Author's response to reviews

Title: Acceptability of Medical Male Circumcision in the Traditionally Circumcising Communities in Northern Tanzania

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Author's response to reviews: see over
National Institute for Medical Research,
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28th January 2011

Editor,
BMC Public Health,
BioMed Central Ltd,
Floor 6,
236 Gray’s Inn Road,
London, WC1X 8HB,
United Kingdom

Re: ACCEPTABILITY OF MEDICAL MALE CIRCUMCISION IN THE TRADITIONALLY CIRCUMCISING COMMUNITIES IN NORTHERN TANZANIA

We are pleased to re-submit the attached manuscript for consideration by the BMC public health. This paper has been reviewed following reviewers’ comments. Attached with this cover letter, please, find the revised manuscript, our responses to reviewers’ comments and questionnaires.

We have read the editorial policies. These data have not been submitted for publication elsewhere and is not being considered for publication elsewhere. There are no conflicts of interest for this paper. All appropriate ethics approval has been obtained for the research reported. All authors have contributed to and approved this paper.

We look forward to hearing from you.

Sincerely,

Mwita Wambura
Joseph Mwangi
Jackline Mshana
Gerry Mshana
Frank Mshana
John changalucha
Reviewer's report

Title: Acceptability of Medical Male Circumcision in the Traditionally Circumcising Communities in Northern Tanzania

Version: 1 Date: 17 October 2010

Reviewer: Karl Peltzer

Reviewer's report:

This is a cross-sectional survey of men and women to establish the men’s circumcision status, and also preferences regarding age and type of MC for their sons in a predominantly traditionally circumcising community in Tanzania.

It would have been preferred to have the qualitative part of the study to be reported together with the quantitative survey; now the quantitative preferences/attitudes seem not to explain the paradox of mainly TMC practice but MMC intention. Though intention does not mean this is what be practiced. Perhaps this was the desired response to the interviewer.

Response: Focus group discussions and Key informant interviews were conducted to obtain detailed information on circumcision cultural beliefs, practices, decision making and policy environment. This paper builds up on the qualitative data findings as part of the existing knowledge base. A substantial part of the qualitative findings now forms part of the introduction.

There is no information on who conducted the interviews? Was it the same doctor who conducted the examination in case of the men? Was it a male (circumcised) for men and a female interviewer for women. Also where did the interview take place? In the health facility?

Response: All interviews were conducted by same sex interviewers (2 males, 2 females) and were done using structured questionnaires. All interviewers had education at least sixth form level with age ranging from 20 to 45 years and were recruited in Mwanza City. There were two doctors in the team but only one conducted the targeted physical examination for men while the other was providing treatment to women who reported symptoms suggestive of STIs.

For this study, the first household was selected randomly and nine other households were selected on the basis of being nearest to the household under survey. Private and confidential interviews were then conducted at the central place for each present, eligible and consenting individual. Non-attendees were traced in their homes, if found they were interviewed

Were incentives paid? (even more desired response to have MMC intention).

Response: A piece of soap (worthy 0.13 US$) was provided for compensation of the participants’ time. The heads of household whether eligible or ineligible for participation in the study were given a bar of soap (5 pieces worthy 0.67 US$). There was no monetary payment for participating in the study. Any sexually transmitted infections diagnosed were treated for free whether participants consented to take part in the study or not.

How was the interviewee or more than one selected at household level, in case of a man and a woman, were they in fact couples? The circumcision status (TMC & MMC) of the woman interviewee’s partner should have been assessed, which could make a difference.

Response: All household members were eligible to be included in the study if they were aged between 18-44 years, were de facto household members, and consented
to participate in the study. The circumcision status (TMC & MMC) of the woman interviewee’s partner was assessed if the partner was eligible. However, women were not linked to their partners.

The measure/interview schedule needs to be described: it appears attitudes were not assessed? Eg advantages/facilitators and disadvantages/barriers of both TMC and MMC for those who are TCM and those who are MMC men and those women who have a TMC partner and MMC partner. Surprisingly only positive aspects of MMC were mentioned? Was this assessed sensitively?

Response: Attitudes were assessed and have been included (See Table X).

In the introduction there is a lot on stigma, not being a man if MMC. The setting needs some more description on the TMC and MMC practice, ritual context, length, circumstances of MMC (no ritual?)…

Response: This has been added. Thanks.

The response rate for the interview is missing.

Response: The overall response rate was 96.2%.

The younger ages of <13 would be interesting to see, mostly 5-7, or 8-11, or where is the evidence that neonatal MC (or MMC) is rare?

Response: Males were eligible to participate in the study if they were aged between 18-44 years. Of those circumcised in the medical setting, 8% were circumcised when aged less than 5 years. Similarly, 1.6% and 18.0% of those circumcised in the medical setting were circumcised aged 5-7 years and 8-11 years.

The preferred intentions for sons needs to be reported separately for men and women and by MC (TMC and MMC) status

Response: Response: This has been added. Thanks. But the numbers were too small for TMC and MMC sub-group analysis. However, the type of provider (TMC or MMC) has been added as a variable among males.

Reference 20 is wrongly quoted
Methods, abstract; n?

Response: This reference has been quoted appropriately.

In conclusion, it appears the attitude dimension was poorly assessed, and the survey MC prevalence may not so significantly contribute to new knowledge.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
'I declare that I have no competing interests
Reviewer's report

Title: Acceptability of Medical Male Circumcision in the Traditionally Circumcising Communities in Northern Tanzania

Version: 1 Date: 10 November 2010

Reviewer: John F P Bridges

Reviewer's report:
This is a well written paper and a worthwhile contribution to the literature. I offered comments as read the paper that could improve it, but there are no major barriers that prevent this from being a publishable manuscript.

Response: Thanks

Abstract:
1. The background makes some strong assertions that should be stated as hypotheses, if the research is to be considered valid.

Response: This has been changed.

2. It is unclear why females are surveyed.

Response: Females were surveyed to collect information on the attitudes of women towards circumcision, preferred age for circumcision and their opinion on sexual pleasure. This has been added.

3. Percentages are given without a denominator.

Response: The denominators have added.

4. What was the dependent and independent variables of the logistic regression.

Response: The dependent variable was men and women in the traditionally circumcising communities preferring medical circumcision at age 12 years or less (prepubertal MMC) while independent variable were socio demographic factors that predict this preference. This has been added into the document.

5. Over, the abstract could be more parsimonious and follow more rigorously a medical sciences format.

Response: The abstract was re-structured following this comment.

Introduction
This is nicely written and complete. Some additional references to recent papers on preferences associated with MC would be beneficial (this review has two) and to the broader issue of risk compensation.


Response: These papers have been added.

Methods
Rather that said that this come from a study that is both qualitative and quantitative, and the qualitative is published elsewhere, this previous work should be discussed in the introduction, and it should be explicitly stated how this paper builds upon this existing knowledge base.
Response: The narrative on how this paper builds upon the existing knowledge base has been added.

Why was logistic regression chosen? Why were the models chosen? Was there a conceptual model?? Should there have been corrections for clustering? Is there a potential for “participation bias”?
Response: This was a cross-sectional study conducted in three strata (Urban, Roadside Centre and Rural Areas) of Tarime district. We assessed the potential for clustering of the outcome variable (prepubertal MMC) and independent variables across the strata. In all cases, the level of clustering observed was less than 6%. In such cases, the standard error observed from logistic regression were almost similar to standard errors derived from Generalised Estimating Equations. Therefore Logistic regression model was used to assess the predictors for preference for prepubertal medical male circumcision.

Results
This is a nicely written section. It is unclear what the authors mean by “preference”, as there is no detailed explanation of the dependent variables, nor any theoretical foundation given for this term (e.g. economics provides a guide for preference analysis). Likewise, it remains unclear if this is stated or revealed preference.
Response: Preference was defined as the attitudes of respondents towards prepubertal and post-pubertal circumcision in medical and traditional settings. Questions on traditional circumcision collected information on what people experience on every circumcision season i.e. revealed preference data. The information on medical circumcision was collected to inform the strategies and plans for scaling up male circumcision as an added intervention against HIV infection. For majority of the men and women interviewed, stated preference data was collected.

Discussion/conclusions
These are acceptable. Some more discussion about how medical circumcision could be made even more desirable would be beneficial to readers and policy makers alike.
Response: The discussion has been expanded to accommodate this comment.

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 no competing interests'
Title: Acceptability of Medical Male Circumcision in the Traditionally Circumcising Communities in Northern Tanzania

Version: 1 Date: 10 November 2010

Reviewer: Jose Castro

Reviewer’s report:
Major Compulsory Revisions

1. Why the Mara Region was chosen to conduct this study?
Response: This study was conducted in Mara, Mbeya and Kagera Regions to assess the context, extent and pattern of circumcision practices in selected areas of Tanzania and to assess the acceptability and feasibility of carrying out safe circumcision services in the health facilities. The study was undertaken to inform planned scaling up of circumcision services in Tanzania.

To assess cultural issues associated with circumcision in a traditionally circumcising population, Mara Region was selected to participate in the study from the list of regions that practices traditional male circumcision while Mbeya and Kagera Regions were selected to assess attitudes of traditionally non-circumcising populations towards circumcision from the list of regions that do not practice traditional male circumcision. The two regions were selected in traditionally non-circumcising population because the prevalence of HIV infection is higher in traditionally non-circumcising population compared to circumcising populations.

2. What was the qualitative data collected? Why not reported in the manuscript?
Response: Focus group discussions and Key informant interviews were conducted to obtain detailed information on circumcision cultural beliefs, practices, decision making and policy environment.

This paper builds upon the qualitative data findings as part of the existing knowledge base. A substantial part of the qualitative findings now forms part of the introduction.

3. How was the sample size calculated?
During the design of the study, considerations in terms of resources (timing and funds), professional experience and objectives of the study guided the decision making process regarding the number of regions to be studied. The aim was to understand factors that may influence male circumcision practices in both traditionally circumcising and non-circumcising regions from the communities.

For this study, the investigators aimed to accurately determine the preference for prepubertal circumcision in the medical setting and the socio-demographic profiles of circumcised and uncircumcised men in the traditional and medical settings. The preference for prepubertal circumcision in the medical setting was expected to range between 10-30% (Tanzania commission for AIDS (TACAIDS) et al. 2004). Allowing 2.5% of standard error and if the total population of adult men and women in Tarime district is estimated at 300,000, a sample size of 250 for this survey would be sufficient to determine preference for prepubertal circumcision in the medical setting at the 95% confidence level. To obtain a representative sample from the study communities, respondents were sampled from rural, roadside and urban communities. We estimated an intra-cluster correlation of 30% and so increased the minimum sample size to 330 participants.
B. Results:
How many individuals were approached and refused or not located?
Response: The overall response rate was 96.2%. Only 14 people (4 females, 10 males) were not located after tracing.

C. Results
If men and women were interviewed, by there is no breakdown by gender/ any differences?
Response: The sub-group analysis by gender has been done following this comment.

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.