Reviewer's report

Title: Socio-cultural and individual determinants for motivation of sexual and reproductive health workers in Papua New Guinea and their implications for male circumcision as an HIV prevention strategy

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Reviewer: Michael Stalker

Reviewer's report:

1) The authors describe the study as "mixed methods" however, only qualitative methods are mentioned in the manuscript. Creswell (2006) defines mixed methods as a philosophical and methodological approach that combines qualitative and quantitative methods. It would be helpful for the authors to offer an operational definition of mixed methods that justifies their use of the term/approach for this study. Only qualitative data are presented.

2) The authors cite the WHO/UNIADS recommendations to provide male circumcision in high HIV prevalence areas. The recommendations are more narrow and suggest that male circumcision be offered as part of a comprehensive HIV prevention strategy in geographic areas with high HIV and low MC rates. It would be helpful for the authors to relate the specific recommendation to the PNG context. It seems somehow incomplete to only mention the HIV rates.

3) Related to the above, it would be helpful to understand the MC context more, including traditional or cultural MC. This would be important for PNG-naive readers.

4) The framework section includes a discussion of organisationl factors, which is essential to frame the work. However, this discussion includes elements from the health systems strengthening - specifically the first sentence in the second paragraph that starts, "In PNG, a review of health system capacity..." The organisational capacity is a subset of broader health systems strengthening. Clarification on the intersection of the two levels, or different treatment of the health system capacity would be helpful.

5) The end of the framework section seems to end with a broad assumption that understanding motivation can produce structural changes, which in turn can lead to more effective services. The paper could be strengthened by more explicit explanation for this. Perhaps the section could be softened somewhat to suggest that understanding motivation can play an essential role in delivering services. Individual motivation may result in service enhancements, independent of structural changes - at least from my understanding of the data presented.

6) The methods section could be enhanced with additional details on some of the design decisions that were made. Based on the information presented, 29
frontline healthcare workers participated in a total of 32 IDIs (it is not clear why some were interviewed twice or how those who did were selected), 1 focus group (what was the methodological rationale for conducting an FGD among study participants who were also IDI respondents, did the FGD come before the IDIs or after), and an unspecified number were also observed. Answers to these methodological questions might help with replicability of the study in other contexts.

7) It is not clear how many people were involved in the data analysis. More information on this, possible inter-coder reliability, and how the data was managed/synthesized would also help with replicability.

8) In the result section, the concept of volunteer workers is introduced. Are there any major findings that are unique to the volunteer workers? How do the data from that segment differ from paid HWs?

9) The comment "While risk is most obviously associate with Port Moresby..." presumes a familiarity of context that may not be present for readers with limited knowledge of the PNG context.

10) The selected quote for doing God's work or God making it possible for success seems to have a more narrow focus, specifically of God making is possible. I did not see supporting data for doing God's work.

11) The authors suggest that the findings have the potential to be applied in other developing countries considering implementation... However, it seems that it is the need to understand the variables or constructs (from the social constructionist perspective) that might influence sexual and reproductive health, and other, services. It seems the framework or approach is what might have applicability in other areas, rather than the findings from PNG, per se.

12) There were new concepts, e.g., social capital, self-efficacy, tribal tension, task shifting, introduced in the discussion section, which had not been presented as part of the framework nor seemed to emerge from the data. These concepts need to be presented earlier in the manuscript. It is not clear, based on my read, that these emerged explicitly from the data.

13) The link between the findings and their applicability to MC services is not clearly linked. The findings could equally apply to expanding other SRH services.

14) It would be helpful to know if the study examined possible differences between adult MC services and early infant MC services.

15) One possible limitation may be the apparent lack of explicit exploration on motivation to deliver MC services. That was not clear in my read of the manuscript.

Level of interest: An article whose findings are important to those with closely related research interests

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.