Reviewer's report

Title: Assessing impact of a media campaign on HIV/AIDS awareness and prevention in Nigeria: results from the VISION project evaluation

Version: 1 Date: 2 January 2006

Reviewer: Lalit Dandona

Reviewer's report:

General

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

1. If the VISION program was active from 2001 to 2004, was a baseline survey done before or at the time of starting the program? If this was done, comparison between the baseline and follow-up (current) surveys for the levels of HIV/AIDS awareness and condom use (the major outcome variables in this paper) would add to the understanding of the impact of the VISION media campaign. This pre- and post-intervention comparison, taking into account the effect of confounding variables such as interventions other than the VISION program on the outcome variables, would be critical for understanding of the impact of the VISION program. If a baseline survey was done, this comparison should be attempted or an explanation given why this cannot be done. If the baseline survey was not done, the discussion in this manuscript should mention that the inability to compare post-intervention results with pre-intervention data is a limitation of this manuscript.

2. The methods and results as presented currently would make it difficult for the readers to understand several aspects. The following issues need to be addressed:

   a. Page 4. Third paragraph. If more than five LGAs met the selection criteria from a state, what method was used to select five for this study? Was this random or was some other approach used?

   b. Page 4. Last paragraph. If target sample was 1100 respondents from 40 enumeration areas in each state (27-28 respondents per enumeration area), what was the size of each enumeration area and how were these selected from among all possible enumeration areas? The 3279 respondents were from among how many eligible persons – what was the participation/refusal rate?

   c. Page 5. Fifth paragraph. If high program exposure was exposure to 2 or more “types” of media (radio, television, print) this should be stated explicitly, as earlier in the paragraph a scale of 0-10 is mentioned which probably refers to the sum of 7 radio programs, two television programs and one print advertisement.

   d. Page 5. Fifth paragraph. Define endogeneity, as many readers would not automatically understand the meaning of this.

   e. Table 3. Explain what the estimates in the table stand for. For example, it is stated that males were more likely to be exposed to the media programs (page 7, first paragraph) – how do the range of values shown for males (0.108-0.185) with females as reference in Table 3 support this statement.
f. What is the difference between “observed” and “estimated” odds ratios presented in these tables?

g. Tables 3-6. Only point estimates (odds ratios) for the effect of each variable are presented without showing any primary data on the distribution of the outcome variables in each stratum of the independent variables. These primary data for each stratum of the independent variables need to be presented for complete understanding of the distribution of the outcome variables. In addition, presenting 95% confidence intervals for the point estimates from regressions is the standard approach followed by most health journals. Why are 95% confidence intervals not presented?

3. The results and discussion are presented together with hardly any discussion of the findings. It would be useful to discuss the findings. This would be facilitated if the results and discussion sections were separate. A critical element of the discussion would be what lessons were learnt from the experience of the VISION program that give insights into how the translation of awareness into increased condom use could be enhanced. It is perhaps too simplistic to conclude that it may take much longer for the media campaign to affect condom use within the community, as the authors have done in the current version of the manuscript. To understand better the likelihood of this happening, it is important to understand objectively if it is only a matter of time or are their other issues that need to be addressed too for the translation of awareness into increased condom use. The discussion must also include a mention of the major limitations of the data and conclusions presented in this manuscript.

In addition to the above-mentioned elements, the manuscripts should:

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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)

1. The asterisk against each of the three authors’ names denotes that “these authors contributed equally to this work”, but the names of the three authors are not in alphabetical order, which is the usual practice if the authors have contributed equally.

2. Abstract. The results section in the abstract should present the major specific findings instead of the general statements presented. The conclusion of the abstract mentions that “The results confirm that mass media can ……reduce barriers to condom use”. This part is not clearly supported by the results which showed hardly any effect of the media campaign on condom use at last sexual intercourse.

3. Page 3. First paragraph. References 2 and 3 do not seem to be primary references for HIV prevalence rates in Nigeria. This could be checked and, if possible, more direct references for HIV prevalence rates in Nigeria provided.

4. Page 3. First paragraph. The authors mention that “Although most Nigerians are aware that condom use can prevent HIV infection……”. However, their study results show later in the manuscript that only about half the respondents believed that consistent condom use reduces risk of HIV infection (Figure 2). These two seem contradictory. In addition, references 6 and 8 used to support the statement about high awareness of condoms preventing HIV, availability of condoms and yet low condom use are from the early 1990’s. Such old references do not seem suitable to outline the current situation in Nigeria.

5. Page 3. The content of the VISION project is described in the second paragraph and again in three paragraphs starting the fourth paragraph on page 3, with an intervening paragraph outlining the purpose of this paper. It may be useful to consolidate the description of the VISION project and shift the “purpose” paragraph to the end of the background section.
6. Page 4. Last paragraph. Define adult. Which age group does this refer to in this study?

7. Page 5. First paragraph. Was any pilot study done after the 5-10 days of training to assess if further training was needed?

8. Page 5. Third paragraph. Why was exposure dichotomised based on once a week exposure? Why not some other frequency?

9. Page 5. Last paragraph. Reference 15 cited for chi-square and two-stage logistic regression models is an evaluation report on the determinants of contraceptive method choice. The link between the statistical tests used and this reference is unclear.

10. Results. Tables 1 and 2. It would be more informative if 95% confidence intervals were presented instead of the standard error (SE) values shown. For age in table 1, range could be shown instead of SE.

11. Table 2. Are the percentages of exposure to radio, television, and print advertisements in the last 6 months only for the media campaign items of the VISION program or do these also include other campaigns? This needs to be stated explicitly.

12. Results. Tables 3-6. Was interaction between variables assessed in these regression models? It would be useful to report major interactions.

13. Page 7. Third paragraph. “Married” should be replaced with “Married or living with partner” to make it consistent with the variable mentioned in table 4. Same in first paragraph on page 8.

14. Page 8. First paragraph. It is mentioned that “Males were also more likely than females to have used a condom at last sex for all program exposure models”. If the outcome variable used was male-female sexual intercourse, explanation is needed why the male and female use of condom was different for sex between them, as intuitively this should be similar.

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 whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests