Author’s response to reviews

Title: VIOLENCE AND DEPRESSION AMONG MEN WHO HAVE SEX WITH MEN IN TANZANIA

Authors:

Lucy Mgopa (lucymgopa@gmail.com)
Jessie Mbwambo (jmbwambo@gmail.com)
Samuel Likindikoki (likindikoki@gmail.com)
Pedro Pallangyo (pedro.pallangyo@gmail.com)

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Author’s response to reviews:

Dear Editor,

Enclosed please find a revised manuscript entitled “Violence and Depression among Men who have sex with men in Tanzania” for your consideration for publication in BMC Psychiatry.

All reviewers comments were dealt with accordingly, bolded in black text. Hereunder are the specific responses to the editor bolded in red in both the letter and the manuscript.

Responses to the Editor

1) Regarding the comparability of studies the sentence below is included in the background section “However the differences observed in the rates of violence between non-IPV and IPV amongst studies could be explained by the differences in population characteristics (race, age) and methods (assessment tools, sampling procedure).”

2) Moral abuse is having someone discriminating against or humiliating the participant, this explanation has also been included in the manuscript.
3) High level violence was characterized as 3 or more yes answer based on the four questions asked based on four types of violence, this definition is provided in the manuscript as well.

4) The last sentence has been reviewed as seen in the sentence below, ‘‘A publication by Ahaneku et al. (2016) which utilized the same data set as Anderson et al.(2014) found a 46.3% prevalence of depression among 205 Tanzanian MSM, such findings are in consonance with other two other studies conducted in South Africa (Tucker et al.2013, Stoloff et al.2013).’’

Methodology

5) The Sub-headings have been added in the methods section of the text. Regarding recruitment of seeds the following sentence is added in the manuscript. ‘‘Although all interviews took place in a health facility, all participants came from the community’’

Results

6) Regarding the duration, violence experience, perpetration and violence perpetrators are amended in the results section as seen in the following paragraph. ‘‘With regards to perpetrators and associated type of violence; sexual partners were associated with a majority of sexual violence (66%), police were associated with a majority of physical violence (56%) while friends, relatives, neighbours and community members contributed to a majority of emotional violence, Table 2.’’

7) In the discussion, violence prevalence estimates were from non-IPV violence (paragraph 1

The 6 items included in the logistic regression model were mentioned in the manuscript (paragraph 2) i.e ‘‘age, education, marital status, depressive symptoms, and bottom and versatile sexual positioning’’
regarding high rates of depression observed in this study (paragraph 3) our sample was proportionally comprised of participants from the 3 main districts of Dar es Salaam. Furthermore, even within the districts, participants came from nearly all wards thus it is unlikely that our cohort was oversampled from the same neighbourhood.

8) Conclusion – strengthened as explained in the sentence below and in the manuscript”

The rate of violence and depressive symptoms amongst MSM in Tanzania is very high. In view of this, clinicians should strive to provide standard care and service regardless of individual’s sexual orientation. Policy makers need to design policies and programs aiming at preventing abuse and reducing stigma through safeguarding of human rights of MSM. Furthermore, studies are needed to identify the non-MSM community’s knowledge, attitude and practices towards MSM in this setting, such information is vital in designing interventions tailored specifically to reduce violence and depression.’’

9) Regarding Table 2, the word sexual (commercial and intimate) has been changed into sexual partners as seen in the table attached;

Thank you for your comments and consideration,

Lucy R. Mgopa, M.D., M.Med