Reviewer's report

**Title:** The need to promote behaviour change at the cultural level: one factor explaining the limited impact of the MEMA kwa Vijana adolescent sexual health intervention in rural Tanzania. A process evaluation.

**Version:** 4  **Date:** 6 June 2012

**Reviewer:** Catrin Evans

**Reviewer's report:**

**General Comments**

The central aim of the paper is to draw upon findings from an intervention in Tanzania to make a case for developing multi-level (combination-prevention) interventions to promote adolescent sexual health, that includes an explicit focus on culture – conceptualised as part of the ‘social structure’. In doing so, the paper includes a critique of social-cognitive models of behaviour change.

This is an important endeavour, and, on the whole, the evidence that the paper draws upon makes a compelling case for needing to do things differently. I am not sure however that the case the authors are making is particularly novel however. Therefore, I wonder whether the paper’s purpose needs to be framed somewhat differently? I make a number of suggestions below:

1. It has been argued since the early 1990’s that a focus on individual behaviour change is inadequate to change the social/economic/cultural power dynamics that shape people’s lives. Very many papers have been written that critique individual/cognitive models of behaviour change. Indeed, it is in response to this critique, that structural interventions or combination-prevention has now become a widely accepted approach. Maybe this paper is just adding to an existing body of evidence in this area (rather than stating something new)? On the other hand, perhaps a more pertinent question that derives from this paper, is why, in spite of our very well documented understanding of the weaknesses of a social/cognitive approach – we continue to use this approach as the mainstay of HIV prevention? In any case, I think the paper would benefit from expanding the literature review to include some of the main critiques of behaviour change models (in relation to HIV) that have already been published. In particular, such a review should focus on any critiques of the way in which culture has been addressed and conceptualised.

2. Interestingly, what the qualitative process evaluation data does not seem to cover (as presented in this paper) is an ethnography of the project itself – highlighting how decisions about the intervention design and implementation were ultimately made, funded and (no doubt) compromised over time. I would argue that the 'culture' of the intervention is an important aspect of cultural considerations more generally within health promotion. Some more detail on the
‘culture’ and organisation of the intervention itself (in the background section) would be useful.

3. This silence (with respect the power-brokers and cultural-mediators behind the project itself) reflects a wider silence in the paper regarding its conceptualisation of ‘culture’. I agree with the arguments made about the importance of culture in intervention implementation, but a key ‘cultural’ aspect that also needs to be brought into the spotlight is the culture of the donors, funders and intervention-advisors. First - it is quite evident that the intervention was designed from a highly biomedical, adult and western standpoint. Young people’s own world views, voices and priorities seem to have been conspicuously absent. This is of course a central problem in any young person’s health intervention – that they are often shaped by adults who think they know what the key issues should be rather than understanding how the issues are understood and framed from a young person’s own point of view (in which, as the authors point out, HIV may not be a salient issue at all). Second - whilst the authors rightly point out that drawing upon culturally meaningful themes or structures may be more acceptable to local populations, powerful western donors will only support ‘local culture’ if it happens to be in line with their own moral/cultural values (cf. opposition by western donors to messages against homosexuality or towards messages that promote abstinence or religious messages). The ‘culture wars’ that underpin the messages around HIV prevention may also need to be highlighted and discussed.

4. It may also be useful to consider how/where the wider context of intervention design and delivery (and its related culture) fits into the ecological model of health behaviour.

5. The discussion section on economics & social status (p.18) is a little confusing as it mentions Douglas without defining what her theoretical position is. This needs clarification.

6. The section on economics & social status (p.18) is also a little confusing as it moves straight into discussing the ecological model of health behaviour. The sudden discussion of the ecological model appears to be somewhat out of context here as this model has not been mentioned previously. I wonder therefore whether the ecological model should perhaps be mentioned in an initial background section when the authors describe the social/cognitive model of behaviour change? Indeed, having an initial section (in the background or literature review) on models of behaviour change (and their respective critiques regarding culture) as they relate to HIV prevention might be a useful addition to the paper in general.

7. The detailed recommendations on ‘intervention at a cultural level’ (p. 21) seem a bit out of place given that they come after the entire previous section has argued for a greater emphasis on listening to local voices and building on locally relevant cultural practices. Maybe the key recommendation here would simply be to work with local stakeholders to determine their key priorities and key messages?
8. I thought the section on ‘structural recommendations’ was a bit weak (especially once it moved to a discussion of ‘non-cultural structural issues’). It may be useful here for the authors to review (for example, in the above mentioned background section on behaviour change models) some of the varying meanings and definitions that have been ascribed to ‘structural interventions’ in a health or HIV context and then to provide their own definition of what a structural intervention might mean for a young person’s sexual health project. The recommendations could then derive from the key elements of that definition. The basis for the recommendations (p.22-23) is currently unclear, and 'structure' feels under-theorised.

9. Finally – in the conclusion - the ways in which ‘culture’ intertwines with ‘structure’ is simply stated rather than explained on the basis of the project evidence and the literature. Maybe the discussion section (p.15-19) should include an explicit discussion of culture and structure? It currently slips into the section on ‘economics and status and gender’ but is not really explicitly addressed. In fact, maybe that section could be re-named ‘structural factors’???

**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' below