Author's response to reviews

Title: Correlates of consistent condom use among recently initiated and traditionally circumcised men in the rural areas of the Eastern Cape Province, South Africa.

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Version: 3 Date: 7 February 2014

Author's response to reviews: see over
Dear Natalie Pafitis,

We thank you for the positive evaluation of our manuscript titled “Correlates of consistent condom use among recently initiated and traditionally circumcised men in the rural areas of the Eastern Cape Province, South Africa” (MS: 1693712641110663).

The reviewers have suggested revisions to the paper. We have now worked on reviewers comments and added the new information requested. Below we provide point-by-point description of changes made. We hope that you agree with us that the quality of the paper has improved and look forward to seeing your decision on possible publication in the BMC Public Health.

With kind regards, also on behalf of the co-authors,

Sincerely,

Kind Regards,

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Reviewer's report
Version: 2
Date: 18 November 2013
Reviewer: Tigistu Adamu Ashengo

Reviewer's report:
Overall the authors need to be consistent and upfront that they are talking about “traditional male circumcision” and not medical male circumcision, about which there has been enough publication on post circumcision risk compensation or lack thereof.

We thank the reviewers for their positive evaluation of the manuscript. We have now systematically used the term traditional male circumcision (TMC). Below we respond to each of the reviewer’s comments.

1. “The aims of this paper are to report the prevalence of consistent condom use and its psychosocial correlates among recently initiated and traditionally circumcised men in rural areas of the Eastern Cape Province of South Africa”

This objective that is in the introduction texts needs to be used in the abstract.

We thank the reviewer for the suggestion. We have now added the objective of the paper to the abstract.

Is the question posed by the authors well defined?
2. Party, the question needs to be consistently described while making the case for it. there are multiple back and forth between traditional and medical circumcisions. There are detailed information about the traditional practice… these are good but seems to dilute the message and the question the authors are trying to answer. Please minimize information that has no direct relationship with the questions at hand.

We have now minimized the information that has no direct relationship with traditional male circumcision.

Are the methods appropriate and well described?
3. The method section doesn’t describe the design well, especially the sampling technique need to be clearly communicated. E.g. the chiefs were selected by the help of so and so…. I think there needs to be more information about how many chiefdoms within the selected area were there and how representative the selections are – in what measure rather than simply saying representativeness.

Within the selected five rural municipalities, there are 197 local chiefs and 90 were sampled with the assistance of the Eastern Cape House of Traditional Leaders. We have now added this information (see under “Methods”, p. 8, l. 4).

4. Also the methods section is not clear about how the sample size of 2337 men selected for interview came about? How were these men selected?
Our participants were recruited during the cultural events that were related to initiation and traditional male circumcision. We have now added this new information on how the sample size of 2337 was selected (see under “Methods”, p. 8, l. 2-3 from bottom). Furthermore, we have already explained that “Participants were conveniently sampled and were eligible to participate if they were isiXhosa or seSotho speaking, living in the rural areas at any of the five districts, and had to have undergone traditional initiation and circumcision in the previous 12 to 24 months” (see under “Methods”, p. 8, l. 8-10).

5. Are these all the initiates during the study period?
They were not all the initiates during the study period. We conveniently selected these men based on the inclusion criteria, which we have explained (see under “Methods”, p. 8, l. 8-10).

6. What is the average duration of time between initiation and this interview?
The average duration of time between initiation and interviews was two and half years i.e. 55.4% were circumcised in 2007, 40.8% in 2008 and 2.6 in 2009. We have now explained the average duration of time between initiation and the interview (see under “Methods”, p. 8, l. 12-13 and under “Results”, p. 14, l. 5-6 from bottom).

7. No qualitative method is used? Please clarify.
We did not use qualitative method and have now clarified (see under “Method”, p. 8, l. 7).

Are the data sound?
8. How many community research assistance (CRA) were recruited?
We recruited 40 CRAs. We have now added this information (see under “Method”, p. 8, l. 15).

9. Why was it a requirement for the CRAs to have had experience of initiation and traditional circumcision themselves? Especially since the authors acknowledge the bias this would introduce? Why wasn’t an independent group of interviewers recruited? Please explain that in the recruitment as I believe it is key information.

We were advised by the traditional leaders, who are the custodians of customs and traditions practiced by their people. In Chapter 12, Act 108 of 1996 of the South African Constitution, and the Traditional Leadership and Governance Framework Act No 41 of 2003, traditional leaders are tasked to oversee traditional matters in the respective communities. As initiation and traditional male circumcision is a cultural practice that has evolved over centuries it falls under the jurisdiction of the traditional leadership. The use of independent group of interviewers, who had no experience with TMC and were not from the research area, would not have been accepted by the participants because of the sensitive issues of TMC and sexual behaviour. We have now given this explanation (see under “Method”, p. 4, l. 1-3 from bottom, p. 5, l. 1-5 and p. 8, l. 5-7 from bottom).
Does the manuscript adhere to the relevant standards for reporting and data deposition?
10. Partly—there is confusion between the result section and the methods section... a number of what looks like findings are described in the methods section i.e. methods and scale construction section.
Thanks for the suggestion. However, in the Method section under “Measures and scale construction”, we merely report on the way questions we asked, the expected responses and scales we developed from the psychosocial measures that were based on the Likert-type items. This section is consistent with BMC Public Health guidelines. Therefore, we decided not to move this section to the findings.

11. Definitions used are not clear “government condoms” doesn’t necessarily mean free condoms. So there must be a clarification/definition when it is mentioned for the first time – if government condom equals free condom.
We have now used a clear definition, which is government free issued condoms (see under “Method”, p. 10, l. 8 and under “Results”, p. 13, l. 5).

Are the discussion and conclusions well balanced and adequately supported by the data?
12. “With regards to subjective norm, significant others were more likely to approve Consistent condom use with the main sexual partner. It maybe that prevention of unwanted pregnancy influenced their support for consistent condom use among steady relationships.” Is this a question research participants answered about their partners’ (significant others opinion)? Or the researchers interviewed a sample of significant others of initiates? Clarify this in the discussion section... it is not clear.
This question was answered by the participants and we have now clarified (see under “Discussion”, p. 18, l. 14-15).

13. “With regards to measures related to the cultural and tradition belief system of male initiation and circumcision, beliefs about male circumcision and STI protection was positively associated with consistent condom use. However, received general teachings about responsible man and subjective norms towards responsible man’s family welfare were negatively associated to the dependent variable. This could suggest a prevailing belief that responsible man do not need to use to consistently use a condom as he is ought to be faithful to his sexual partner.”
The explanation of the finding in the last sentence doesn’t make any sense.
Please re-write to clearly communicate what you mean here.
We thank you for the suggestion. We have now rephrased this sentence (see under “Discussion”, p. 19, l. 12-14).

In the conclusion section:
14. Our results highlight the need for of a focused cultural sensitive STI/HIV intervention, which can be integrated into the initiation practices and health education programmes for initiates and relevant stakeholders. There is a need to conduct further research to explore how community support structures could be of any assistance in the fight against risky sexual behaviours including inconsistent condom use. The authors
need to be very clear about the conclusion – the research question is not about “STI/HIV intervention”. I suggest a re-write of the conclusion with a focus on condom use and the role of educational intervention as opposed to just STI/HIV intervention. Also I don’t understand why the authors are recommending further research to explore how community support structures…..? This doesn’t seem to be connected with what the authors are trying to communicate in this research paper. If there is a real interest in the influence of community support structures… it should have been somehow captured either in the result or discussion sections. This is the first time this is discussed, so I suggest removing or para phrasing to something that is connected to what the authors found.

Thanks for the suggestion. We have now re-written the conclusion to focus on condom use and the role of educational intervention (see under “Discussion”, p. 20, l. 4-13).

15. Are limitations of the work clearly stated?
Yes-

Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
16. Partly- but there is a mix of description and reference between traditional and medical circumcisions, making it difficult to relate the context the research is conducted with the findings from other studies that are referenced.
We have now referenced traditional male circumcision in the manuscript and deleted studies that are about medical male circumcision.

17. Do the title and abstract accurately convey what has been found?
Partly- the abstract need to capture the objective clearly.
We have now added the objective of the paper to the abstract.

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

19. Quality of written English:
Needs some language corrections before being published.
We have now made language correction in the manuscript.

20. Statistical review:
No, the manuscript does not need to be seen by a statistician.

21. Declaration of competing interests:
I declare that I have no competing interests
Reviewer's report:
Title: Correlates of consistent condom use among recently initiated and traditionally circumcised men in rural areas of the Eastern Cape Province, South Africa

This paper was derived from a well-planned and implemented behavioral research that identified the factors that predict consistent use of condoms among recently traditionally circumcised young men in Eastern Cape Province of South Africa. The paper is well written and presented. However, there are several issues that the authors need to clarify and revise before the paper can be considered suitable for publication in BMC Public Health. The details of these issues are provided below.

We thank the reviewers for their positive evaluation of the manuscript. Below we respond to each of the reviewer’s comments.

Abstract
1. The data presented in the results section of the abstract is scanty. Readers will also be interested in the data that show the profile of the respondents (age, ethnicity, sexual behavior, use of condom). For example, it would be necessary to state the number of men who were sexually active and those who had used the condom during the period under review.
We thank the reviewer for the suggestion. We have now added information about age, ethnicity, sexual behaviour, use of condom and HIV testing to the abstract.

2. It is also important to state that the study was conducted in Eastern Cape Province of South Africa.
We have now stated in the abstract that the study was conducted in the Eastern Cape Province of South Africa.

3. The conclusion for the study is not clear. The authors should revise their conclusion by being specific and clearer.
Thanks for the suggestion. We have now re-written the conclusion to focus on condom use and the role of educational intervention (see under “Discussion”, p. 20, l. 4-13).

Background
4. HIV is a virus; therefore it is tautological to state that ‘...5.5 million South Africans reportedly lived with HIV virus… (page 3)
We thank the reviewer. We have now deleted virus in the sentence.

5. It is not correct to state that ‘Consistent and correct use of condom is the most effective means of preventing STI...’ page 3. Abstinence from sex is the most effective means of preventing the sexual transmission of HIV. The authors should...
revise this statement to state the fact that consistent and correct use of condoms is one of the effective means of preventing the sexual transmission of HIV.
We have now corrected the statement. The ABC strategy, which includes abstinence/delay of sexual debut, being faithful to one sexual partner/serial monogamy and correct and consistent condom use with all partners, remains the standard global recommendation for STI/HIV prevention programs. We have now added this information (see under “Background”, p. 4, l. 5-8).

6. The authors have given comprehensive background information about the social and cultural relevance of male circumcision and the context in which this rite of passage is performed in the study area. However, there is need to clarify whether or not young males participate in circumcision voluntarily or they are coerced to do so.
Boys that belong to these nations are expected to voluntary or advised by their families to undergo this rite of passage. We have now added this new information. (see under “Background”, p. 5, l. 6-7 from bottom). We have now added this measure of whether participants voluntary participated in the traditional male circumcision (under “Methods”, p. 9, l. 2 from bottom). Furthermore, we have added the results of those 82.1% participants who voluntary decided to undergo initiation and traditional circumcision (see under “Results”, p. 14, l. 6-7 from bottom).

7. The authors also need to explain whether young men could have sex prior to undergoing circumcision.
We did not ask the participants if they had sex prior to undergoing circumcision.

Methods
8. Although the authors have stated that the 2237 men who participated in the study represented a convenient sample, there is still need to provide some information about the settings (household, schools, markets, recreation centers) from which these men were recruited;
Thanks for the suggestion. We asked the participants two household setting related questions i.e. Who do you live with? Who supports you financially? We have now reported this information in the methods and results sections (see under “Methods”, p. 9, l. 2-3 from bottom and under “Results”, p. 14, l. 6-7 from bottom). However, our research did not look into the other settings such as schools, markets and recreation centers in the areas where our participants were recruited.

9. It is also necessary to describe how these men were approached and invited to participate in the study?
Our participants were approached and recruited by the CRAs during the cultural events that were related to initiation and traditional male circumcision. We have now added this new information on how these men were approached and invited to participate in the study (see under “Methods”, p. 8, l. 2-3 from bottom). Furthermore, we have already explained that “Participants were conveniently sampled and eligible to participate if they were isiXhosa or seSotho speaking, living in the rural areas at any of the five districts,
and had to have undergone traditional initiation and circumcision in the previous 12 to 24 months” (see under “Methods”, p. 8, l. 8-10).

10. It will be helpful if the authors describe the settings where the pre-test of the questionnaire used for data collection was conducted and the number of men who participated in this activity.

Thanks for the suggestion. The questionnaire was pre-tested among a group of 114 recently initiated and circumcised young men living in rural areas of the Eastern Cape Province of South Africa who had similar life experiences to the research participants. We have now added this information about the setting where the pre-test of the questionnaire used for data collection (see under “Method”, p. 9, l. 7-8 from bottom).

11. The authors stated on page 9 that participants were asked if they registered with the local chief before undergoing the initiation process; the question is why this information is important and relevant to the study; what is the cultural meaning or significance of prior registration in the local context? The authors should keep in mind that BMC is read by a global audience and that readers would appreciate the social meaning of registration with a chief prior to circumcision.

We have now described why it is important to register to a local chief before undergoing the initiation process. In the last decade, traditional male circumcision has been acknowledged through a legislative process by the passing of the Application of Health Standards in Traditional Circumcision Act by the Eastern Cape Legislature (Act No 6 of 2001). The legislation provides for the safe conduct of circumcision by governing over its practices, processes and human resources. In Chapter 12, Act 108 of 1996 of the South African Constitution, and the Traditional Leadership and Governance Framework Act No 41 of 2003, traditional leaders are tasked to oversee traditional matters in the respective communities. As initiation and traditional male circumcision is a cultural practice that has evolved over centuries it falls under the jurisdiction of the traditional leadership. We have now given this explanation (see under “Background”, p. 4, l. 1-3 from bottom and p. 5, l. 1-5).

12. The authors should present data on the marital status of the respondents if this information was collected from respondents.

We did not ask the participants about their marital status.

Findings

13. This component of the paper should be listed as ‘Findings’ Instead it should be ‘Results’ since only quantitative were collected.

Thanks for the suggestion. We have now changed findings to results (see under “Results”, p. 14, l. 8).

14. There is need for the authors to clarify the significance or meaning of the result that states that ‘91.1% of the men were able to identify their local traditional leader by name’ (page 11).
In order to have an indication whether participants followed local procedures with regards to the initiation processes, participants were also asked if they know the name of local chief (*inkosi*) and if they registered with the *inkosi* before undergoing the initiation processes. We have now given this explanation (see under “Method”, p. 9, l. 1-2 from bottom and p. 10, l. 1-2). We also think that the explanation given in comment number 11 is also applicable here. Therefore, the majority of the participants (91.1%) who identified their local traditional leader by name are highly likely to have followed the correct initiation and traditional circumcision processes. We have now discussed this finding (see under “Discussion”, p. 17, l. 5-8).

15. *Table 1 is too busy; I suggest that the authors highlight the values for the key variables of knowledge and use of condoms in an attempt to reduce the volume of data on this table.*

We thank the reviewer for the suggestion. We have now decided to delete this table. The psychosocial measures are now reported in the text of the manuscript (see under “Method”, p. 10, 11, 12 and 13).

16. *I suggest that the authors create a table that shows the profile of the respondents (age, ethnicity, marital status, sexual behavior, use of condom) before presenting data on univariate, multivariate and logistic regression.*

Thanks for the suggestion. We have now created Table 1 that shows the profile of the respondents.

17. The authors mentioned on page 11 that 66.5% of the respondents reported that they got permission and registered with their traditional leaders prior to proceedings of initiation and circumcision processes. Why is permission required for circumcision?

We think that the explanation given in comment number 11 and 14 is also applicable here. In order to have an indication whether participants followed local procedures with regards to the initiation processes, participants were also asked if they know the name of local chief (*inkosi*) and if they registered with the *inkosi* before undergoing the initiation processes. We have now given this explanation (see under “Method”, p. 9, l. 1-2 from bottom and p. 10, l. 1-2). Therefore, the majority of the participants (66.5%) who registered with their local traditional leader prior to proceedings of initiation and circumcision followed the correct processes. We have now discussed this finding (see under “Discussion”, p. 17, l. 5-8).

**Citations of references**

18. *The authors have not fully complied with the reference format for the journal. I suggest that the authors check the format for collation of the List of references starting from page 19.*

We have now checked and revised the format of the list of references starting from page 22.

19. **Level of interest:**

An article whose findings are important to those with closely related research interests
20. Quality of written English:  
Acceptable

21. Statistical review:  
No, the manuscript does not need to be seen by a statistician.

22. Declaration of competing interests:  
I declare that I have no competing interests