Author's response to reviews

Title: Increase in condom use and decline in prevalence of sexually transmitted infections among high-risk men who have sex with men and transgender persons in Maharashtra, India: Avahan, the India AIDS Initiative

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Author's response to reviews: see over
Date: 22 July 2014

To,
The Editor,
Journal Editorial Office,
Biomed Central.

Dear Editor,

We thank the reviewers for their kind comments. We have addressed the concerns they have raised in their review. We have presented a detailed response to their comments in this letter.

**Reviewer 1:**

**Review:**
This paper has been reviewed previously. The current version has addressed the majority of the issues raised by previous reviewers and is at an acceptable standard for publication. I would support the publication of this manuscript. The only issue I have with the manuscript is the authors imply that they know the number of HRMSM/TG population, which I question. The data appears to capture a group of people identifying as HR-MSM/TG who attend STI clinics. In my opinion it is highly likely there are a group of people who are ‘hidden’ and as such are potentially more vulnerable to contracting HIV/STIs.

**Response:** We thank the reviewer for these comments. We would like to clarify that we have stated that the estimated size of the HR-MSM/TG population as of March 2009 was 10,240 (the estimation was done by participatory mapping and site assessment). We have clarified that in the manuscript. We agree with the reviewer that there may be some ‘hidden’ population that may have been missed. In fact we have highlighted in manuscript – “Also, bisexuals are usually difficult to identify and not covered by prevention programs. Thus, future programs targeting risk reduction should be more tailored to the local dynamics of MSM/TG, cover all MSM irrespective of their sexual identities, and be sensitive and culturally acceptable.”

“Improved access to STI clinics is important for HIV prevention since prompt treatment of ulcerative and non-ulcerative STIs are useful in reducing the transmission of HIV in this high-risk group [36, 37]. Furthermore, STI clinics serve as an entry point for counselling, behavioral change, and health care access in general. A recent study also reported that a structured intervention (which included risk reduction counselling and self-acceptance among MSM) has also been useful in reduction of incident bacterial STIs [38]. Thus, this entry point becomes particularly relevant for marginalized populations like MSM/TG, who may have poor health care access due to stigma and discrimination [34, 39].”
Is the question posed by the authors well defined?
Yes the question has been well defined and explicated throughout the manuscript.

Response: We thank the reviewer for these comments.

Are the methods appropriate and well described?
The authors have adequately addressed the methodological concerns noted by previous reviewers.

Response: We thank the reviewer for these comments.

Are the data sound?
Data analytic processes have been explained and data presented are easily to follow.

Response: We thank the reviewer for these comments.

Does the manuscript adhere to the relevant standards for reporting and data deposition?
Overall yes.

Response: We thank the reviewer for these comments.

Are the discussion and conclusions well balanced and adequately supported by the data?
Yes data were explained in a considered manner in the discussion. Appropriate conclusions have been provided.

Response: We thank the reviewer for these comments.

Are limitations of the work clearly stated?
Limitations have been correctly identified. In addition, strengths of the study have been presented.

Response: We thank the reviewer for these comments.

Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
A selected but not necessarily comprehensive literature has been referred to. The work does build on other literature including challenging the usefulness of RCTs in studies related to behavioural change in relation to condom use.

Response: We thank the reviewer for these comments. We have a couple of latest studies to our literature.
The additional references are:


**Do the title and abstract accurately convey what has been found?**
Overall, yes.

**Response:** We thank the reviewer for these comments.

**Is the writing acceptable?**
The manuscript was easy to read. However, it just needs a final critical read to pick up any extraneous errors that have been missed.

**Response:** We thank the reviewer for these comments.

**Reviewer 2**

1. Keywords - Transgender and TG are same. Any one may be retained. It will exceed the word limit.

   **Response:** We agree with the reviewer and we have just used the word Transgender in the key words

2. References are not uniformly cited. In some, the full name of journal [*International Journal of Public Health*] and in others, short form [*Sex Transm Infect*] appear. Uniformity is needed.

   **Response:** We agree with the reviewer and we have checked and formatted the references in the entire manuscript including International Journal of Public Health as per the suggestion.

3. Give the names of all authors instead of *et al* in References nos. 15, 25, 27, 31, 32, 35, 36, 37.

   **Response:** We have made the changes according to the suggestion.

4. The tables could be presented in a better way. Examples for Table 3, 4 and 5 are being given herewith.
Response: We have modified the tables according to the suggestion.

Hope these changes are satisfactory.

Sincerely,

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