Author's response to reviews

Title: Strategies to Prevent HIV Transmission Among Heterosexual African American Men.

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Author’s response to reviews: see over
Response to reviewers’ comments

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The authors would like to thank the reviewers for their insightful comments. We have attempted to be responsive to their feedback and we believe that the revised manuscript is significantly improved.

Reviewer One:

1. Did the authors ask any questions of the focus group participants regarding their views and experiences on heterosexually-identified men who have sex with other men? If so, the manuscript would be greatly strengthened by inclusion of these data. (B) Did the authors ask any questions or was there discussion in the focus groups regarding homophobia in the African American community and related experiences for focus group participants?

Participants were not asked questions directly about their views and experiences on heterosexually-identified men who have sex with men. However, some of the focus group participants addressed this issue in the contexts of incarceration and the spread of HIV in the African American community. We have incorporated their comments into the revised manuscript.

2. The lack of money as a reason for low condom use is mentioned at least three times throughout the manuscript and is redundant.

Some of the statements related to the lack of money and condom use have been eliminated in the revised manuscript while others were retained if they related to a separate issue such as program incentive versus government program component.

3. The authors mention that most of the participants are homeless or living in substandard conditions. It is possible that there was selection bias in this sample in which lower income men are more likely to participate in order to receive the $25 reimbursement. It is probably a good idea to address this limitation in generalizability of these data in the discussion section. I would emphasize more in abstract that this is a low-income sample. Suggestion would be to add “low-income” before “housing project” in abstract.
We strongly agree with the reviewer that the use of convenience sampling at a housing project limits the generalizability of our results. This is duly noted in the discussion section and was added to the abstract as recommended.

4. Page 11, last paragraph, word “go” is missing after “insurance” second sentence.

The manuscript has been corrected accordingly.

Reviewer 2:

1. It is often useful to have a table that lists the questions that you presented to focus group participants- even if you used a semi-structured format for your focus groups.

Done.

2. There are two components to this paper that are worthy of particular attention. The first involves a careful commentary on what was said by study respondents. You do that, but in a somewhat cursory fashion. For example, crack cocaine is obviously an important factor in the AIDS epidemic in that area, but it receives little attention in your discussion. Secondly, the recommendations that participants make are interesting, but it is perfectly okay for you to amplify and comment upon what they’ve said…………..For example, education is a prominent recommendation, but what kind of education should be provided to the community? I am pretty clear that most health educators are not impressed by educational approaches that simply list key facts about AIDS. There is substantial evidence that this part of the educational task has already been done. The question that your data raises is “what else?” What hasn’t been done educationally that needs to be done now, three decades into the epidemic, to change behavior? Many commentators have suggested that education needs to be dramatically altered if it is to reach an audience that is completely saturated with educational messages about AIDS. What do you think?

More attention is given to the relationship between crack cocaine use and risk of HIV infection in the conclusion section of the manuscript. We have amplified and commented upon what the participants said. In the conclusion section, we give suggestions about what education should
include and what needs to be done differently among low-income African American men. We suggest combining substance use with risk reduction and giving skills for condom use including eroticizing condoms to take away the stigma associated with them.

3. **Should fear- via reality show kinds of AIDS education messages be an option?** ........Much of the literature confirms that scare tactics don't work. You might want to comment, therefore, on your respondents’ recommendations and then proceed to use more current literature from social marketing field to make additional observations about the possible impact of “reality show” programming to get the message across.

We have addressed this issue by discussing behavioral journalism and the need to tailor the message for this unique group based on what they recommend.

4. **The authors need to redo their conclusions section.** It does not adequately discuss or analyze the data presented in their findings.

Done.