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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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).

You have recommended some changes to the paper. We have now worked on your 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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We thank the editor for their positive evaluation of the manuscript. Below we respond to each of the comments.

1. "in looking over the manuscript there are still some areas that need to be edited by someone skilled in English language grammar - take for example "Adolescent boys that belong to Nguni and seSotho nations are expected to voluntary or advised by their families to undergo initiation and TMC," one assumes that they are expected to volunteer or be advised ..."

We thank the editor for the suggestion. We have now asked someone skilled in English language grammar to edit our manuscript. With regards to this sentence, it is true that they are expected to volunteer or be advised. We have now revised this sentence “Adolescent boys that belong to the Nguni and seSotho ethnic groups are expected to voluntarily seek permission from their parents or family members to undergo ITMC, or otherwise be advised by parents or family to do so” (see under “Introduction”, p. 5, l. 4-6).

2. In the abstract - "However, there is recent evidence suggesting that consistent condom use is at odds with traditional male circumcision because of incorrect beliefs of reduced risk to HIV infection," are the authors saying that there is an incorrect belief about reduced HIV risk associated with male circumcision or with condom use? the grammar makes the intention unclear. Also there is reduced HIV risk associated with MC, but what is not stated clearly is that such reduction is not absolute, nor does it protect against other STIs. There is a lot left to the reader to fill in or assume.

We have now made the sentence clear. “However, recent evidence suggests that limited knowledge about HIV prevention benefits from male circumcision leads to inconsistent condom use among traditionally circumcised men” (see under “Abstract”). Furthermore, we would like to inform the editor that we don’t have any evidence that suggests MC protect against other STIs.

3. In the results of the abstract the authors report on the percentages of respondents belonging to the different ethnic groups, but never say if there is variation in condom use among these different ethnicities.

We thank the editor for the suggestion. We have now added this information (see under “Abstract” and “Results”, p. 15, l. 2 from bottom).

4. The use of the word "nation" is a bit confusing to the reader. While it may be common practice in South Africa to call an ethnic group a 'nation', one would usually assume that South Africa itself is the nation. Maybe this usage needs to be explained.

We have now replaced the word “nation” with ethnic group in the manuscript.
5. It is good that the authors "added the concept of self-efficacy as it has been found in previous studies to predictor consistent condom use," to strengthen their model. That said, it is clear that the questions capture what respondents perceive are the actual social norms, but we do not see the other side of the equation - their willingness to abide by such norms. Here I guess the idea of confidence to keep to those norms (self-efficacy) is a semi-adequate replacement, but saying one is not confident to keep to the norm is not the same as saying that one is not likely or willing to abide by it. This may be a small distinction and best left just for the authors' information only, not a need for correction.

No need for correction.

6. Again the need to review for grammar - "some nations have more populace compared" - one would say 'have more population'

Thanks for your suggestion. We have now replaced populace with population (see under “Method”, p. 8, l. 15).

7. "Data was collected from ..." Data is the plural form of datum and thus 'data were collected' (Please note that the examples of grammar challenges here are only the few I caught, and the authors are responsible for a thorough review of the whole manuscript.)

We have now replaced was with were (see under “Method”, p. 9, l. 1, and l. 9 from bottom).

8. The rationale for a convenience sample is still not well explained. I would imagine that there is not the easy to access register of recently circumcised men which one could use as a sampling frame. Therefore consulting with chiefs who knew these young men makes some sense, but the authors have to explain this and whether they took such lists at face value or asked questions to insure inclusiveness - chiefs may have excluded people from families they did not like, and such - one never knows the extent of local biases.

We will try again to explain the rational for a convenience sample to the editor. We agree with the editor, it was not easy to access the register of recently circumcised men from the chiefs and use it as a sampling frame. We were not sure if all the sampled chiefs would still have the list of the recently circumcised men. We did not want participants to feel indirectly obliged to participate in the study because we consulted with their chiefs, who then gave us a register to sample participants. It was possible that some participants who did not like their chiefs might have refused to participate in the study if they were referred to us by their chiefs. We also agree with the editor that chiefs may have excluded people from families they did not like and result to local biases. Therefore, we opted not to use this register as a sampling frame. It is also interesting to note that in our results, only 66.5% of the participants reported that they registered with their chiefs prior to the proceedings of ITMC processes (see under “Results”, p. 15, l. 11-13). Therefore, we were able to interview almost 33% of the participants that we could not have recruited had we used the list from the chief.
We are not sure if the editor would like us to include this information about the reasons why we did not use the register in the manuscript.

9. Obviously the first author could not supervise all 40 CRAs at the same time - what was actually done to achieve good supervision? Were there daily reviews of completed questionnaires for completeness, accuracy and quality, for example?
We have already mentioned that data were collected from January to May 2010 (see under “Method”, p. 9, l. 1). Therefore, there was enough time to supervise all trained CRAs. However, we would like to give more details on how data were collected and supervised. Data were collected in three phases to ensure that the 40 CRAs are properly supervised by the first author to avoid inter-observer bias. In the first phase, the CRAs conducted five interviews in the presence and supervision of the first author. In the second phase, CRAs submitted ten completed questionnaires with consent forms to the first author who checked the quality, accuracy and completeness and provided feedback. In the last phase, the first author checked all the consent forms and questionnaires submitted by the CRAs and monitored the quality of the process (see under “Method”, p. 9, l. 3-9 from bottom).

10. The Results section starts immediately with sub-section headings. Normally there is an introductory paragraph telling the reader how the results are organized.
We thank the editor for the suggestion. We have now added new information, “The results of the analysis are organized in five sub-sections and two tables. Below we summarize the main findings” (see under “Results”, p. 15, l. 1-2).

11. The methods early on say that, "Within the selected municipalities, there are 197 local chiefs and 90 were sampled with the assistance of the Eastern Cape House of Traditional Leaders who assisted us to identify these chiefs and ensure that all nations are represented," yet the results do not report on any interviews with ‘chiefs.’ Does in fact the term chief here refer to a chieftaincy council area? or were actual chiefs interviewed and if so to what end, what instruments, what results?

Chiefs are the traditional leaders. According to the Traditional Leadership and Governance Framework Act, 2003 (Act 41 of 2003) “traditional leader” means any person who, in terms of customary law of the traditional community concerned, holds a traditional leadership position, and is recognized in terms of this Act. We have now added this information (see under “Background”, p. 4, l. 1-3 from bottom and p. 5, l. 1). We have also added this reference (see under “References”, p. 23, no. 7). We have now replaced chiefs with traditional leaders. Traditional leaders were not interviewed in the study. We sampled them to ensure that ensure that all ethnic groups are represented.

12. The authors rightly note that the findings should be "integrated into the initiation and traditional teachings about sexual behaviours.” I am curious since there was much communication with local chiefs and leaders prior to the study, whether the authors
actually shared their findings with these people afterwards and actually can tell us whether the idea of enhanced education during traditional circumcision procedures was acceptable to the local leaders.”

We presented our findings to the Eastern Cape House of Traditional Leaders, in the presence of the local traditional leaders. Furthermore, we submitted a written report on series of studies that were aimed to gain an understanding of psychosocial determinants of risky sexual behaviours that may put men that have undergone initiation and traditional circumcision and their sexual partners at risk of STI/HIV in the rural areas of the Eastern Cape Province of South Africa. The traditional leaders welcomed and accepted the idea of enhanced sexual education that can be integrated into the traditional male initiation processes. The first author has already conducted a feasibility study on the intervention to reduce risky sexual behaviours and substance abuse among recently circumcised men. This study was initiated and supported by the traditional leaders.