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: 3 September 2009

Reviewer: Paul Drain

Reviewer's report:

Manuscript Review

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

BMC Public Health

The study is a cross-sectional survey of Ugandans to assess their knowledge of male circumcision (MC) as a prevention tool against HIV acquisition, as well as factors associated with that knowledge. The study sampled 452 people with ages > 14 years in three rural districts. Information was collected through a detailed questionnaire and open-ended qualitative questions. The results demonstrate a high level of awareness of MC preventing HIV acquisition on questionnaire data, but not on qualitative interviews. The primary factor associated with this knowledge was being “adult” (age >24 years) and any education among adults, compared against a small number of people with no education (N=15). The study concluded that MC education campaigns should target women, youth, and people with no education.

General Comments

The authors do an excellent job of defining their study methods and data collection. The authors find a surprisingly high rate of knowledge of MC as a protective measure among both adults (87%) and youth (77%). However, when they do qualitative surveys they report that only 38% ‘had ever heard of MC for HIV prevention’. This discrepancy needs to be addressed, since it brings into question the validity of the high knowledge on survey data.

Second, the results may be more applicable if the analyses were separated among 1) circumcised males, 2) uncircumcised males, and 3) females - instead of splitting all analyses by ‘youth’ and ‘adult’. Univariate comparisons should then be made between these three groups. The division between youth and adult is rather arbitrary, and has little relevance to MC and HIV transmission, esp. since the avg. onset of sexual activity is less than age 20 years. Multivariate analyses should stratifying the analyses by age (rather than using a linear variable), which could be done as categorical groups (i.e. 14-24, 25-34, 35-44, >=45). If the authors are adamant about having separate analyses for ‘youth’ and ‘adult’, then they should make a better case for this in the methods and discussion sections.
Third, I find the results related to education in the multivariate analyses to be confusing and difficult to interpret. While a better measure may have been literacy vs. illiteracy, this information was not provided. In the ‘adult’ analyses, the comparison group was only 15 people with no education, which is a major limitation. In addition, there appears to be no difference among the categories of education (primary vs. university). Then, in the ‘youth’ analyses, more educated people were less aware of the benefit of MC. Taken together, these findings do not support the first sentence in the discussion – “awareness of MC as a preventive measure for HIV was strongly associated with increasing education level”. While these results may be true after combining ‘adult’ and ‘youth’ groups, the authors either need to revise their analyses, or change the sentence and expand on their interpretation in the discussion section.

Finally, I found that some of their more interesting data were in the results sections ‘reasons to get circumcised’ and ‘reasons not to get circumcised’. It would be interesting to more fully describe these data, particularly the groups of circumcised and uncircumcised males. The author may consider presenting these data in a table.

The writing and language are acceptable for publication. The title is appropriate and relates to the study.

Specific Comments:
Discussion:
1. There should be some comment on who the primary MC decision makers are in Uganda – adolescent males, mothers of young boys, fathers of young boys, or someone else.

Tables:
1. Table 2 could be eliminated and described in the text.
2. Tables 3 and 4 should include a footnote with a list of variables included in adjusted models.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that i have not competing interests.