Reviewer's report

**Title:** The socio-demographic patterning of sexual risk behaviour: a survey of young men in Finland and Estonia

**Version:** 1  **Date:** 20 April 2009

**Reviewer:** Bozicevic I

**Reviewer's report:**

Major Compulsory Revisions
The author must respond to these before a decision on publication can be reached.

**ABSTRACT**
Background: please add the age range of men included in the surveys

**INTRODUCTION**
• Page 2. Last paragraph. Please add the reference to the statement “In general, sexual risk behaviour has been studied... than men”.

**METHODS**
• Page 6. 1st paragraph. Please clarify the statement that 15% of the cohort does not enter training. Could this bias the results, and if so, in what way?

Please state separately what the response rate in Estonia was, and how many data were missing (or had other problems that made them unsuitable for the analysis)

• Page 6, 1st paragraph. Please specify how sexually active was defined. The sentence starting with “Only sexually active respondent were included... STIs” is not clear.

**RESULTS**
• Table 1. It is not necessary to show two samples for Finland. If the aim of the paper is to compare the Finnish and the Estonian sample, then the Finnish sample of 18-25 years old should be excluded.

Table 1. For STIs, please add “self-reported STIs, ever”

• Page 7. Para 3. Please describe what is meant by “partner was an unknown person”. Is this a casual partner?

• Page 7, para 4: are all differences non-significant?

• Table 2, title: is the age range 18-25, or 19-25? For the purpose of comparison, age 18 should be excluded from the Finnish sample.

• Table 2: Is the table showing one logistic regression model, or separate adjustment as described in the footnotes? If the later, the presentation of the
Table is wrong and it does not fit into what is described in the text. The same is for the Tables 3 and 4.

- Table 2: In the Finnish sample, only being in the age group 20-25 increased the odds of reporting >6 partners in life. From the table, it is not clear that age as a variable is statistically significantly associated with the outcome.
- Table 2. Does the relationship status refer to the current status?
- Table 2 and 3: background factors should be changed to selected socio-demographic and sexual behavior variables
- P-values for all the variables should be shown in the table, in case it is claimed that the variables (not the categories of the variables) are significantly associated with the outcomes.
- For the sample of the Russian ethnic group, age is not significantly associated, and should not be interpreted as positive association
- In the Results, describe findings that are relevant i.e. statistically significant as a reader can see all the results in the tables
- Does the model in the Table 4 include as the outcome variable reporting ever having STIs? If so, the variable “unprotected last intercourse” does not fit into the model

**DISCUSSION**

- Page 9, 3rd sentence of the Discussion: please re-write it as it is unclear. Point out here which factors were significantly associated with the outcome

Page 9, 3 para. Is there any evidence in Finland that young men are not willing to participate in such surveys? In other countries, young men were successfully recruited in surveys on sexual behavior.

The authors should discuss the bias related to self-reporting of STIs.

One of the recommendations should be to consider testing on Chlamydia from non-invasive specimens (urine) as part of such surveys. In some other countries (UK, Slovenia), it was found that chlamydia prevalence was higher in young men than in young women.

The association of early sexual intercourse (<15) came out as a strong correlate of unprotected sex intercourse in Finland. As it is a factor amenable to change, it should be discussed from the point of STI prevention and sexual health promotion. It also came out as predictor of multiple partnership in both countries.

The authors should discuss the relevance of these findings for sexual health promotion in Finland and Estonia, and describe briefly in the Introductory part of the manuscript the current advantages and disadvantages of programmes on reproductive and sexual health in Estonia and Finland.