Reviewer's report

Title: Knowledge about AIDS and HIV Risk-related Sexual Behavior among Nigerian Naval Personnel

Version: 1 Date: 15 March 2004

Reviewer: WR Brieger

Reviewer's report:

General

The manuscript is timely and needed. It is also well written. It makes a contribution at an important stage in the HIV epidemic in Nigeria and West Africa, especially as the study population plays a pivotal role in HIV control in that region.

The authors are correct about the dearth of information about HIV and risk behaviours in the Nigerian uniformed services. I was responsible for pulling together an annotated bibliography on HIV/AIDS in Nigeria during 2002-03, and aside from the article quoted on the Nigerian Police Force (Akinawo, 1995), published data on other branches of the uniformed services is indeed scarce. Attached is an abstract of a publication by the Futures Group's Policy Project that that looked at all three armed services branches (14.3% Navy) that should be of use to the authors. See <http://www.policyproject.com/pubs/countryreports/Nig_AFPAC_KAB.pdf>

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The above mentioned publication contains some valuable information about the population of Navy personnel in Nigeria and compares it to other branches. This information would enhance the methods section (Navy personnel comprising 2,000 officers and 8,000 other ranks). It is noted that the population of the Lagos area command is given later.

In the beginning of the methods section it would be helpful to clearly describe this was a cross-sectional survey research followed-up with supplemental qualitative methods. Normally one would expect more than one FGD, and such might address differences in rank in this case. It would help if the authors describe the characteristics of those in the FGD and the indepth interviews (and state clearly the number of the latter and how recruited). These qualitative inputs do make the study stronger and more interesting to the reader.

In any such ‘diagnostic’ study it is important to determine associations between key variables. This aids in making recommendations specific to target groups and subgroups. The authors have done this concerning risk behaviour (an important dependent variable) and service outside the country (an independent variable). In addition it would be useful determine whether there is a link between risk behaviour and knowledge score, rank, marital status and age (or years in service) – as seen in Tables 1 and 2. For example, one may find that while those having experienced a transfer may be more likely to have sex with a FSW, it may also be a factor of age or length of service that increased the likelihood of this behaviour. Regression analysis would tease out the relative contribution of each variable. This analysis would have implications for revising the Discussion section.

The Discussion would also benefit from a critique as to the feasibility and appropriateness of the
interventions suggested by those in the qualitative aspect of the study.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Unless the Journal requires it, it might be simpler to delete sub-headings in the Methods section. If subheadings are required, then one is needed for the description of the qualitative methods. Also it would help to have a formatting that distinguishes major headings from subheadings – for example, the “Discussion” section at first appears to be a continuation of the Results section. I assume the Journal offers direction on this in its instructions to authors.

Although 80% response rate appears good for such a population, it would be useful to mention possible limitations, and whether the lower response rate in any compromised the ideal sample size (although in the Discussion some mention was made to the paucity of female respondents). Also it would be useful to note whether the 20% non responders differed in any significant way from the responders in terms of rank, location or whatever other information might be available.

The result about transfers is unclear. One assumes that the 28% refers to those transferred out of the country – but this needs to be stated as such. The distinction between internal and out-of-country transfer is important for analytical purposes as seen in Table 3. Then in terms of time spent outside the country, this should be presented in either increasing or decreasing order of time not of proportions. A chart/graph would make these data easier to grasp. In fact, graphics may help make other aspects of the data clearer at the authors’ discretion.

In the methods it is stated that a research assistant conducted interviews, while in the author’s contribution section at the end it stated that one of the authors conducted the interviews. Please clarify.

A consistent referencing style is recommended. In most cases a numbering system is used, but a few cases of “[author, date]” are present.

In the Discussion section where it leads to recommendations it would be helpful to separate these into at least two subsections. One could look at health education/promotion type interventions, while the second could address policy implications and recommendations.

The Conclusion is not very forceful or enlightening and as it stands as a small paragraph, certainly does not merit a subheading.

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Discretionary Revisions (which the author can choose to ignore)

Additional reference:
Knowledge, Attitudes, and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs. Armed Forces Programme on AIDS Control (AFPAC). Dr. Sylvia B. Adebajo, Dr. Jerome Mafeni, Dr. Scott Moreland, Dr. Nancy Murray. The Policy Project, Abuja, The Futures Group International, September 2002. The nationally representative survey was conducted amongst nearly 1,600 military personnel randomly selected from the three service arms of the Nigerian Armed Forces. Detailed information on the knowledge and attitudes regarding STDs and HIV/AIDS and on risky behaviour patterns was elicited. Also, information on some socio-demographic factors that could have possible explanatory value or confounding effects was obtained. The survey reveals that Nigerian military personnel are very educated and dedicated, with long-term career investments in the military that imply personal and professional hardships and risks. Of concern is that Nigerian
military personnel find themselves in professional and personal situations that lead to engaging in high-risk behaviours that could put them at risk of contracting STDs, including HIV. Furthermore, in view of the fact that military personnel live with and interact freely with the civilian population, they could serve as a potential core transmission group for these infections to the larger population. This is of great concern and calls for prompt HIV Nigeria: Social Aspects Bibliography 53 interventions. Whilst military personnel are more aware of HIV/AIDS than the general population, more could be done by the Nigerian military to protect their dedicated officers and men to the extent possible from the risks to which they are exposed. Some of the risky behaviours engaged in by military personnel that were identified include multiple partnering, with 15.3 percent of the respondents reporting having had at least two sexual partners over the last 12 months. Of these partners, one-third were non-regular sexual partners comprising casual acquaintances, girl/boyfriends, and paid sex partnerships. Although less than 5 percent of the study population admitted having paid for sex, only slightly more than half used a condom on that occasion. A large proportion of respondents were aware that condoms could be used as protection against HIV/AIDS and other STDs, and most of the respondents (98%) knew where to acquire one. However, only half of the respondents claimed to use a condom regularly with their non-regular partners. In addition, only one-quarter of all respondents had ever received supplies of condoms from the Armed Forces, and of those who did, two-thirds thought the supply inadequate. Two-thirds of the respondents were married, but 17 percent did not cohabit with their partners because they were either on peace-keeping missions or had to leave for training, sometimes for periods in excess of six months, as was reported by 31.7 percent of the respondents. Almost half of the respondents who participated in the various peacekeeping operations admitted having sexual partners during the period away. The longer the time spent away, the higher the chances that they had sexual partners. With these sexual partners, only half of the respondents protected themselves by using a condom. Many military personnel have little knowledge of STDs/HIV and poor understanding and low risk perception of HIV/AIDS. Less than 50 percent of male respondents knew at least two accurate male-specific symptoms of STDs and only 21.5 percent of male respondents knew at least two female-specific symptoms of STDs. Nearly 4 percent of those surveyed reported STD symptoms in the previous 12 months, and 10 percent of those did not seek modern health care treatment. Whilst nearly 40 percent of respondents had good HIV/AIDS transmission and prevention knowledge, one-quarter of those surveyed had poor knowledge of HIV/AIDS. Respondents’ perception of their risk of contracting HIV was poor, as 41 percent felt they faced no risk of contracting HIV and 22 percent felt they had only a small risk. Respondents’ condom use does not vary with the level of perceived risk. Steps taken by respondents to reduce risky behaviours were few. Only 40 percent of the respondents had been tested for HIV, out of which 35 percent voluntarily took the test. However, 89 percent will take the HIV screening test if it were to be provided free of charge. The facts emerging from this survey have revealed that the Nigerian military personnel indulge in high-risk sexual behaviours, which puts them at high risk of contracting STDs, including HIV. The implications of this are two-fold. Firstly, the risk of contracting HIV may threaten the preparedness of the military to carry out its functions. Secondly, since military personnel live amongst the civilian population, they can serve as a potential core transmission group of these infections to the larger civilian population.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None