Author's response to reviews

Title: Comparison of risk behaviors and socio-cultural profile of men who have sex with men survey respondents recruited via venues and the internet

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Author's response to reviews: see over
Dear Editor,

Ref.: Ms. No. 1319557165254033 (Comparison of risk behaviors and socio-cultural profile of men who have sex with men survey respondents recruited via venues and the internet)

Thanks for considering our manuscript for publication in the BMC Public Health. We would also like to thank all Reviewers for the invaluable and constructive comments on the manuscript. We have revised it accordingly and please see attached for our reply to individual comments.

Thank you very much.

Sincerely,

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Reponses to Comments from the Editorial Board and Reviewers

In responses to comments from the Editorial Board:

E(1): I think that the paper needs to shortened, more focused and some additional changes to avoid repetition on the tables.

A: The paper has been shortened and made more focused. The tables have been modified and simplified.

E(2): We recommend that you copyedit the paper to improve the style of written English.

A: The paper has now been edited for use of English.

E(3): Please provide more context information, in addition to aims, within the ‘Background’ section of your Abstract.

A: More context information is provided in the ‘Background’ section of Abstract of the revised manuscript.

In responses to comments from Reviewer #1

Major Compulsory Revision

R1(1): Referring to Table 1: Do I understand correctly that for the question when HIV infection can be detected via blood test, the answer “one week after infection took place” was rated as appropriate? What kind of test for HIV is usually available to people in Hong Kong? What is the official statement on the length of the “window period” for detection of HIV infection? Even for PCR-based testing a period of only one week seems too short for me. Did participants have the option to vote for an alternative time period or was their only option to rate the statement as appropriate or inappropriate? If so I would suggest excluding this question from analysis.

A: Respondents were asked to answer a closed-end question on whether they think that “HIV infection can be detected via blood test one week after the infection took place” and response categories include “yes”, “no”, and “not certain”. The answer option “no” is considered as the appropriate answer. We are keeping this question item in the analysis. This is now clarified in Table 1 and its footnotes.
HIV antibody testing in Hong Kong involves two steps: a screening ELISA assay followed by a confirmatory test with Western Blot. Recently, other rapid test such as Oraquick Rapid HIV-1 Antibody Test has also been adopted. The official statement on the length of “window period” for detecting HIV is usually “3 months”.

Minor essential revisions

R1(2): Some characterization of the websites on which the survey participants were recruited would be useful, particularly since the sample size of the internet sample seems comparatively small. One of the main reasons for researchers who turn to the internet as a recruitment site for MSM convenience samples is the ease to recruit comparatively large numbers of participants within short time periods. The relatively small internet sample size in this case raises questions about a possible sampling bias. I am well aware of the problem to evaluate and address the problem of self-selection in convenience samples, but the possibilities for a self-selection bias in the internet participants should at least be mentioned and discussed in the discussion section, especially because response rates and biases in internet surveys are so difficult to estimate. A short description, how the survey and its purpose were introduced and explained might be helpful in this respect.

A: We now briefly describe about the characteristics of the websites and how the study was introduced to the internet-recruited respondents in the text. To recruit respondents from the internet, peer workers of the project posted a URL link of the questionnaire on the discussion forms of gay websites frequented by local MSM. These websites have chatrooms, gay guide (e.g., local gay venues address), partner-finding, etc. At the beginning of the web questionnaire, the study background and purpose, our target respondents, voluntary participation nature, and confidentiality issues etc. was stated (which is the same as the venue-based part of the study). (Page 4-5 of the revised text).

Sample size however, is unrelated to bias which is systematic error; larger sample size would produce a narrower confidence interval and reduce sampling error instead of bias. We agree with the review about issues of self selection in the internet and add this to the Discussion (Page 13 of the revised text).

R1(3): Since incentives for participants are not mentioned I assume that none were provided. However, if incentives were provided, they should be described.

A: An incentive of HK$50 (about 6.4US$) were offered to the venue-based sample, but not the internet-based sample (because of lack of face-to-face contact and anonymity nature). A description of such is now given (P. 4-5 of the revised manuscript).
R1(4): There is no hint in the tables or the text of the manuscript that information on HIV status of the participants was collected. Only a question on HIV testing in the last 12 months is mentioned. Differences in sexual risk behavior between venue-sampled and internet-sampled participants might be influenced not only by different socio-cultural profiles but also by different proportions of HIV positive participants. In Western Europe, North America, and Australia, particularly HIV-positive men often use the internet for partner seeking because the relative anonymity of the internet facilitates HIV status disclosure and HIV serosorting. If the situation in Hong Kong is similar, this could be a possible explanation for higher rates of UAI and self-reported STD in the internet sample. If information on HIV status was not collected, this possibility should at least be considered in the discussion of the data.

A: The question on HIV status was not asked in the present study. This was due to the highly sensitive nature of the question, particularly in the case for the venue-recruited respondents. We agree that HIV status is another important factor affecting an individual’s sexual risk behaviors. This point is discussed as another limitation of the study (Page 12-13 of the revised text).

R1(5): Differences between sampling sites could not only be due to differences between participants, but partly also due to differences in the collection of the data: the venue-based sample was interviewed face-to-face by trained interviewers, which may introduce a social desirability bias especially for delicate questions like UAI, commercial sex, and history of STD. The internet sample filled out a self-administered questionnaire. Due to the larger perceived anonymity and confidentiality the social desirability bias in the answers of the internet participants may have been a smaller.

A: We acknowledge the limitation of differences in data collection between the two samples and cannot rule out the possibility of a social desirability bias in the Discussion (P. 13 of the revised text). Both methods are totally anonymous in order to reduce the bias. Some of the results showed that internet-recruited respondents as compared to venue-recruited ones were giving higher prevalence of undesirable behaviors (e.g. multiple MSM sex partners and use of psychoactive substances), suggesting that social desirability bias may not always be bigger for the venue-based group.

Discretionary Revisions

R1(6): Could you give examples what kind of “other HIV preventions services” are offered for MSM in Hong Kong?
A: In Hong Kong, other HIV prevention services available to MSM include free voluntary HIV counseling and testing, peer outreach education, condom/lubricant distribution, education messages on websites and magazines etc.. Due to the length of the report (we were asked to shorten the report), we are now listing these services in the text (P. 5 of the revised text).

R1(7): In summary:
A comparison of different sampling methods for convenience samples of MSM is important for the interpretation of respective survey results. A good and detailed description of the sampling methods and survey approaches is needed to compare different samples. Especially the description of the internet survey could be more informative. Some potential confounding factors for the comparison of the samples have not been adequately considered in the discussion of the results.

A: We agree with the reviewer and have made changes accordingly.

**In responses to comments from Reviewer #2**

**Major Compulsory Revisions**

R2(1): This paper raises interesting methodological issues about sampling MSM. It suffers from several problems however: first, the authors seem to move from focusing on the methodological questions (comparison of the sampling methodologies) to focusing on the substantial findings (risk behaviors, intervention implications of people sampled in the two venues. Recognizing that these two issues are intertwined, the paper would be strengthened by a closer focus on one of these. I found the comparison of the survey methodologies interesting but if that is the focus, then the introduction, the presentation of the findings, and the discussion should keep this focus in mind. Although there are some interesting observations about the substantive differences between the two samples and what these differences may mean for prevention, it is important to first understand what these two sampling methodologies mean. The substantive areas could be covered possibly as a focus of another paper.

Based on my observations, I believe that the paper should be significantly shortened. It is probably better to think of it as a brief report. Also, the paper needs better copyediting in terms of writing style. It is plausible that the authors could address both these foci in one paper but then there should be clear discussion of these as two separate but related issues. Analyzing the first question – about the sampling methodology – would help us understand how to interpret some of the substantive differences reported.
The objectives of the study is very clear - it aims to compare the socio-cultural and risk behaviors’ profiles of Hong Kong MSM respondents recruited via venue-based or internet-based sampling methods. Any between-group differences would draw researchers’ attention to careful choice of data collection method and readers’ attention to interpret and to compare data obtained from different sources with care. The analyses consistently followed the study aim. Please note that there is not a separate method part and a substance part in the paper – the between group differences in HIV-related cognitions and behaviors illustrated potential impact of different data collection methods onto the findings. The associations between the aforementioned factors and UAI were investigated separately for venue-recruited and internet-recruited respondents. Similar approach has been used in other papers on the topic (Ref#1). We therefore are keeping the work in one single report and not going to write two papers. We are keeping the reviewer’s comments in mind when revising the paper.

The paper has been shorted and edited.

References

For example, are these (internet vs. venues) really two somewhat overlapping but separate populations, or are these two biased pictures of the same population? If the former, then maybe two separate intervention strategies need to be developed, but if the problem is that the sampling methods we use are biased, leading to an incomplete and distorted description of the population, then the conclusions to be drawn may be very different.

These questions are important and interesting but cannot be answered with the data we collected as we did not ask about details about potential overlapping or separate populations. We add the idea to the Discussion (Page 11 of the revised text).

It would also be important to address this: what does the location of this study in China mean, if anything, in terms of the structure of the gay/MSM community there? How does this compare with other sites of studies that the authors cited in comparing their study results (e.g., U.S. studies)?

Hong Kong is a part of China and the interactions between MSM in Hong Kong and in mainland China are intensive (Ref#1; #2). Gay venues and internets are main sources of
recruiting MSM sex partners in Hong Kong as well as in other main Chinese cities (Ref#3; #4). We are adding these points to the text (Page 3 of the revised text). However, with the pressure to shorten the paper, we are not comparing our results with US data.

References
2. Lau JTF, Cai W, Tsui HY, Chen L, Cheng JQ. Psychosocial factors in association with condom use during commercial sex among migrant male sex workers living in Shenzhen, mainland China who serve cross-border Hong Kong male clients. AIDS & Behavior. (In press)

Some specific comments
R2(4): I don’t see the need to adjust for the “five background variables” or any covariates (see p. 8). Since the point of this paper’s analyses is to show that the groups are different in some important ways, there is no justification to then go and adjust the findings. If there is some reason, it should be explained.

A: We now remove this part of the analysis.

R2(5): Some of the sociocultural variables presented presumably form scales, I don’t understand why the authors present the items rather than scale scores as their results

A: These items are self-constructed and do not always have identical number of response categories. Further, though they refer to three aspects of socio-cultural variables, they do not necessarily represent a psychological construct and calculation of a scale scores might not be appropriate.

R2(6): The tables replicate the same results in various forms. It is sufficient to show differences between the samples (Tables 1-3). Table 4 replicates the same findings in a different format of analysis.

A: Table 4 summarizes the multivariate results of the between-group differences. We are now removing non-significant variables from Table 4 to make it less busy.
R2(7): Table 5 present different analysis that, as I say above, need not be the focus of this paper. This data would only be interesting (with the methodology focus in mind) if the ORs for group I are different from the ORs for group V. That is if conclusion about predictors of UAI taken from one sample are different than conclusions about predictors of UAI taken from the other sample. Looking at the results in Table 5, this does not seem to be the case for at least some of the findings, for example, the OR for age group do not seem different between group I and V, even though it is significant for group V and not significant for group I.

A: We agree with the reviewer that the purpose of Table 5 is to show whether the associated factors are the same for the internet group and the venue group and we clarify this in the Introduction. It is natural that there are both similarities (e.g. with best friends supporting one’s sexual orientation) and differences (e.g. perceived discrimination against MSM). We made clearer interpretation of the results in light of the similarity and differences of factors in the two groups.

R2(8): The discussion especially is confusing in terms of the focus of the paper. Also in it the authors sometimes veer off the findings and venture on conjuncture.

A: This is now edited.

We would like to thank you and all the Reviewers again for the invaluable suggestions to improve this manuscript.