



SDI Review Form 1.6

Journal Name:	International STD Research & Reviews
Manuscript Number:	2014_I-SRR_8918
Title of the Manuscript:	Risky Sexual behaviours and Associated Factors among People with Disabilities in Dessie City, Northeast Ethiopia
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Methods Section 1. Sample Size was not determined. Simply 422 participants were included, may not be representative and/or inadequate to declare significance. In such a case, power analysis needs to be done to check sample adequacy. 2. Sampling method was non-probability (purposive) this may cause selection bias. The basis for eligibility criteria was not justified. In the introduction, it was explained that 912 persons with disabilities exist in the study area, but 412 of them were members of People with Disabilities Association which were considered as eligible and included in the study. It would have been better, had the sample was determined and randomly selected by any of probability sampling. 3. Data was collected by interviewer administered questionnaire. The issue of risky sexual behaviour is personal; people do not report, there might be social desirability bias (under reported). In addition, applicability and validity of interview response of people with hearing impairment and mentally challenged people. 4. Operational definitions need to be clearly indicated (eg. Risky behaviour, disabled people, non regular partner, etc...). 5. Risky sexual behaviour determination was defined here as (Line #95-96) starting sex at age of <18 or casual sex with non regular partner or sex with more than one partner or ever had sex with non- regular partner without condom or ever had sex with CSW. This definition usually applies for adolescents or youth risky sexual behaviour. But here some respondents are as old as 76 years for example. If he started sex at 16 years which is now 60 years back where there was no HIV he may not be at risk now. The same thing applies for ever having sex without condom or CSW. The risky sexual behaviours must not be "ever" rather having sex without condom with non regular partner in the last 12 month or having multiple sexual partners in the last 12 month.	The sample size of the study was whole inclusive, which means there were 422 people with disability in disability associations in dessie city. We have taken the whole disable individuals who were the member of the disabled associations in the city. Since we have taken the whole population of disabled people in the city in the disability association there is no chance that bias occurs. Though risky sexual behaviour is sensitive issue the data collection technique employed was interview method, there was no chance that we could make the method self administrated, according to Ethiopian context most of people with disability are illiterate, so that we cannot think of other methods of data collection. However, to decrease the social desirability bias data collectors employed were similar in sex. Example male data collectors interviewed males and females interviewed the female respondents. Operational definition is important for measuring our outcome variable and the way the outcome variable measured was clearly stated. As it was stated in the manuscript the dependent(outcome) variable was measured using the following parameters:



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	Results section: 6. Construction of tables needs to be formatted and well edited, categories of some variables needs to be sorted in descending order e.g types of disabilities, reasons for having sex etc.. . More seriously, multivariate logistic regression (Table 5) needs to be redone. For eg. Ever drinking alcohol found to increase risky behaviour significantly (OR=1.634; 95%CI: 1.014-2.631). But, from the table, risky practice among ever drunk was $[65/(65+185)] \times 100\% = 26\%$ as compared to never drunk $[69/(69+93)] \times 100\% = 42.6\%$. the same applies for family size and other variables. In addition, # participants who ever drunk in table 4 is 162, but in Table 5, 65+ 185 =250. Inconsistency of data may indicate poor quality data or incorrect analysis. 7. Serious language problems (grammatical error as well as long statement construction, what is written and what the author(s) intend to say some times different.	1. The age at which sex initiated 2. Had sex with non regular sexual partners 3. Number of sexual partners in the last 12 months 4. Had sex without condom with non regular sexual partners 5. Ever had sex with commercial sexual partners for males By definition any individual who had sex before 18 years of age are regarded as risky. Whatever the age of an individual now if he was started sex before 18 years he was at risk according to this study. Regarding condom use and sex with commercial sex workers, according to our study ever had sex without condom in the last 12 months with non regular partners. Since having sex with non regular partner without condom even with only one episode of sexual intercourse could have exposed an individual to have STI. Besides, sex with commercial sex worker is very risky to have caught STI like HIV, we authors declared ever having sex with commercial sex workers was risky.
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<u>Minor</u> REVISION comments	1. Abstracts section: in conclusion part, the identified factors needs to be listed rather than simply saying “there were factors” 2. Introduction section: Line #47, states that ample evidences exist, so, why to conduct this study needs to be justified. Last paragraph of the introduction also seems conclusion, it rather, states gaps in the literatures that this study intended to fill and what new knowledge came out of the study. 3. Methods section: under the subheading setting and design (line #64-65) study period needs to be included in dates and months. Last sentences unfinished. “capital city of.....” 4. The details under the measurement sub-heading must be removed and included in operational definition. 5. $P < 0.20$ as cut of point to identify candidate variable, why not 0.25 as the author(s) have few candidate variables for the final model(recommended) 6. Results section: # (count) must precede each % in the results. No need to write everything in table by text (redundancy eg. Religion, educ., employment etc.) 7. Whether there any overlap (multiple) disabilities, better if specified. Better to have sex disaggregated data for disabilities and risky behaviours. 8. Inconsistent condom use measurement is not clear. Condom use during 1st sex was given emphasis; but the last sex or last 12 months is more important 9. Errors in categorizing value levels of some variables (e.g education: Literate may include grade 1 & above and shouldn't stand as separate category, Multiple Sexual Partnership: 1, 1-5, >5 overlap (not mutually exclusive). Income measure do not have unit(ETB, USD, or...) 10. Sex for money among males was 19(28.4%) as reason to start sex. How much believable is this in Ethiopia?	Based on the comment: “Construction of tables need to be formatted and edited” the comment is accepted and incorporated in the manuscript. In the conclusion part of the abstract of this study we failed to list the factors that are significantly associated because 1. No need to list everything since it is conclusion of an abstract and it is to limit the number of words in the abstract. The comment you gave us on the introduction section particularly which say “ample of evidences”, of course there are a lot of evidences on sexual risk behaviour among youth of non disabled people. Otherwise, there is paucity of researches on people with disabled people specially in our country. In the method section based on the comment the study period was included in the manuscript. The authors believe that one of the most important part of a manuscript must be measurement rather than operational definition. The way the dependent variable measured has to be clearly stated, that is why we stated the detail of measurement of risky sexual behaviour. The comment you gave on the result section, it is accepted and the correction was included in the study. In the result section: The comments were accepted and analysis for the analytic part was redone and the corrections were incorporated in the manuscript.
<u>Optional/General</u> comments	The title tried to address the forgotten vulnerable group of the population which was very important. But, methodology needs to be robust.	