Author's response to reviews

Title: Care seeking behaviour and barriers to accessing services for sexually transmitted infections among female sex workers in Laos

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Author's response to reviews: see over
Author’s responses to reviewer’s comments
Thank you for giving us the opportunity to resubmit a revised manuscript for your consideration.

Major compulsory revision

Background

Reviewer: Page 2, paragraph 2: The description of the contexts of sex work in Laos needs further elaboration: Any legal action against FSWs? What traditional culture leads to stigma towards sex work? What entertainment facilities where FSWs work (e.g., bar, karaoke, massage parlour)? and How women sell sex from that facilities?

Author’s response: The description of the context of sex work in Laos has been elaborated. Legal action against FSWs has occurred in recent decades in Laos. We have described this in paragraph three from line 49, page 2.

Reviewer: What traditional culture leads to stigma towards sex work?

Author’s response: We have now expanded traditional culture towards FSWs and included additional information from lines 47 to 59.

Reviewer: What entertainment facilities where FSWs work (e.g., bar, karaoke, massage parlour)? and How women sell sex from that facilities?

Author’s response: We have now added additional information about entertainment places in Laos such as beer bars ‘drinkshops’, karaoke bars, nightclubs, guesthouses and restaurants from line 53 to 55.
We also provide additional information about FSWs from entertainment places in Laos in line 55 in the background section.

Reviewer: Page 3, paragraph 1: The authors need to provide data to back up the statement that: “Access to and availability of good quality services is still relatively limited in Laos, especially in rural areas.” The author mentioned about self-medication for STIs, but what form of self-medication women used? In reviewing some barriers to STIs services among FSWs, the authors need to specify the countries where studies were conducted and how these countries were similar to Laos in terms of social and political contexts of commercial sex. Also, the authors need to document how barriers to STIs services were defined from existing literature (e.g., structural/system barriers, technical barriers, policy barriers).

Author’s response:
Regarding the issue of access to and availability of good quality services, this is still relatively limited in Laos, especially in rural areas; we have made clarification in the fifth paragraph, from line 68 to 71.

Reviewer: The author mentioned about self-medication for STIs, but what form of self-medication women used?
Author’s response:
We have now clarified about self-medication among FSWs in line 74.

Reviewer: In reviewing some barriers to STIs services among FSWs, the authors need to specify the countries where studies were conducted and how these countries were similar to Laos in terms of social and political contexts of commercial sex.
Author’s response:
We have now focused on the country that has similar social and political contexts of commercial sex; other countries that are different in term of social and economic context have been removed.

Reviewer: Also, the authors need to document how barriers to STIs services were defined from existing literature (e.g., structural/system barriers, technical barriers, policy barriers).
Author’s response:
We have now clarified the existing literature used in the manuscript. Structural and individual barriers have now made clear from line 75 to 81.

Reviewer: Page 3, paragraph 2: The papers only examined some of barriers, so the authors need to state upfront in the specific aims what barriers to be examined in the paper. Also the aims should include the examination of some determinants of care seeking behaviour among women as presented in the methods (i.e., logistic regression), findings, and discussion.

Author’s response:
Regarding the issue of barriers, we cannot state upfront in the specific aims what kind of barriers to be examined since these barriers emerged from the open-ended question. However, we have added a determinant aspect in the aim e.g. to describe the associations between background characteristics and care seeking behaviour in the last paragraph in the aim of the study, from line 88-89.

Materials and Methods
Study area:

Reviewer: This section should be more focused on description of sex work and STIs services to put the data in a specific context of study sites. There is a lack of information on sex work and entertainment facilities in the study location: e.g., estimated numbers of sex workers, numbers of entertainment facilities, and distance form sex venues to health facilities.

Author’s response:
Regarding the description of sex work and STIs services in the study area, we have provided information on sex work and entertainment facilities in the study location e.g. number of hospitals at provincial and district level, number of private clinics, public and private pharmacies as well as health personnel in the study setting.
We also have added information on sex work and entertainment facilities in the study location: e.g., estimated numbers of sex workers, numbers of entertainment facilities, and distance form sex venues to health facilities from line 123 to 127.
Reviewer: Page 5 paragraph 1: The authors should provide specific data/figures on prevalence of STIs and HIV (reference 16).

Author’s response:
We have now provided information about specific data/figures on prevalence of STIs and HIV in the fourth paragraph from line 129-130.

Reviewer: Page 5 paragraph 2: It remains unclear how women were identified as selling sex. Did the authors mean that the study included women who self-reported as selling sex? Please clarify.

Author’s response:
How the women were recruited in the study now made clear in lines 144 to 146.

Reviewer: Page 6, paragraph 1: Please rephrase “barriers to accessing services” to read as” some reasons for women not seeking care when RTI/STI symptoms present”. Barriers are too general and too broad and not all covered in the study.

Author’s response:
The “barriers to accessing services” has now paraphrased to read as” some reasons for women not seeking care when RTI/STI symptoms present” in line 156.

Reviewer: Page 6, paragraph 2: What the authors mean by “time efficient”.

Author’s response:
We agreed with the reviewer that the statement “time efficient” mentioned in data collection procedure is vague; the statement has been removed from line 166.

Reviewer: Page 7, paragraph 1: Please clarify places where women were interviewed.

Author’s response:
We have clarified about the place where the women were interviewed from line 181 to 182.

Reviewer: Page 7, paragraph 2: Description of the logistic regression models remains unclear: What are care seeking behaviour variables? (e.g., whether women seeking care within ( # of) days, weeks, or months since the time when the first symptom presented). What are respondents’ characteristics included in the model?
Author’s response:
We have added additional information about the logistic regression models and provided examples. This had now been clarified in the analysis section from line 193 to 195.

Results

Reviewer: Page 8, paragraph 3: Please correct: “41% had had experienced RTI/STI symptoms” to read as: “41% had experienced RTI/STI symptoms”
Author’s response:
We have corrected “41% had had experienced RTI/STI symptoms” to read as: “41% had experienced RTI/STI symptoms”. This has been rewritten in line 220.

The statement “76.2% reported having abnormal discharge” also has been rewritten as suggested by the reviewer in line 222.

Reviewer: Page 8, paragraph 4: It is more meaningful if the authors report the proportion of women seeking care within a specific time intervals between the time when women sought care and the time when the first symptom(s) presented.
Author’s response:
We have added a specific time intervals between the time when women sought care and the time when the first symptom(s) presented in the results section from line 228 to 229 and in table 3.

Reviewer: Page 9, paragraph 2: Please rephrase the section title: “barriers to RTI/STI services” to read as: “Perceived service structure and responsiveness and some reasons for not seeking care”. Accordingly, the word “main barriers” for those who had sought care should be changed as women already presented at the clinic. These can be considered as barriers only when women were asked whether they would like to come back for further visits.
Author’s response:
Regarding the section title “barriers to RTI/STI services”, we have modified and re-written the section title as “Barriers to and perceptions about RTI/STI services” in order to capture the meaning of this aspect in line 237. Although the women had sought care, their responses could be barriers or perceived barriers to service use.
Reviewer: Please clarify whether those who had not sought care had experienced a symptom of RTIs/STIs or not, or included both those who had and did not have a symptom of STIs during the time when the study was conducted.

Author’s response:
We have now clarified those who had not sought care had experienced a symptom of RTIs/STIs currently or within last 3 months (n=115) in line 243.

Discussion

Reviewer: Page 10, paragraph 2: The author stated that “two thirds of the respondents were children”, but in the finding: “About half (49%) were adolescents”. The authors seemed to mix up adolescents with children.

Author’s response:
We have removed the sentence “two thirds of the respondents were children” from line 273 after reference 16 and 17 since the result did not show in table and it confused the reader.

Reviewer: Page 11, paragraph 1: The authors concluded that: “Barriers mentioned by those respondents who had sought care were mainly related to quality of care”, but in fact, this was because the questionnaire, as described in the methods section, included question items to collect such information.

Author’s response:
Regarding the “Barriers mentioned by those respondents who had sought care were mainly related to quality of care”, these responses were from an open-ended question. Therefore responses from those who had visited a health facility for their problems could be viewed as experiences of quality of RTI/STI services.

Reviewer: Page 11, Paragraph 2: The authors provided some information related to stigma, but no method to collect such information was described and such information was not presented in the finding.

Author’s response:
We have now mentioned the method to collect information about stigma in line 16. We also added the issue of stigma in the results section from line 246 to 248.

Reviewer: Page 13, paragraph 2: The statement that: “STI services being available and accessible in all study districts” seem to be contradictory to what described in the background in paragraph 1, page 3: “Access to and availability of good quality STI services is still relatively limited in Laos…. Lack of STI clinics…”

Author’s response: We have now clarified the statement “STI services being available and accessible in all study districts”. In fact, this statement did not contradict what was described in the background in line 69 because all study districts are located in urban areas where STI services are available and accessible. However, we provided additional information in line 341.

Reviewer: Reviewer was unable to locate discussion on the recommendation on the location of the drop-in centre in the paper. The authors should be aware that the location of the centre outside a hospital can make women become more easily recognized when they visit the centre. Also, what should be the name of the centre to avoid this dilemma?

Author’s response: Regarding the issue of location of the drop-in centre, we agreed that for FSWs who visit drop-in centre would easy be recognized. Therefore, we provided recommendation and a lesson learned from other setting from line 288-292.

English:

Author’s response: We have now checked for English and grammar and expression.

Reviewer: Page 6, paragraph 3, line 2: “and of”: please delete “of”

Author’s response: We have deleted “of” before the statement “FSWs in the study area” from line 170.

Reviewer: Page 7, paragraph 1, line 4: “are” should be “were”
Author’s response: we have rewritten the “are” is “were” in line 196.

Reviewer: Page 8, paragraph 3, line 3: “had had” should be changed to” had experienced” as mentioned earlier
Author’s response: The change has been made in line 220.

Reviewer: Page 9, paragraph 1, last line: the sentence: “43 percent were children 18 or younger” should be corrected
Author’s response: We have removed the sentence “43 percent were children 18 or younger” from line 235.

Reviewer: Page 12, paragraph 3, last line: “after a while” is not an appropriate phrase.
Author’s response: The word “after a while” changed is “after a period of time” in line 334.

Reviewer: Page 13, paragraph 2: The phase: “Despite STI services being available and accessible in all study districts” is incorrect.
Author’s response: We have made clarification in line 341.

Reviewer: Page 13, paragraph 3, line 5: “may not be getting get it” is incorrect.
Author’s response: We replaced “may not be getting get it” with “health information delivered through HCPs may have difficulty reaching these women” from line 355 to 356.

Reviewer: Also, many sentences should be improved in terms of structure, styles, and grammar.
Author’s response: The language has now been corrected in the whole paper by an English speaking person.