question, the authors tried to make clear all medical expression simple and clear, data collectors trained to make clear any questions raised by participants.

5. Page 5, line 9; the sentence "each study participants were sate individually" is not clear, what do you mean? Even though they are MPH students, your data collectors are Gondar university students. So, didn't this affect quality of your results? How do you see this in research view?

Thank you

During data collection, each participant was seating in a single table like exam type to reduce shamed and avoid shared response since questions contains sensitive issues.

To make clear, we have re-written the sentence

6. Page 5, line 19-28; how do you rely on the validity of your operational definition to represent STIs? For example, scrotal swelling may or may not represent STI.
Thank you for your comment

We had used the standard definition for the diagnose of STIs in males and females and since STI is assessed only through the report of a student, no physical and lab examinations done as well as we may miss asymptomatic or may misdiagnose problems due to other causes.

This problem also the main weakness for STIs prevention and control guideline or syndromic approaches of STIs. so that there may be under/over estimations of the disease. we had clearly stated this as the limitation of the study.

6. Page 5, line 44; I think you have interchangeably used the term "multiple logistic regression" instead of "Multivariable logistic regression". Do you think that they are similar?

Thank you so much

Multiple logistic regression" and "Multivariable logistic regression “are not similar but in biostatistics can use interchangeable.

In our last submission, we did not use Multiple logistic regression instead, used Multivariable logistic regression.

7. Page 6, line 11; the title of table 1 that you said "Socio-Demographic and Economic characteristics" does not have any economic related data, so, why you included the term "economic" in the title.

Thank you for your comment

We had received the comment, we were considering ‘87.3% received pocket money from families and relatives’ which showed that the economic conditions of student

Now, we have corrected the table.

8. Page 10, line 47; Make it "In bivariate analysis"

Thank you, dear reviewer,

We have accepted and corrected the comment