Reviewer's report

Title: Male circumcision for HIV prevention - A cross-sectional study on awareness among young people and adults in rural Uganda

Version: 2 Date: 25 July 2009

Reviewer: Robert Bailey

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General Comments:

Unfortunately, the study has only limited interest because the focus is very restricted primarily to awareness about MC and HIV prevention. People get circumcised for many reasons, and there are numerous benefits to circumcision – real or perceived. HIV prevention is only one. Awareness about MC as an HIV prevention method does not necessarily correspond with acceptability of MC. This study has limited relevance because, as Uganda seeks to scale-up circumcision, the results of this study will not be very helpful for understanding why people may or may not want to be circumcised, nor does it offer information that might lead to designing interventions to promote MC uptake.

A further limitation, recognized by the authors, is that the populations they chose to study have a high proportion of Muslims and a higher proportion of circumcised men (and their female partners) than Uganda as a whole. This limits the generalizability of the results. In the end, the results are quite particular to the particular villages where the study was conducted. Perhaps the authors could provide a better rationale for conducting the study where they did and for the sampling regime (which needs MUCH better description) they used.

Major Compulsory Revisions:

The description of sampling methods and rationale are inadequate. How were the three districts chosen? On what basis? The authors say that they used “purposive sampling,” to select sub-counties. On what basis? How many counties were selected out of how many possible counties? “Multi-stage sampling was used to select parishes and then villages.” Again, on what basis? How many parishes were eligible? How many were chosen? How many villages were eligible; how many chosen? “In the villages, houses were randomly selected.” How? What was the rationale for the whole sampling regime? What was the target sample size compared to the sample that was attained. How many people were invited to participate? How many refused? All of this has to be explained clearly and in detail. In the discussion, discuss the possible biases or shortcomings of the sampling methods.

I found no indication that the study was approved by any IRB. There should be approval from both a Ugandan IRB and a German IRB.
There seem to be some inconsistencies in the results: On page 9, it is said that hygiene and protection from STDs were associated with MC in 15.4% and 13.3% of participants, but in the next paragraph, it says that 71.3% of adults and 50.3% of youth mention hygiene. Similarly, the proportions in the first paragraph for religion seem inconsistent with the much higher proportions for religion in the subsequent paragraph. Please clarify. It might be helpful to place this information in a table, because it is referred to in the results and discussion repeatedly, but there is no table with the data.

The tables need revision: Consider deleting Table 4 and summarizing the information in the text, since Education is the only significant finding. Alternatively, the information in Table 3 and 4 could be in one table. There are blanks in the tables. In tables 3 and 4, indicate in a footnote what variables were adjusted for. Also, indicate that age is a continuous variable so that the ORs can be interpreted properly.

Minor Essential Revisions:

In methods, page 6, indicate that two-sided p-values of 0.05 or less were considered significant (unless some other value was considered significant).

Discretionary Revisions:

Page 8. Teachers and counselors were the third most important source of information. If this is the case, it would be helpful to indicate what the level of awareness was among the teachers, which is quite a large proportion of the adult sample.

Page 12. “preferably before sexual debut…” The WHO and others have emphasized that we should first concentrate on men 18 – 35 years old, since this will have the largest and most immediate impact on the epidemic.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I receive funding to do research concerning male circumcision for HIV prevention, and I receive funding to provide male circumcision services in western Kenya.