Reviewer’s report

Title: Consistent condom use with regular, paying and casual male partners and associated factors among men who have sex with men in Tamil Nadu, India: Findings from an assessment of a large-scale HIV prevention program

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Reviewer: Michael Woodford

Reviewer’s report:

1. The inclusion of “all partners” as an dependent variable is not integrated throughout the manuscript. For example, this dependent variable is absent from the title, background of the abstract, and other key parts. Is it advantageous to include this group? The benefit of including this group is unclear based on the current manuscript.

2. Connected to the previous point, the rationale underlying this manuscript, specifically the four dependent variables/relationship types, needs to be made clearer and stronger. Intro – para 3 – the gap this paper is aiming to close needs to be made more evident. Locate the gap in the context of the studies conducted in India that were just referenced. What are their limitations/gaps? What is meant by “there are very few studies conducted in other developing countries?” What is this adding to your rationale? Could this statement be deleted? The next part of the sentence seems important, but it gets lost. Explicitly state the gap that you are closing and why it is important to identify the covariates of specific partner types and in the composite variable of all partners (see note below about naming this variable). For example, in regard to examining risk factors associated with inconsistent condom use with casual partners, anal intercourse with casual partners may involve increased risk for HIV transmission compared to inconsistent condom use with one’s regular partner, therefore it is important to understand the factors associated with this group (the authors will need to develop rationale for all dependent variables). Convey why it is important to look at the different partner types. For example, “Descriptive studies indicate that consistent condom use rates vary based on partner type, but studies examining factors associated with this health behavior have not specifically examined partner type among the same sample.” Or something to that effect.

3. Independent variables – in the methods section (section on Independent Variables) the authors should include/describe the original survey questions and response categories. Currently they are inadequately presented.

4. Related to the previous point, all independent variables were dichotomized for analysis. A rationale for this is not provided. With such a large sample, it is possible to create dummy variables, which may help to provide more nuanced findings. Specifically, why dichotomize literacy level (shouldn’t this be called education in Table 2?), age, occupation, self-identity, frequency of receptive sex with regular male partner (can this be treated as a continuous scale?); no. of
times anal intercourse in past week with paying male partner (here 5 is the cut-point), other casual male partners in past month (here the cut point is 7- why the difference? Also is this variable no of times had anal intercourse with other casual male partner?). Rationale for recoding variables should be presented in the Methods – Analysis.

5. Statistical significance – in the abstract p values are given. This is not common for logistic regression; 95% confidence intervals are commonly given and readers can determine if a value is significant based on the interval (of course, this does not give the actual level of statistical significance). The real issue here in the abstract, results, and Table 2 is that several of the reported predictors are not significant under the normative guideline of p < .05 indicating statistical; not p ≠ .05. If the 95% CI were reported in the abstract, the reader would see the interval crossing over 1.00, which indicates a variable is not statistically significant. In Table 2, both the 95% CI and level of significance using the asterisk notation are reported; however, several of the 95% CIs suggest insignificant findings though the single asterisk is utilized representing p < .05 (by the way, no numbers before the decimal point for statistical significance). It would be inappropriate to suggest p ≠ .05 represents statistical significance. All findings must be reviewed and necessary corrections made.

6. Methods – Data Source – the description of the procedures do not say how data were collected. Based on the abstract, I assume data collection involved questionnaires administered through structured interviews. Though the procedures are discussed in other publications, this information should be included in the study.

7. Methods – independent variable – exposure to HIV prevention programs – why create a composite scale when it would be more informative to examine the role of exposure to each of the three core program services, especially condom distribution? However, would not peer outreach likely involve distribution of condoms? Same for visiting STI clinic? How do you consider this in your analysis?

Discretionary Revisions
None noted.

Minor Issues Not For Publication

1. Abstract – Background – is the word “designing” needed in sentence 3?
2. Introduction, para 1 – “an increasing trend combined with…” this should be “an increasing trend, including newly recognized …. ” I suggest this because these newly recognized populations are part of the increasing trend, and are not in addition to as “combined with” suggests. “…one among the six high..” the word should be highest
3. Introduction, para 2 – “are closely associated” delete closely. I do not know how you determine closeness. Strongly could be used if the correlation is high or effect size is large. Same sentence – “acquisition of both HIV and sexually..” HIV is a sexually transmitted disease, therefore delete “both” and add “other” before
sexual transmitted infections.

4. Same paragraph – “its usage in a consistent manner is low…” reword to “consistent condom use is low and has been found to vary…”

5. Same paragraph – “The analysis of data…” is all of this detail necessary? Why not say, “Findings from the Integrated Behavioral and Biological Assessment (IBBA – add the acronym) conducted with self-identified MSM …was overall low: 29% …[17].” What is the relevance of the last sentence? Including studies conducted in China here does not add anything here.


7. Methods – Data Sources- “ethical committees” should be “ethics committees

8. Methods – Data Sources – para 2 – last sentence “..had sex with and whom he does not…” revise to “had sex and does not…”

9. Methods – Measures – before telling the reader the variable was dichotomized, say how it was originally measured. Easier for the reader to follow. If you leave in “all partners,” please give this dependent variable a name and use it throughout the manuscript.

10. Socio-demographic variables – was education highest level of education? Marital status is missing from the list. “In-debt status” reads awkwardly, may be just refer to it as “in debt”.

11. Methods – Sexual behavior – delete the first part of the first sentence (“besides….other measures were”). The first part of the sentence is unnecessary since this section is addressing the variables used as independent variables for the current study. Ensure that these variables, including timeframes, are consistent with what is listed in Table1 and Table 2.

12. Methods – Risk perception and exposure – please revise the heading to be inclusive of membership in a CBO of MSM and HIV prevention program exposure. The title, “Risk Perception and Exposure” reads as though you are talking about exposure to HIV.

13. Table 1 – include timeframes for all variables in the labels presented in the table. For example, “Alcohol consumption” should read, “Alcohol consumption (past month)”

14. Table 1 – sexual behavior – “having regular, paying, & casual male partners” – to what does this refer? Under the variable “Frequency of receptive sex with regular male partner,” what does non-frequent refer to? This is unclear? Do you mean infrequent? Or something like rarely? Next item, “No. of times had anal intercourse in past with paying male partner” – first, can this be worded more clearly and concisely? Response categories – if someone scored 5, where do they belong? Same with the response categories for the next variable (above 7/less than 7), and why reverse the order between the 2 variable here? This changes the reference category to above 7.

15. Results – para 2. “having regular as well as paying …” isn’t it clearer to say “having regular, paying, and casual male partners” or “having all three partner
types”? The next sentence “those reported having...” is not clear and I could not locate these percentages in Table 1. The accuracy of all reported figures needs to be double-checked. It looks like that MSM all types of partners is 52.6% in the text but is 41.2% in Table 1. Please review and make all necessary corrections.

16. At several points the phrase “Indian studies” is used – would it not be more appropriate to say studies conducted in India? Or studies engaging MSM in India?

17. References - I did not review each citation for accuracy and completeness, but noticed that #27 only lists initials for the authors’ names.

**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.