Reviewer's report

Title: A cross-sectional descriptive study analyzing characteristics and motivations of early adopters of voluntary medical male circumcision in Lesotho

Version: 1 Date: 4 June 2014

Reviewer: Pauliina Aarnio

Reviewer's report:

Major Compulsory Revisions

1. My main criticism of this paper is that the discussion and conclusion need strengthening to bring new insights for discussions outside the Lesotho VMCC program. Consider the following aspects:

   - The title promises information on 'characteristics' of early adopters – how are these early adopters in comparison to men in Lesotho in general? Young and educated? What is the significance? You are collecting data in urban, periurban and rural sites – are there any reflections related to this?

   - The discussion related to HIV needs more emphasis. Could the authors suggest other explanations than the low rates of HIV-testing? Related to this: In the abstract the authors write "compulsory". Suggest removing the brackets and explaining what the fear of mandatory testing may be grounded in, perhaps including information on the testing protocols and eventual challenges in the article, and looking at the most recent papers on MC.

   - Limitations presented in the conclusion belong to the discussion and the conclusion needs to be strengthened.

Minor Essential Revisions

2. Methods: What was the role of the principal investigator and the 'data collection team in the FGD - Who was the moderator and who did the analysis?

3. Methods: What is the justification for using mixed methods? What is the linkage between the quantitative and qualitative components – how did they support each other?

4. What are the background characteristics of the FGD participants? These need to be included.

5. Results: It is not always clear what data comes from the survey and what from the FGDs. Suggest clearer presentation.

6. Table 1: The double presentation of continuous variables (age and number of sex partners), both with mean, SD and in categories is unnecessary and too lengthy and needs revision. I don't see the relevance of the chosen very narrow age categories. One could also consider reporting missing values as a subnote for clarity.
7. Table 2-4: Were these multiple choice questions?
8. Tables 2-3 and results paragraph 2: Some unnecessary double reporting of findings in both tables and in the text.
9. Results paragraph 2 and 5: repetition.
10. Results paragraph 3 (line 142) Reporting data on 13 survey respondents from 'Apex' is problematic, here for example you are reporting percentages on 13 participants. I would recommend combining the two urban sites in result and tables.
11. Results, chapter on fear of HIV testing (line 218 onwards). The international reader needs to know more on how HIV-testing and counselling is conducted in connection to the VMCC in Lesotho to understand the meaning of these findings. Were the interviews in this study conducted prior to HIV-testing or after?
12. Results and discussion: I would hope to know more on some programmatically relevant aspects, if there is data on these: how well the respondents knew the protective effect of MC – what about the effect on women? What about their HIV risk perception?

Discretionary Revisions

13. Line 188: There's no consensus – you are not looking for consensus in an FGD but for different points of view. Suggest revision.
14. Table 4: I am uncertain whether the secondary data on 'friends' adds any valuable information, as you say in the discussion that the data does not provide much on barriers. Consider leaving this out and bringing in more on the motivating aspects to MC, 'the positive deviant'.

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

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.