Reviewer's report

Title: HIV/AIDS knowledge in detention in Hunan province, China

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Reviewer: Sten Vermund

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The manuscript needs substantial English language editing for grammar and vocabulary (a few examples: detainees, not détentes, all pages; crowded, not crowed, p.3; exposure, not expose, p.3; from, not form, p.4; Table 2 professions). I have not pointed out all of the examples because there are too many. The paper will require a full, careful copyediting.

Abstract: Better to alert the readers that all the detention centers were in Hunan Province in the Methods section rather than in the Conclusion.

Abstract: One cannot say that the detainees improved their knowledge of HIV/AIDS because this was not a pre-/post- comparison study, nor was there a control group. From a cross-sectional study, one can only comment on their knowledge without attributing that knowledge to their being in detention.

Intro

p.3, paragr.2: Can you tell us what proportion of IDUs in China participate in needle exchange or in methadone maintenance therapy (MMT)? This would give the reader a sense of magnitude of still unmet need, if any.

p.3: para.4: Please introduce all abbreviations (e.g., KAP, STD) first by writing them out the first time used. Whether or not HIV and AIDS should also be introduced is up to the journal editor as journals are not consistent on this.

Methods

p.4, last para of 2.1: I agree that having a diversity of detention centers improved generalizability. Can you tell us what the differences were? For example, were there rural centers? Centers only for women? Centers that were much smaller or much bigger? Centers that had higher proportions of minority (i.e., non-Han) populations?

p.4: Was there IRB approval for this study? This is especially important to cite when a vulnerable population, like prisoners, is being studied. The study is “minimal risk” as far as I can tell, but it is good to know if the IRB reviewed and approved it.

Results

p.4, 3.1, para.1: Do we know what the sex ratio was of the total detainee population at the time of the survey, i.e., was it also near 2.24 M to F?

p.4: This sentence came as a surprise: “Illegal drug use was the causes of
detention…” because I thought these were drug detention centers. In fact, only half the detainees are drug users. Can you tell us what the other detainees were there for? I assume that the sum of the two values is <100% due to missing data, but this should be made explicit.

p.4 and elsewhere: Now that I realize that these are not drug abuse-specific detention centers, can you help clarify what types of facilities these are? Are these facilities analogous to jails where people are kept temporarily, or are they prisons where people are kept to serve out their sentences? Or perhaps they house both pre-trial and post-trial persons, such that they have both jail and prison functions. What is the age distribution of the detainees? This detail will be helpful since many countries only refer to detention centers for youth, and talk about jails and prisons for adults.

p.5, 3.3: Did all the detention centers offer the same services, such as the information distribution and the condom distribution? Were the condoms intended for use within the detention centers, or were they distributed only related to conjugal visits?

p.5, 3.4: This section is a bit confusing. Could it be restructured to say that of 956 persons, 204 were tested prior to detention, and 580 in detention (xxx retested and yyy tested for the first time), leaving zzz who were never tested. Also, could you separate the drug users from the others, to see if the very highest risk persons were getting tested at higher or lower rates than others? Are there sex workers in detention? Perhaps they could also be separated for subgroup analysis.

p.5, 3.5: The way this is worded, it seems that everyone was tested, but this is not true as per section 3.4. Was this question a theoretical one such that they all said what they would want vis-à-vis disclosure IF they had been tested? It would be helpful to have these disclosure data presented with three subgroups: those who had been tested previously, those tested in detention, and those never tested.

p.5, 3.5: Do we know how many persons among the 204 who were tested previously had actually disclosed their status to others? If so, this should be stated here, too.

p.5-6, sections 3.6, 3.7: These sections are best in the Methods rather than the Results sections.

p.6, 3.8: Can some specific data be shared in this section? A table might be helpful to give us the exact data alluded to in the text.

Discussion

I would advise the authors to reconsider this section. The first paragraph would be an excellent venue to summarize the key findings and their interpretation. The next paragraph or two would be good for nesting these findings into the global literature on these same subjects (KAP, testing, disclosure, etc) among prisoners, including drug detainees). One might also comment as to whether other venues in China are very different or are similar to Hunan Province facilities. This would entail citing both the international and Chinese literature.
Then one could comment on study strengths and limitations. Finally one could comment on the scientific and public health implications of these findings, including how programs could be improved to do an even better job. I thought the current discussion was too “generic” and might have been written independent of the findings of the study itself.

Tables

Tables 1 and 2: These could be integrated fairly easily. Also, the core data are already in the text, so a bit more detail in the text could enable these tables to be deleted.

Table 3: Since there are no missing data, the N=956 can be placed at the top and the first column deleted. It would be wonderful if there could be a column for the drug users and another for sex workers (if there are enough who were surveyed) and one for everyone else, as well as a total column.

Table 4: Could a line be drawn between the 3rd and 4th data lines to make clear that one is not adding up these numbers?

Table 5: The public health implications of these findings can be discussed in the Discussion section. For example, does the fact that some persons do not want to know their results until they leave the facility mean that post-test counseling should be adjusted for them, or do the authors think that more education should be offered this subgroup to understand the benefits of knowing their status right away, to access care and treatment, and to protect others?

Thank you for the opportunity to review this very interesting and important paper. If it can be rewritten, it can make a fine contribution to our understanding of the educational and testing needs of detainees in central China.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

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

Declaration of competing interests:

I have no COI, but I would like to inform the editors that I have co-authored with Dr. Fan Lu in recent years.