14 June 2011

Please note that the page numbers refer to the page number of the document with the track changes The title has been changed to : HIV/AIDS knowledge of secondary school learners in Harare, Zimbabwe

We agree with the suggestion that ‘sexual behaviours’ should be deleted from the title because reportedly no respondent had commenced sexual activities.

 17 May 2011

16 June 2011

I do apologise for the delay in getting the revised and corrected manuscript submitted. However, I do hope the huge investment in time and effort will pay off.

There are so many track changes, that I will attach the revised article with the track changes, but also one where all the track changes had been accepted. Please note that the one with track changes accepted is indeed the edited version. PLEASE WORK ON THE TRACK ACCEPTED DOCUMENT, but the other one is included to show the extent of the changes implemented.

We look forward to hearing from you.

17 May 2011

**HIV/AIDS KNOWLEDGE AND SEXUAL BEHAVIOURS AMONG SECONDARY SCHOOL LEARNERS IN HARARE, ZIMBABWE**

The manuscript presents findings from interviews conducted with high school leaners regarding their HIV knowledge and sexual behaviour, with the aim of making recommendations for improving especially high school-based HIV/AIDS education efforts. Given the state of HIV/AIDS in southern Africa, the work is relevant and of importance to the region and contributes information to the already existing body of knowledge on HIV/AIDS in sub-Saharan Africa. The authors found that the learners had a high knowledge levels on some aspects of HIV/AIDS but that some misconceptions exist. Based on their findings the authors make recommendations for improving education efforts aimed at high school learners.

Unclear or incomplete information as well as inconsistencies were noticed and all reviewers collated recommendations for improving the manuscript for publication in HSAG, follows below.

• Abstract: In paragraph 2 there is reference to ‘the strengths and weaknesses of the program’ – what these may be is not mentioned anywhere else in the study. “Strengths and weaknesses” deleted in both Eng and Afr abstracts.

• Opsomming: A word is missing in the following sentence; ‘Toekomstige programme moetbeklemtoondatdaargeengeneesmiddelvir VIGS is nie, en datkondome met elkeseksueleervaringgebruikmoet word” “elke” added in line 76 p3

• Include the concept sexual behaviour under the key concepts “sexual behaviour’ added as an additional keyword

• Introduction: Information on how HIV knowledge affects sexual behaviour is lacking (e.g is there evidence that knowledge of HIV changes sexual behaviour?). Presently the literature focuses more on HIV in general. There is a need for a logical flow of the information provided in the introduction. For example, the author describes HIV and AIDS prevalence in the Sub-Sahara then globally followed by Zimbabwe. Suggestion: Start globally then regionally and country statistics. Global references deleted; SSA followed by Zimbabwe, as suggested. How knowledge affects behaviour was discussed, but paragraph moved to introduction.

• There is no indication on when the study was conducted making it difficult to determine if the references and statistics used were too old or not. Data were collected during the winter months of 2008, Publications, especially statistics, about Zimbabwe were not regularly updated and recent statistics are not available.

• Line 68-71 does not add any value to the discussion at hand. Instead it spoils the flow of the discussion. Suggestion: delete the lines. Lines deleted as suggested.

• Check spacing issues at line 72 and throughout the document Checked and changed according to the HSAG author guidelines

• From line 73-100 the author gives a series of statistics without giving the year the statistics was obtained or survey conducted. The statistical data might have changed over the years – the latest available Zimbabwe statistics were used. Most of the references used are quite old – Zimbabwe did not have money and expertise to update its statistics for a number of years. At line 94 add ‘debut’ after sexual intercourse - added. Line 96 about Tanzania needs to be linked to the discussion in that paragraph – this line has been deleted because it is not directly relevant to Zimbabwe.

• [Sentence breaks at lines 103/104 and 136/137. This may just have occurred because of in-office changes like remove names for blind review, but please check] Apparent sentence break due to long http reference – page layout should be able to correct this; corrected in document with ‘track changes accepted’.

• Problem statement – it is not clear exactly what the problem statement is. This section starts of (paragraph 1) by saying there’s no information on what learners know, then the author’s state they will look at what messages are out there. Is the assumption that whatever the message is, turns into what the learners will eventually know? In paragraph 2, finding out what the learners know (and do, sexually) will lead to recommendations on strategies to influence decision making before sexual contact ; this means the authors assume the answers on sexual questions will definitely be in the negative (I am not having sex). Would the recommendation change if the answers turn out differently? Would recommendations in favour of changing the content of the HIV message or how the message is presented, change the strategy? Paragraph 3 starts with ‘The question is whether this is due to… What is due to what? Also, line 156 – 160, which “ knowledge” influence behaviour (the reader is left to assume by knowledge the authors mean HIV-specific knowledge, but it’s not clear exactly what the learners/young adults should know about HIV that will initiate behaviour change) OK – the problem statement has been reformulated and simplified

• Significance of the study: indicate clearly what contribution this study will make in the country of Zimbabwe. Changed

• Purpose and objectives: ‘to document’ differs from the objective as stated in the abstract. Consider changing ‘document’ to ‘assess’. Changed as suggested

• Is it really necessary to state the collection of demographic data as an objective; firstly it’s not related to collected results later on and some may argue its part of a normal research procedure and do not need to be highlighted. Also the last objective is a natural outcome of this type of research, rather than an objective. OK – last objective has been deleted

• Methods

• Study design: There is no indication of the population size and age to assist the reader in finding out if the sample size was appropriate. The sampling method used is not appropriate for a quantitative study. Explanations added. Statistics were not available about the number of secondary school learners in Harare, only about the number of schools due to lack of funds and political instability and severe fuel shortages.

• Population and sampling: Does “non probability” sampling imply that the criteria for inclusion can be left out? If not what were the inclusion and exclusion criteria? These were added on p9 under the heading population and sample

• Data collection is not explained in enough detail. Provide detail on how and where (“schools in Harare” is not enough information) data was collected and this should be grounded theoretically. What is meant by ‘sexual behaviours’, what was the question the student answered; do you have sex or was the questions more involved e.g how do you have sex? How did the researcher ensure that all learners were asked the exact same questions? Why not provide a list of (all/most of) the questions used? These were added on pp9-10

• Ethical consideration: Well covered except that the author did not indicate how and what type of consent was obtained from the respondents themselves. Added on p17.

• The way the data is presented (primarily in the text) is non-conventional and confusing because this study’s results are interspersed with literature. It would be better to present data first (possibly by using more tables) and comparing to literature later. Attempted to present data first and then to present a separate section on the discussion of the results as recommended – see from p17 onwards

• Paragraph 3 (Results, Demographics), what are the conventional religions? There’s ~ 43% unaccounted for. Corrected on pp12-13

• Table 1: HIV transmission response; some of the items included as questions here, are not relevant if the main aim is assessing sexual behaviour (e.g blood transfusion, mosquitoes), what were the reasons for their inclusion? These questions tested learners’ knowledge about HIV transmission and did NOT pertain to their sexual behaviours as such.

The title has been changed accordingly.

• Table 1 as it stands gives an inaccurate impression. The use of ‘correct’ and ‘incorrect’ is misleading. The information under ‘correct’ seems to mean ‘yes’ as the first results were given as ‘yes’. Based on this logic then the results presented in lines 313-317 are inaccurate. This is NOT the logic, because some ‘no’ answers were correct and some ‘yes’ answers were incorrect – this was done as recommended by the statistician to avoid a specific ‘mindset’ of yes= good and no=bad among the respondents. The table cannot be changed at this stage but some explanations were added.

• On pg 12, its no clear when the results indicate ‘knowledge of sexual practice’, this relates to the Zimbabwe HIV/AIDS school programme that teaches learners about this knowledge; correct answers = knowledge; incorrect answers = lack of knowledge.

• In the interpretation of result; if 65% knew and only 2% did not know – why is this still interpreted as lack of knowledge? Every learner should know the basics of HIV/AIDS if the Zimbabwe HIVAIDS school programme is successful

• Discussion; there was no indication in the study that learners would be asked about HIV treatment issues, so lines 437 – 441 are not related to results presented here, why is it mentioned? The aspects of treatment are addressed in the school programme; they should know that there is no cure for AIDS and that myths about cures are untrue. This aspect has been left ‘as is’ as the authors regard this as being important for the context within which this study had been conducte.

• Information on page 15 – The relevance of VCT to these objectives is not clear (Also see VCT in abstract). Willingness to go to VCT does not indicate an understanding of what VCT entails. Also in recommendations, easier access to VCT does not guarantee a change in behaviour or an increased understanding of HIV knowledge etc. VCT is addressed in the HIV/AIDS school programme. It is indeed noteworthy that the majority of learners would be willing to undergo VCT but had not accessed these services. This indicates a huge potential area for improvements in HIV/AIDS services in Zimbabwe for the youth and cannot be removed from the text. This has been left ‘as is’.

• The study had too many limitations and it is not clear why some of them were not removed through study planning. Explained that it was an extremely difficult time in Zimbabwe with political upheavals, teachers’ strikes, lack of fuel, expensive travelling. Cars were queued up for kilometres waiting for petrol to arrive.

• Recommendations: some of the recommendations do not link to the objectives. The revised recommendations are based on the findings.

• Conclusion: present content is repetitive of information already stated elsewhere. The second last paragraph is confusing. Conclusions amended to portray the most significant aspects. Conclusions inevitably do repeat some of the content of the article – otherwise the conclusions would be totally irrelevant to the article and meaningless

• References: ensure that all references in the text are appearing in the list and vice versa. This was done. The reference list is not consistent, sometimes page numbers are provided, sometimes not. Page numbers in the list of references are usually provided in the case of articles, and in the case of referring to specific chapters of books but Internet sources do not always have page numbers. In cases where the page numbers are supplied in the text, in case of books, reports, it is assumed that no page numbers are required for these sources in the list of references. Some information in the reference list is not a reference but a full description of an acronym. Provide an acronym list separately. These acronyms are used in the text as references and it is the usual custom to include these acronyms in the list of references because this is where the readers will look for the items listed in the text. If the editor insists on a separate acronym list that can be supplied, but all my previous articles at HSAG were accepted in this way.

• General: Language editing is required for the manuscript. Editing has been done.

The manuscript has potential and will be of interest to readers of HSAG. There are however unclear and omitted information, inconsistencies, unconventional data presentation and other ambiguities that needs to be rectified before the manuscript can be considered for publication in HSAG. Please see comments next to every reviewer’s comment in this letter.

The authors are invited to resubmit the mentioned article. The article will be resubmitted in the review process. The author needs to comply with the following guidelines:

• A revised and corrected article according to the above-mentioned points raised by the reviewers;

• Accompanied by a separate letter responding to each point raised by the reviewers (point by point), for example:

Point 3: The reviewer suggested that the methods be described in more detail. On. p. 4, par. 3, 3rd line, a sentence was added to explain how the study was performed;

• Indicating thereby (see example above) also with thoroughness and correctness how each of these points were addressed;

• Indicating in the attached revised article where in the article the changes has been made (the author is advised to use the function of track changes in this event), allowing the editor to view the actual change as it was implemented in the manuscript.

Health SA Gesondheid reserves the right to use the facility of Turnitin in any stage of the peer review process.

We look forward to the next submission of the above-mentioened article.