Reviewer’s report

Title: Ten years of lesbian health survey research in the UK West Midlands

Version: 1 Date: 10 November 2006

Reviewer: Theo G. M. Sandfort

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

This paper reports about four studies, carried out between 1995 and 2005, that assessed the prevalence of health problems in lesbian and bisexual women in a specific part of the UK. There are several ways in which this paper could be improved substantially.

The question the paper attempts to answer is certainly not original. The introduction to the paper raises expectations (regarding information about physical health needs) that are hardly fulfilled. More extensive acknowledgment of research that has been done in this field would strengthen the introduction. Without checking all references, it seems that at least King et al (2006) presented similar findings.

Publication of the findings does not seem to be irrelevant, though. A more extensive and consistent description of the methodology used would be a prerequisite. More specifically, I would like to see a description of the actual questions posed (E.g., what (and how many) question(s) is asked about eating disorder? Are all aspects indeed assessed with just one question? Etc.) and a data-based discussion of the quality of the samples used.

A major limitation of the study is the use of convenience samples. The authors’ statement that all survey research about this topic has had to rely on convenience sampling is incorrect. The way representative studies are discussed (“high level of refusers,” etc.) unjustly disqualifies studies that have used probability samples. The disadvantages of convenience samples outweigh the disadvantages of non-response if the aim is to assess prevalence rates. The authors seem to have a blind confidence in the Government’s estimate of a proportion of 6% people of the (British) population that is homosexual. Such a statement has little meaning without a definition of how this is conceptualized and actually assessed.

The authors report that every effort was made to involve as wide a cross-section of the lesbian community as possible; there is no information about whether they indeed accomplished this. How many respondents were recruited via the various channels? (And did the prevalence of problems vary in relation to these channels?)

The recruitment via service providers is likely to have biased the outcomes.

By using words as “increasing” and “dropped” in the discussion, the authors imply that the samples are comparable and allow for comparison over time. I do not think that that is justified.

Also, how independent where the samples (how likely is it that some of the same people filled out the questionnaire more than once?).

The authors state that generalizability of the findings to the lesbian and bisexual population in the UK is unclear. This is of course even true for the lesbian and bisexual population in the West Midlands itself.

The results section mixes reporting of data and comparisons with figures from other sources. It would be more appropriate to make such comparisons in the discussion section. I wondered, though, whether these comparisons were valid: to what extent are we dealing with data that are indeed comparable/equivalent, assessed in the same way (in terms of questions asked and way of data collection, etc.)? There is not sufficient information presented to judge this.

The statements and figures about heterosexual women seem to be inconsistent. The numbers mentioned in the text and the percentages in the table do not correspond (unless a lot of women were missing on sexual identification; if that is the case, it should be reported).

The range in proportions of self-identified lesbians is being attributed to the varying proportions of
heterosexuals (what does that actually mean?). Closer inspection of the table shows that the wide range is predominantly caused by data from the last study. Do the authors have an explanation for that? Why is the last study so different? Could it be because online data collection was used?

The discussion section should be more focused on the data reported in the study. Why does it matter & why is it unfortunate that Denmark is “quite” a small country? The discussion in paragraph six of the discussion section is too speculative. The extensive quotation of figures from a recent overview seems superfluous. The idea to test the hypothesis about discrimination is intriguing but not as simple as the authors suggest here; I am not convinced of the relevance of mentioning this here.

Title and abstract seem to promise more than what is actually delivered. The scope of the four studies is somewhat limited.

The writing in itself is acceptable.

Some minor points:
Why are the outcomes of the Danish study not presented in the introduction?
What kind of group was the group Lesbewell, why did it exist, what was its aim?
The authors mention in the methods section that at the time of the first two studies “there was no NHS public health provision targeted towards the general health needs of lesbians (…).” What kind of provision should we be thinking of? Why is this relevant?
It is not clear why the authors use “even though” in the one but last sentence of the fourth paragraph of the results section.
Discussion, paragraph two: The second sentence is unclear to me.

With few exceptions, my comments require major compulsory revisions.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.