Author’s response to reviews

Title: The Limitations of Voluntary Medical Male Circumcision and the Importance of Sustained Condom Use: A Kenyan Newspaper Analysis

Authors:

Charlene N Muzyka (charlene.muzyka@gmail.com)
Laura H Thompson (laura.thompson@alumni.utoronto.ca)
Andrea E Bombak (umbombak@cc.umanitoba.ca)
S Michelle Driedger (Michelle_Driedger@umanitoba.ca)
Robert Lorway (lorway@cc.umanitoba.ca)

Version: 2 Date: 26 April 2012

Author’s response to reviews: see over
April 26, 2012

Dear Ms Reyes,

Thank you for giving us the opportunity to revise our manuscript based on comments by the three reviewers. We appreciate the constructive comments put forth by the reviewers. We have undertaken revisions as specified to the best of our ability and have accordingly made the following changes:

**Referee 1 comments:**

**Minor Revisions**

Q1) *I was concerned that articles from a single newspaper were assessed, coded and analysed by one individual only, and that the lack of an independent assessment represents an important methodological weakness – could this be issue be addressed in more detail by the authors?*

We have addressed this by adding it to our limitations section (pg 21). It reads: “In addition no inter-coder reliability score was produced as only one individual coded and analyzed the data, though a group reflexive process and audit trail were employed. The single coder developed conceptual categories, including operationalized definitions, collaboratively with a senior-member of the research team, who also served as auditor of the interpretive coding. While double coding was not undertaken, emerging interpretations were challenged to ensure against premature closure of ideas.”

**Discretionary Revisions:**

**Background**

Q2) *I was very interested to read about the cost-effectiveness and impact of mass media for HIV prevention methods and that they are considered ‘the main source of information for the general population in African countries’ and ‘more influential than interpersonal communicative channels’. Given that only limited references are provide to support these statements, I wondered whether the authors are justified in making this case so strongly (e.g. what do the results from Ghana [ref 21] really mean for other countries in sub-Saharan Africa?). Could additional references please be included to support these important arguments?*

Two additional references have been added to support these claims (reference numbers 22 and 23, page 6 paragraph 2). The South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Strategy report published in 2005 also includes information to support these claims, though only one year was referenced. The sentence now reads as: Mass media campaigns promoting HIV prevention methods can be an effective HIV prevention tool [20], and have been shown to be one of the main sources of HIV/AIDS information for the general population in African countries [21, 22, 23].
Q3) How was the study period (Mar 2007 – Jun 2008) decided? Why not 12 or 18 months? Is this in fact a typo since articles from 2009 are cited in the text?

The sentences in question are in fact referring to a previous published study. Reviewer 2 suggested that this paragraph be reincorporated into the discussion, and this section of text has been subsequently removed from the background section.

Methods

Q4) Would it be possible to indicate the size of the readership e.g. print copies / website access figures here?

Readership for print copies/website access figures have been included (page 7, second paragraph): It is estimated that in 2006 the Daily Nation had a daily print circulation of 185,000 copies [27], and in 2011 the Daily Nation website was the most popular Kenyan website and the 10th most popular website overall in Kenya [28].

Q5) How was it possible to decide that 60% of an article (as opposed to 70%?) was relevant to HIV prevention / VMMC?

The article had to be mainly about VMMC to be included (i.e. 60% or more of the article focused on VMMC). The sentence has been reworded to increase clarity (page 7, paragraph 3): The inclusion criteria required that at least 60% of the article focus on VMMC programs or clinical trials as a method to prevent HIV infection.

Q6) I suggest that online comments ‘can be a valuable and reliable source’ rather than ‘are a valuable and reliable source’.

The sentence now reads (pg 8, last sentence): “A previous study investigating reader comments suggests that online comments can be a valuable and reliable source of data to investigate individuals’ understandings about health crisis events [33].”

Q7) Could the authors provide an example to illustrate the statement that ‘the framing of the article suggests an intention to camouflage VMMC’s limitations’?

Two illustrative quotes are provided to support this claim later in the text. To make it clearer to readers where the quotes are located the last sentence of the first paragraph on page eleven was reworded to draw attention to the quotes. It now reads as: Denominators were not utilized and the limitations of VMMC were camouflaged, as demonstrated in the following quotes:

Q8) unclear how denominator data in this context would have assisted message clarity – can the authors please explain?

The reasoning behind why providing denominator data was further developed to increase reader clarity. The sentences now read as (page 12, first paragraph): Also, when individuals were not provided with denominator information to provide context, it can cause further confusion about perceived risk [34]. For example, a 50% reduction can reduce one’s chance of infection or
transmission from a ½ chance to a ¼ chance, or 1/100,000 chance to 1/50,000. Denominator information helps explain relative risk reduction of becoming infected, and helps answer the question what does a 50% reduction really mean for an individual? Qualifying the statement with denominator data gives individuals additional information about their actual relative risk.

Q9) **Limitations of MC: more detail and depth here would have been interesting given that effectively communicating risk is so crucial.**

As the article is quite long it was determined that the subsection “Portrayal of the Limitations of Male Circumcision – Op/Ed Articles” (page 13) would be kept at a minimal length because it focused on Op/Ed articles. While Op/Ed articles are important, it was deemed that emphasis should be placed on news articles.

Q10) *it the discussion refers to the print media’s ‘camouflaging limitations by portraying them as benefits or using a negative or aggressive tone to identify potential drawbacks of VMMC’*. The current results section does not seem to provide robust examples to allow such assertions to be made. I think it would enhance the manuscript if more examples could be included in the results e.g. illustrative quotes

Given the type of article a smaller number of illustrative quotes were provided. One quote to support “negative or aggressive tone” was provided on page 11, and two quotes were provided to support “camouflaging limitations by portraying them as benefits” on page 12. We can provide longer quotes if the editor deems it necessary.

Q11) **suggest re-word for clarity.**

The sentence has been reworded (page 18, second paragraph): Health numeracy is an important ability that helps people understand relative risks and benefits from medical procedures [14].

Q12) **suggest re-word ‘VMMC with needed condom use’ to VMMC with the need for continued condom use”**

The sentence has been reworded as recommended (page 18, second paragraph): This may suggest that if VMMC and condom promotion are not communicated regularly in the same articles, people may not associate VMMC with the need for continued condom use even if condom use is still promoted in other news articles.

Q13) **The authors advocate for more regular reporting about the limitations of VMMC in the Kenyan media in several places in the manuscript e.g. top of page 19 but is it realistic to suppose that the media will maintain such regular coverage about a single issue, giving competing items of public interest that they need to report?**

The first recommendation put forth (page 20) addressed this very issue by suggesting that the Kenyan government could provide regular news releases or information sessions to the media. While no one can force the media to cover certain stories, it is plausible that the media are more likely to cover limitations of VMMC when they are informed and a news release is given. At the
end of this recommendation we also acknowledge the challenge of gaining news coverage: “This may be challenging, as the VMMC campaign may no longer be considered newsworthy of reporting”.

Referee 2 comments:

Major compulsory revisions

Q1) I think the title is a bit misleading. I would invert the order, for example: “A Kenyan Newspaper Analysis of the Limitations of Voluntary Medical Male Circumcision and the Importance of Sustained Condom Use,” because then paper's emphasis is on the newspaper reporting and not on the actual importance of sustained condom use after male circumcision (MC).

The title has been changed to: A Kenyan Newspaper Analysis of the Limitations of Voluntary Medical Male Circumcision and the Importance of Sustained Condom Use

Q2) Keywords should include “circumcision”

Circumcision has been added as a keyword.

Q3) This section seems out of place here, this paragraph does not flow well: "This study took place between March 28, 2007 and June 30, 2008, before the launch of the VMMC programme in Kenya, and included all print media articles published globally [22]. During this period, 219 unique articles were published, with 186 reporting that VMMC only affords partial protection against HIV and 82 reporting that individuals should use condoms [22]." This A) might belong in the methods section and B) is not clear how it is related to the final 34 articles eventually selected for analysis.

This section has been removed.

Q4) This belongs in the background or discussion section rather than results: "Though both Op/Ed and news articles are reviewed by editors before publication, articles written by members of the public may provide a different stance on a topic compared to those presented in traditional news articles. A study investigating reader comments in relation to the H1N1 vaccine during the 2009 H1N1 pandemic suggests that online comments are a valuable and reliable source of data to investigate individuals’ understandings about health crisis events [29].”

It is currently situated in the methods section as justification for including reader comments into the analysis. It was not incorporated into the background section in order to keep the length in check.

Minor essential revisions
Q5) Although the introduction includes a lot of very important information about the importance of media, much of it can be incorporated into the discussion. I think the introduction is too long and could be instead used to support the paper's concluding arguments.

The background (introduction) section had been shortened from 980 words to 843 words. It is necessary to include important information about media in the background section to provide context to the study for those who are not familiar with media research. The length of the discussion (843 words) is in keeping with other correspondence articles recently published by BMC Public Health that seem to range between 600 and 1300 words.

Referee 3 comments:

Abstract

Q1 - a) The acronym ‘VMCC’ was not used in the three clinical trials cited in your article but rather ‘male circumcision’ (MC). Therefore, I would suggest replacing VMMC with MC.

Yes, it is true that ‘male circumcision’ (MC) was used in the three clinical trials cited in the article and not ‘VMMC’. The acronym ‘VMMC’ was chosen because it distinguishes ‘male circumcision’ as a cultural rite of passage that helps in defining ethnic identity boundaries, vs. ‘male circumcision’ as a medical procedure to prevent the transmission of HIV. It is also part of the medical discourse as the acronym ‘VMMC’ is used by the National AIDS & STI Control Programme (NASCOP). Please see: http://nascop.or.ke/vmmc/

Q1 – b) Also, the sentence “media messages about VMMC shape popular understandings of the benefits and limitations of male circumcision.” could be reworded to avoid mentioning VMMC and MC to avoid tautology.

Thank you for pointing this out. The sentence has been reworded (page 2, second sentence): Media messages shape popular understandings of the benefits and limitations of male circumcision.

Q2) Male circumcision (MC) or VMCC could be added as part of the keywords.

Circumcision has been added as a keyword. Circumcision was chosen over male circumcision (MC) or VMMC as it captures both using one word.

Background

Q3) The statement could end with heterosexual males. The statement ‘during vaginal intercourse’ implies heterosexual sex.

It has been changed to (page 4, paragraph 2): The results of three clinical trials in sub-Saharan Africa indicate that male circumcision may provide a protective effect of approximately 60% against the acquisition of HIV in heterosexual males.
Q4) The statement ending with ‘.....heterosexual HIV transmission in men’ could probably be perceived by readers as only men are targeted through MC. There are benefits to the female sexual partners indirectly.

‘in men’ has been removed from the end of the sentence to increase clarity. It now reads (page 4, paragraph 2): In 2007, WHO and UNAIDS announced their support of VMMC as an effective HIV prevention method and recommended its adoption as an additional strategy to combat heterosexual HIV transmission [5].

Q5) The statement in this line could be written as ‘In response, the Government of Kenya launched the Voluntary Medical Male Circumcision Programme in November 2008.’ Leaving out the statement ‘...and began offering VMMC.’

This statement has been changed to (page 4, second paragraph): In response, the Government of Kenya launched the Voluntary Medical Male Circumcision Programme in November 2008 [6].

Q6) The sentence could be written as “VMMC is supported by several international organizations, prominent researchers, and the Kenyan government; however, debate remains concerning its promotion”. Starting and ending the sentence with VMMC seemed not necessary.

The sentence has been changed.

Q7) Are there literatures to back this statement up? Kindly cite at least one if possible.

Thank you for suggesting we take a further look at this statement. While it was originally taken from a review article, we have subsequently found reports of long term (e.g. 5 year) follow-up studies. The sentence has been subsequently reworded (page 4, last paragraph): Male circumcision does not offer full protection against HIV infection.

Q8) I’d suggest putting all the citations ‘[15][16, 17]’ in one bracket instead of two separate ones.

The citations are now all in one bracket.

Q9) I was wondering why the statement ended with ‘HIV vaccination campaigns’? I’d suggest ending the statement with “...strategies of potential future HIV prevention campaigns.”

The sentence has been changed to (page 6, third paragraph): In this sense, the portrayal of VMMC in the media may be a useful case study for communication strategies of potential future HIV prevention campaigns.

Methods

Q10) Will readers understand what Op/Ed means?
Op/Ed is short for “opposite the editorial page”. An explanation and examples of Op/Ed articles are provided in the latter section of paragraph 1 in the methods section. Op/Ed is a commonly used term and is utilized on the Daily Nation website (http://www.nation.co.ke/).

Q11) I suppose the H1N1 statement could be confusing to the reader. Can it be rephrased without mentioning H1N1/H1N1 vaccine since the citation is available. Any reader interested would only need to look up the article cited.

The reference to H1N1 has been removed. The new sentence is (page 8, last sentence): A previous study investigating reader comments suggests that online comments can be a valuable and reliable source of data to investigate individuals’ understandings about health crisis events [33].

Q12) All your quotes under this section are without full-stop.

All quotes now have full-stop.

Q13) If the newspaper is published everyday, what is the frequency of published VMMC news for example in a week or a month? Is this feasible? This is to verify your statement that “…the limitations of VMMC, its possible negative consequences and importance of condom use is not being communicated regularly.”

We cannot foresee what the media will chose to comment on in a given day, nor can we, given the sample size, give an accurate representation of the frequency of published VMCC news in a week or a month. However, we recognize that our statement was not sufficiently clear and we have modified the text of the article to read (page 16, paragraph 3): "...the limitations of VMCC, its possible negative consequences and importance of condom use is not being communicated regularly or explicitly in individual published news stories.”

Q14) Also, it would be good to know if the word “partial protection” was ever mentioned in the Daily nation newspaper.

‘Partial protection’ was never mentioned in news articles and only mentioned once in two separate Op/Ed articles. The sentences below have been changed to incorporate this into the article. The words limit, limits, limitation, or partial protection were never used in the news articles to describe the partial protection afforded by VMMC. (pg 12, last paragraph).

Unlike news articles, Op/Ed articles focused on the limitations and perceived risks of adopting VMMC as an HIV prevention strategy. Though only two articles used the words “partial protection” when referring to limitations of VMMC. (pg 13, second paragraph)

Q15) Can the use of other means of media communication be suggested here?

No other methods of media communication were suggested because it is out of the scope of the research conducted.
Q16) With the recent view and data that Kenya has a higher VMMC uptake, how would you relate this with your conclusion in this paragraph?

The last sentence of the conclusion now read as (page 22): As Kenya continues to have a high VMMC uptake, it is important that articles focus not only on its potential to reduce HIV infections, but should also explicitly communicate the limitations of the procedure and remind individuals that condom use remains essential.

Q17) In September 2011, Kenya was cited as the leading country in the uptake of VMMC in Africa according to the National AIDS Control Council. One of your limitations therefore could be the time period (2008-2010) your analysis was conducted. This limitation has been added (page 21).

Figures: Minor Essential Revisions
The suggested changes have been completed