Reviewer's report

Title: AIDS knowledge, attitudes and misconceptions in a Turkish population: an epidemiological study

Version: 1 Date: 14 June 2005

Reviewer: Andrew Furber

Reviewer's report:

General

The paper describes an analysis of a KABP survey in part of Turkey. Such surveys are a usual part of local and national responses to the AIDS epidemic and are not usually published in international journals. The author claims to be unaware of earlier studies looking at HIV/AIDS KABP in Turkey but a brief search of the literature indicates that there are relevant published studies which have not been cited (e.g. Inandi T, Tosun A, Guraksin A. Reproductive health: knowledge and opinions of university students in Erzurum, Turkey. The European Journal of Contraception and Reproductive Health Care, 1 December 2003, vol. 8, no. 4, pp. 177-184). I was unable to immediately find any relating to the general population and, having said all this, UNAIDS present little relevant data in their factsheet for the country. The strategic location of Turkey (an Islamic country on the edge of Europe) also make it an interesting area for sexual health research. This study represents a sizable sample and the author is to be commended for the effort that has clearly gone into this piece of work.

The paper is difficult to read being too long in places and the quality of the English leads to confusion in parts. Whilst I feel this should not be a barrier for non-native English speakers publishing their work, it needs fixing somehow.

The methods are not described in sufficient detail and the methods of analysis are open to question (see below).

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

The paper needs to be re-written for both brevity and clarity. Repeated references to item numbers on the questionnaire are confusing. The meaning of many sentences is very unclear e.g. "In Turkey, the importance of AIDS starting with the diagnosis of two patients in the year 1985 has been in the agenda up to now." or "Thus, AIDS seems to become a health problem for also Turkey in the future." It is difficult to see the wood from the trees and important observations get lost amongst irrelevant descriptions e.g. table 3 indicates a considerable degree of stigma but this does not come out in the text.

Methodological questions:

1. Where the alpha coefficients before or after changes were made to the questions?

2. Was the sample representative? What proportion of the population does it represent? Does it differ from the general population in terms of age or sex? What was the response rate (presumably 1048/1621 x 100 but this is not stated)? What were the inclusion criteria (ability to complete
questionnaire is stated but why were no children aged less than 12 included)?

3. Mean ages +/- SD were presented but confidence intervals would be preferable.

4. Similarly confidence intervals should be used for the estimation of the percentage of respondents for each question item.

5. The data are not presented to support the important claim that those with higher educational attainment were more likely to answer correctly.

6. Multivariate analysis should be used to assess whether educational level was independently a factor after taking into account age and other confounders and to assess whether there was a 'dose response'.

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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)

The use of misconceptions in the title feels prejorative and should be removed.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.