Thank you so much for your time and effort to review our manuscript. This has surely improved the quality of this manuscript. The revision we did are marked with red color.

Comments and Suggestions for Authors

Generally, the article has improved and some questions have responded clearly. But some points should be described based on the theoretical frame.

1. We know the KAP (Knowledge, attitude, and behavior) was used to validate or predict the behavior. In the study, HIV knowledge should test the association with HIV testing was behavior. Also, sociodemographic information have significantly associated with HIV knowledge. sociodemographic information directly linked to HIV knowledge and then associated with HIV testing. Therefore, Table 3 should show the association between HIV knowledge and socio-demographic information. Table 4 just emphasize the different level of HIV knowledge associated the HIV testing behavior. Because of the HIV knowledge may be improved and further do healthy behaviors. Other problems in the article, there are intercorrelated between socio-demographic information. If you input in the model, it leads multicollinearity, such as education, occupation, wealth and type of residence, etc.

Answers:

1. Association between HIV knowledge and HIV testing was tested by t test and added in the table 3 (table 3).
2. We fully appreciate your concern; socio-demographic variables might be associated with HIV knowledge. However, the objective of the study was to assess the effects of HIV knowledge on HIV testing along with other socio-demographic variables. Thus, we did not calculate the association between socio-demographic factors and HIV knowledge.
3. In spite of this, multicollinearity was checked; variance inflation factor (VIF) for each variable with HIV knowledge was less than 2. This information has been included in the data analysis section (Data analysis, page 4, line 115-116).

2. Unfortunately, HIV testing behavior is not only contributing to sexual partners citizens, other factors including blood donation, parental vertical heredity or inappropriate needle use, etc. The article should elaborate on the points.

Answer: Thank you so much for your concern. As we used secondary data, we could not assess other factors including blood donation, vertical transmission and inappropriate needle use. Thus, we have now added this information in the limitation section (Limitation, page 10, 287-289)

3. The results in this article were stratified by gender. It is needed to discuss the gender-difference of HIV knowledge and testing in the article.

Answer: Thank you so much for your suggestion. We have added the gender-difference of HIV knowledge also in the article (Discussion, page 10, 264-268).