Author’s response to reviews

Title: Sexual Risk Behavior and Substance Use among Young, Diverse Women Seeking Care at a Reproductive Health Clinic

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Reviewer reports:

Kelly Cue Davis (Reviewer 1): The present manuscript is a descriptive survey study of young women attending a reproductive health care clinic for routine medical exams. It describes their sexual risk behaviors, STI diagnoses, substance use, and depressive symptoms, and then assesses for differences in these based on race/ethnicity. The manuscript is well-written and clear. Although the findings are not particularly novel, they do support previous results and may be somewhat useful for informing intervention practices. I hope the authors find the below critiques useful when crafting their revision for this or another outlet.

RESPONSE: We thank Dr. Kelly Cue Davis for the thoughtful feedback and review. We believe these changes have resulted in an improved manuscript.
Abstract - page 2, line 30. Please clarify the difference between "White only" and "non-Hispanic White". Please also clarify this in the results section and describe how the "White only" women were coded for analyses. Are they in the non-Hispanic White group or something else?

RESPONSE: We have clarified our analyses based on race/ethnicity to guide interpretability. Based on the prior confusing nature of these categories, we have streamlined the description in the Abstract and then provided more detailed information in the text itself (p. 9).

In lines 41-44, make clear whether these differences were statistically significant. The conclusions in lines 45-47 could briefly address racial/ethnic differences in the findings.

RESPONSE: We have clarified the significance of these findings. We have also briefly addressed the racial/ethnic differences observed.

Introduction - page 4, lines 88-90 are awkwardly worded. Please rephrase.

RESPONSE: We have rephrased this sentence.

On page 5, it would strengthen the manuscript to present research on racial/ethnic differences in substance use and depression, particularly as these are cited later as reasons for the hypotheses. In the paragraph beginning on line 107, it would be useful to also include depressive symptoms here and in the next paragraph starting on line 116. I also suggest referring to this throughout as depressive symptoms rather than depression given that no formal diagnosis is made.
RESPONSE: We now refer to depressive symptoms, rather than depression, throughout the manuscript. The only exception is in our reference to women’s reported interest in receiving information regarding depression, as that was how the question was posed to participants.

We now include research on racial/ethnic differences in depressive symptoms (p. 5) and substance use (p. 5). We also include comments on depressive symptoms in the paragraphs on pages 5-6.

Method - page 7, line 155 - how were 1 and 2 labelled on the condom use scale? On page 8, I found the description of the peak daily alcohol use dichotomization confusing. Was this divided into 2 drinking variables (binge and high intensity) and then dichotomized yes/no for each of those? Please clarify.

RESPONSE: On page 7, we have provided the full scoring information for the condom use measure and also clarified the definitions of the drinking variables.

Results - page 10, line 207 - were women who did not fit either of the 3 racial/ethnic groups left out of all analyses? Line 223 - how were women coded who did not have any sex partners in the past 3 months? Lines 239-241 - the numbers in the text do not match the table.

RESPONSE: On page 10, we have clarified that those women not included in the comparison racial/ethnic groups were excluded from further analyses.

On page 11, we clarified the coding scheme for sex partners.

On page 12, we updated the text information to match the table in the case where we mislabeled e-cigarette as hookah use. In case the reviewer was also referring to apparent discrepancies between summative variables and information in the table, please note that the percentages are
rounded and thus might appear not to match. For example, marijuana use in each category in the last month was 15.4% (1-9 days), 5.4% (10-19 days), 5.4% (20-29 days), and 10.4% (every day), summing to 37%, although from the table this would appear to sum to 35%.

Conclusions - line 297 - number presented does not match the results.

RESPONSE: We thank the Reviewer for catching this oversight (p. 15).

One larger point - although interest in information was lowest for substance use, all of the categories were pretty low across the groups, with most right at the midpoint of the scale or lower. I think this should be addressed in the conclusions, with some possible suggestions for how providers should present such information to their patients when needed given the relatively low interest levels. Additionally, do findings suggest the need for universal screening of any of the conditions/behaviors explored here?

RESPONSE: We now address this relatively low interest level (pp. 17-18) and thank the Reviewer for this thoughtful commentary regarding the utility of universal screening.

Reviewer 2 (Reviewer 2): PEER REVIEWER COMMENTS: To view the full report from the academic peer reviewer, please see the attached file.

REVIEWER COMMENTS FROM REPORT: The study is clear and well reported, and the measures used are sensible and appropriate. The analysis is reported accurately and the findings are justified based upon the data.

ADDITIONAL REQUESTS/SUGGESTIONS:

None. The paper is refreshingly clear.

RESPONSE: We thank the reviewer for their kind words and review.