Author's response to reviews

Title: More than just a cut: A qualitative study of penile practices and their relationship to masculinity, sexuality and contagion and their implications for HIV prevention in Papua New Guinea

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Author's response to reviews: see over
Reviewer's report
Title: More than just a cut: A qualitative study of penile practices and their relationship to masculinity, sexuality and contagion and their implications for HIV prevention in Papua New Guinea
Version: 2 Date: 24 April 2012
Reviewer: Leickness Chisamu C Simbayi

Reviewer's report:
As acknowledged by the authors themselves medical MC is a major issue in the context of hyperendemic HIV situations in East and Southern Africa but not exactly so for PNG. While the manuscript is very interesting and represents an excellent piece of work, it’s relevance for HIV prevention in PNG is still very limited. It is clearly medical anthropological work, it is in my view more appropriate for other journals such as Culture, Health and Sexuality; Masculinities; Medical Anthropology; International Journal of Men’s Health, Journal of Sex Research, Social Science & Medicine, etc.

The methodology chosen is appropriate but no limitations are highlighted. The analysis used did not apply theoretical saturation nor other concepts used in qualitative research such as trustworthiness (viz., credibility, dependability, transferability and conformability).

A limitation has now been included:
As a qualitative study the primary limitation was the use of self-reported penile modification. In the absence of a clinical examination participants’ self-reports could not be validated.

Saturation has not been addressed:
Data saturation was reached in relation to both research site and gender.

The results appear as some monologue under each type of MC without using sub-headings for the different themes or sub-themes.

Sub-themes have now been included under each type of penile cut.

The Discussion was rather limited in scope and could do with more explanations of the findings.

We have taken this suggestion on and considered it very seriously. After discussion with all of the authors we feel that the discussion as it currently stands is thorough and that we want the discussion to do something quite different from the results section.

Finally, the authors have too many notes which is rather problematic when one is reading. They should keep them to a minimum.

The number of notes has been reduced and kept to a minimum.
In section below I chose option 3 for the sake of completing the review only.

**Level of interest:** An article of outstanding merit and interest 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:**
I declare that I have no competing interests.

**Reviewer's report**

**Title:** More than just a cut: A qualitative study of penile practices and their relationship to masculinity, sexuality and contagion and their implications for HIV prevention in Papua New Guinea

**Version:** 2 **Date:** 28 April 2012

**Reviewer:** Nittaya Phanuphak

**Reviewer's report:**
Kelly and colleagues have nicely detailed the complex nature of diverse penile practices in PNG. These information are of importance to plan how PNG could effectively incorporated medical male circumcision into country’s HIV prevention program. Overall, this is an interesting article in its field. However, the authors may consider to revise their manuscript according to the following comments in order to strengthen their findings and conclusions.

**Minor Essential Revisions**

1. **Background, paragraph 3,** please correct HIV prevalence number for Port Moresby (currently stated 16.9.8%).

   **It now reads:**
   A 2010 bio-behavioural survey in Port Moresby [19] found that 17% of the sex worker population were HIV-positive. PNG is urgently trying to find alternative means of stemming the incidence of HIV.

2. **Background, paragraph 7,** please put BSS abbreviation after Behavioural Surveillance Survey when it first appeared.

   **It now reads:**
   In the 2006 PNG National HIV/AIDS Behavioural Surveillance Survey (BSS), 1358 working adult males were interviewed [26] and some form of penile cutting or circumcision was reported by 26% of truck drivers, 45% of Ramu sugar workers, 67% of military personnel, and 70% of port workers interviewed.

3. **Results, paragraph 1,** please describe "penile shooting" as it first appeared in this paragraph without prior text stating that it is probably the other name of penile bloodletting practice.
Penile shooting and bloodletting can be used interchangeably sorry for the confusion. Penile shooting removed and penile bloodletting included. It now reads:
Of the male participants (N=276), 131 identified as having conducted some form of penile practice. Some men reported having undergoing several penile modification practices, for example both penile bloodletting and a contemporary cut.

Discretionary Revisions
1. Categories of penile practices should also be described by study sites in the first paragraph of the Results and shown as part of Table 1. This would help readers to follow details on each type of penile practices in the paragraphs below more easily. Also, it will help support the text in the second paragraph of the Discussion.

We have taken this discretionary revision into consideration and gave decided against making such a change. Our decision is based on the fact that some people we spoke to did not undertake their cut in the province where we spoke to them. For example, we spoke to men in Port Moresby who had undergone a traditional penile cut in West New Britain. We think it’s best to remain a point of discussion in the results section where we describe the cuts.

2. Conclusions, paragraph 2, the authors may want to suggest how the country should advocate for medical male circumcision in a way that it is seen by their people to suit the diverse culture, meanings, and reasons they currently have for the other penile practices. Focus should be made on those for contemporary penile cutting commonly performed nowadays.

We already have the following in this paragraph and because it is not the place of the authors to suggest if MC should be rolled out in PNG we think that the following suffices and meets the reviewers concerns.

Ultimately, to overlook the current penile practices, their meanings and their public health risks would have a disastrous impact on any intervention program that advocates for MC. In addition to taking account of women and men’s acceptability of MC, to ignore the current cultural context of penile practices may undermine any clinical benefit of MC. In fact, the cultural meanings of contemporary non-customary forms of penile cutting and bloodletting may provide avenues to promote MC in PNG, if deemed an appropriate technology to stem the epidemic.

We have already added the following to the conclusion paragraph in the abstract which now reads:
If an MC program were to be successfully rolled out in PNG to prevent HIV it would need to work within and build upon these diverse cultural meanings and motivators for penile practices already commonly performed in PNG by men.
3. The authors may consider to add the biological explanation of foreskin removal in medical male circumcision for HIV prevention when discussing the longitudinal cut commonly performed in PNG.

We now have the following:
The most common type of contemporary cut reported was the ‘straight cut’, analogous to the longitudinal dorsal slit reported above (Figure 2a). This cut is different from that advocated in MC in a very important way. Although the foreskin changes profile and it can appear that the foreskin is removed in fact the foreskin that has undergone a dorsal slit remains.

4. The authors may want to point out more clearly in the Conclusions paragraph (in the Abstract) that the country could build on the diverse culture, meanings, and reasons of penile practices which are already commonly performed among PNG men to successfully implement medical male circumcision for HIV prevention.

The final sentence of the conclusion in the abstract now reads:
If an MC program were to be successfully rolled out in PNG to prevent HIV it would need to work within and build upon these diverse cultural meanings and motivators for penile practices already commonly performed in PNG by men.

**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:**  
I declare that I have no competing interests