Reviewer’s report

Title: Knowledge and risk behaviors related to HIV/AIDS, and their associations with information sources among men who have sex with men in China

Version: 2 Date: 30 December 2009

Reviewer: George Rutherford

Reviewer’s report:

Major compulsory revisions:
The manuscript needs to be edited by someone with greater fluency in scientific English. Several of the phrases and words that are used (as example, “propaganda”, “rolling a snowball sample” and “sexy partner”) are poor translations.

Specific comments are:
Abstract Line 8 This was not a random sample but a form of a convenience sample (snowball sample), which calls into question the generalizability of the authors’ results. This needs to be clearly stated in the abstract.
4 2 4 What is the definition of MSM? This needs to be defined clearly.
6 3 1 What proportion had had anal intercourse in the past six months?
6 3 8 Was the condom use question restricted to those who had had anal intercourse in the last six months or was it for all MSM?
7 4 1 Is this analysis restricted to MSM who had had anal intercourse in the last six months? Ever?
8 2 1 What proportion of the overall sample provided serum samples for HIV testing? What proportion was found to be infected (it says 2.3% in the abstract but nothing in the text)? This is a major finding and needs to be highlighted.
11 3 3 Given the way that this population was sampled and the high likelihood of bias, it is likely an overstatement that prevalence is increasing. This statement needs to be softened.

Minor essential revisions:
Abstract Line 1 The number of MSM at risk for HIV in China has likely NOT been increasing but rather official perception of their risk has been increasing. This needs to be restated.
Abstract Line 8 The sampling framework (four cities in Heilongjiang Province) is not stated in the abstract and needs to be included.
Abstract Line 11 2000-3000 what? I’m assuming RBM, but this needs to be stated.
Abstract Line 23 WHO would consider a most at-risk population like MSM with a prevalence of 2.3% to be a low-level epidemic, rather than a concentrated one.
The authors do not use this language (they say “moderate”), but I think it would be clearer to conform to WHO usage.

Page 3 ¶2 Line 3 Why would treatment cater “mainly” to infected men? Wouldn’t they exclusively cater to them?

4 3 1 Were any of these questions validated? Had the instrument been used before?

5 4 1 How many men were asked to participate? What proportion of men asked to participate does the 1,353 represent?

5 4 11 The breakdown of testing history seems wrong. The writing seems to imply that the two categories are those that tested in the last year and those that never tested plus those than tested more than one year ago. Is this correct? It might be clearer to break this into three categories (recent testers, past testers and never testers).

6 2 11 Unit of currency needs to be defined

6 2 13 What does education level <1 mean? This needs to be defined.

8 3 1 The discussion in general is several paragraphs too long and needs to be more focused and shortened.

Discretionary revisions

Tables In general, there are too many tables and not enough statistics in them? Is there a way to combine tables or to omit some of the less important data to make them easier to read?

Level of interest: An article whose findings are important to those with closely related research interests

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 declare that I have no competing interests.