Author’s response to reviews

Title: Acceptance of sexual minorities, discrimination, social capital and health and well-being: a cross-European study among members of same-sex and opposite-sex couples.

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Version: 6
Date: 22 July 2015

Author’s response to reviews: see over
Dear editor,

We would like to thank this last reviewer for the additional feedback on the manuscript. We paid close attention to this feedback and further improve the manuscript. The changes that were made are marked in red.

Reviewer:
I'm pleased to see the changes the authors have included that link minority stress theory with social capital theory. What now remain are issues to do with editing (a further serious round is required) as well as structuring of findings and discussion. I want to note that it is unfortunate that a reviewer has to point this out. It would typically be a role of the senior author to ensure the manuscript meets publication standards.

The referencing in the results section (under the heading descriptive analyses) doesn't adequately capture the essence of the information in the tables and is hence confusing. More importantly, the structuring, including the use of headings, of the reporting of the outcomes of multivariate analyses is highly confusing. Are different analyses reported under a different heading? Is this appropriately explained in the statistical analysis section? What about the different sections of Table 4 by dependent variable, how do these relate to the overall column headings? I must say that it is very difficult to follow what authors have done in terms of analyses and what they find. Substantial work is required here.

We entirely updated the results’ section to its original format to further clarify the analyses that were done; separately reporting on descriptives, correlations and then multivariate analyses:

"Due to matching procedures, the 315 individuals living in same-sex couples were relatively similar to the 315 individuals living in opposite-sex couples for the demographics of age, gender and years of education. Nevertheless, individuals living in same-sex couples reported significantly higher rates of individually perceived social capital compared with individuals in opposite-sex couples. Table 1 presents the respondent characteristics, stratified by sexual orientation. Levels of perceived LGB acceptance and directly experienced discrimination based on sexual orientation were significantly higher in the group of individuals living in same-sex partnerships than in opposite-sex couples."
Table 2 shows background variables and social capital by country. Country-level LGB acceptance in Europe ranged from 29.6% in the Russian Federation to 93% in the Netherlands. In the full sample, mean self-rated health varied from 2.1 in Ukraine to 3.5 in Cyprus. Subjective well-being ranged from 10.9 in Bulgaria to 16.7 in Sweden and Norway. Table 2 shows that directly experienced sexuality-based discrimination was most frequently reported among individuals living in high LGB acceptance countries. Discriminated individuals were younger and had longer education, see Table 3. The individuals living in same-sex couples reported higher levels of sexuality-based discrimination than individuals living in opposite-sex couples.

Additionally, being in a same-sex partnership was positively linked to individual social capital. Individual social capital itself was positively associated with years of education, self-rated health, and subjective well-being. Younger and individuals with longer education reported better self-rated health and subjective well-being.

Table 4 shows results from the multilevel structural equation models in regard to outcomes on self-rated health and subjective well-being. For self-rated health, the model’s goodness of fit was found to be sufficient when looking at RMSEA (0.188), TLI (-0.979) and SRMR (0.006) for self-rated health (Figure 2). However, the comparative fit index was rather small (0.884) and the model predicted 18% of all variance ($R^2=0.18$; standard error (SE)=0.04; $p<0.001$). The model for subjective well-being, shown in Figure 3, was sufficient when looking at the goodness of fit scores – RMSEA (0.139) and SRMR (0.007) – but was less suitable when looking at the non-normed fit index and the comparative fit index (-0.214 and 0.929, respectively). This model predicted 15% of all data variance in subjective well-being ($R^2=0.15$; $SE=0.03$; $p<0.001$) for the sample’s respondents.

Being in a same-sex partnership did not significantly contribute to the prediction of self-rated health and subjective well-being, after accounting for all covariates. However, higher levels of individual social capital predicted both better self-rated health and subjective well-being (see the β values in Table 4). Nevertheless, we recovered different results for country-level social capital. The between-level (comparing countries as clusters) path coefficients of social capital on the country level for the prediction of self-rated health and subjective well-being were not significant.

In the structural equation models, individual social capital is not significantly mediating the relation of same-sex partnership with self-rated health and subjective well-being. To further assess the moderating effect of living in a same-sex partnership on the models’ various c’ paths, we added interaction terms between same-sex partnerships and other variables to the models. None of the estimates for these interaction terms turned out to be statistically significant and were excluded from the final models.

After accounting for all covariates, LGB acceptance contributed positively to self-rated health and subjective well-being. In these models, LGB acceptance was found to be the strongest predictor of subjective well-being; it also predicted self-rated health, even when mediation through social capital was added to the model. Moreover, the structural equation models revealed that individual social capital was a significant mediator in the relation of LGB acceptance to self-rated health and subjective well-being. However, we did not observe any mediating effects of social capital in the relation of the demographical variables on self-rated health and subjective well-being. Nevertheless, a significant mediating effect was found for individual social capital when linking education with self-rated health and subjective well-being.
As table 4 shows, country-level social capital was also significantly positively associated with LGB acceptance. On the other hand, for country-level social capital, no significant relations are found with any of the dependent variables.

When further exploring the role of discrimination, we found a significant estimated path coefficient of sexuality-based discrimination to self-rated health and, to a lesser extent, subjective well-being. The addition of interaction terms with the discrimination variable only revealed a significant interaction with country-level social capital in their relations with self-rated health.

Similarly, the discussion would benefit from a more conventional structuring and not mixing in findings regarding description, differences and correlation. The discussion would also need a further heading as the last paragraphs are not about limitations. It would also be prudent to double check that all conclusions/inferences noted are supported by data.

We would like to thank the reviewer for this valuable input. We decided to maintain the thematic structure of the discussion in order to keep it aligned to the research scope that was also used in the article throughout. We added an extra heading ‘implications’ in the discussion section, because, indeed, this part was no longer about restrictions/limitations.

Thank you for considering the manuscript. Looking forward to your reaction.

With kind regards,

Arjan van der Star and Richard Bränström