Reviewer's report

Title: Using Intervention Mapping to develop a programme to prevent sexually transmittable infections and HIV among heterosexual migrant men.

Version: 2 Date: 12 February 2007

Reviewer: Daniel Edward Wight

Reviewer's report:

General

This second submission of the paper is improved. However, I am afraid that on one major issue there is still confusion, and since this is central to the development of theoretically-based interventions I think the paper should not be published until it is resolved. There are a number of minor points that should also be addressed before the paper is published.

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

No.1

pp.3, 4, 5, 10, 13, 14 The authors have attempted to clarify how the theoretical bases of the interventions were selected, but this still remains very confusing. In the covering letter the authors state that the theoretical bases for the intervention are ‘behavioural determinant theory’ and ‘behaviour change theory’. This is not clearly stated in the paper. I can only find two mentions of ‘behavioural determinant theory’ (p.3 and 4) and no explanation of it, and I missed any reference to ‘behaviour change theory’. Neither theory is mentioned on p.10 where there is a list of other theories that have been used. It is still unclear to me whether these theories were chosen on the basis of how well they fit with the previously decided objectives, or whether the authors’ prior theoretical approach determined their understanding of what objectives were possible. On this point the sentence running from p.3-4 seems to contradict the one that immediately follows it. The statement ‘in this step,’ (p.4, line 3) is ambiguous: step 1 or 3?

On p.5, line 18, it is suggested that the intervention was shaped on the basis of what practitioners had found worked in practice. However, at the bottom of the page it is stated that the intervention techniques were derived from theory-based methods.

On p.10 there is a paragraph that seems to refer to several different social cognition theories to explain why particular cognitions were targeted. Why were these cognitions selected? Was it on the basis of empirical evidence (from other studies?) of the strongest associations between cognitions and behaviour?

On p.13 it is stated that self-efficacy and social influence were chosen as the most important target determinants. Why is this only stated in the Discussion? What was the basis of this choice?

On p.14, line 9, it is suggested that the academics moulded the health promoters’ intervention ideas to fit their theories, rather than that they drew out the implicit theories underlying the health promoters’ ideas. This is what should be clarified.

Overall, I find the presentation of how theories were selected and used rather confusing. It is unclear to me whether this is a problem with writing style (and unfamiliarity with English), or whether this aspect of the intervention development was not clearly articulated and the authors are reflecting what actually happened: a general merging of different ideas. If the latter is the case, it would be typical of many health promotion interventions.

No.2

Abstract. ‘There is little experience with carefully developed interventions in the HIV/STI prevention field aimed at heterosexual target groups...’ This is still overstated. It should at least be qualified by saying ‘….adult heterosexual target groups...’ : there is at least one very sophisticated intervention for young people in the Netherlands.
No.3
It is a pity that the authors have not widened their references to include literature suggested in the earlier comments.

No.4
p.2, 2nd para. Need for theoretically based interventions has been recognized long before 2005 (Green and Kreuter). Would be more accurate to write: ‘It has been recognized since the 1990s that prevention interventions…’.

No.5
p.2, line 19 Wording would be less confusing if as follows: ‘…migrant men, those with an Afro-Caribbean and those with a Turkish /Moroccan background…’.

No.6
p.3 The second paragraph would be easier to read if split into further paragraphs.

No.7
p.3 The authors do not clarify why they persist in using the terms ‘performance objectives’ and ‘change objectives’ when these are inherently unhelpful. It would be possible to use more self-explanatory terms (as suggested in previous comments) and in brackets explain how the terms are referred to in the original IM protocols.

No.8
p.4, line 14 What are ‘focus group interviews’? Group discussions or individual interviews? This is very confusing. Also, why state that seven were conducted and then only give details of four?

No.9
p.4, line 15 There is still confusion about whether the authors started with six ethnic groups or five. Which list of ethnic groups had five groups?

No.10
p. 7-8 It is good practice to state which discussion group quotes come.

No.11
p.8, 3rd para.: should be in the past tense.

No.12
p.8, 4th para. I don’t recall any description of the interviews: are these meant to be group discussions?

No.13
p.9, top. Not clear why condoms should be used in all serial-monogamous sex, since these are ‘steady relationships’, unless health promotion is trying to establish universal condom use.

No.14
p.11, line 9: should this not be ‘unsafe sex’, not ‘safe sex’?

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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)

Discretionary Revisions (which the author can choose to ignore)

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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 importance in its field

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

No financial interests, but since I work in this area I have an interest in pursuing my perspective of social science research.