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

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? 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?),....

The response rate for the interview is missing.

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?

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

Reference 20 is wrongly quoted

Methods, abstract; n?

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'