Reviewer's report

Title: Transgender Women in Malaysia, in the context of HIV and Islam: A qualitative study of stakeholders' perceptions

Version: 0 Date: 31 Jul 2017

Reviewer: Robyn Dayton

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* Overall, it would be useful to explain the ways in which actions by the religious community influence medical providers' opinions and trans women's use of services. It's not clear how religious organizations offering conversion therapy impacts trans women's uptake of medical services. I can see how these could be connected: for example, if medical services are affiliated with religious institutions, if trans women never disclose their gender identity because they have been traumatized through conversion experiences, or providers at medical facilities are telling their trans patients to go to the conversion camps. However, it would be helpful if you could make the link between medical service uptake and religious leaders/institutions more explicit.

* No need to cite statistics for trans women living in the US (page 3). The Baral citation you also have makes more sense.

* Use of the term transsexual should also be defined if it is going to be used in the paper.

* On page 5, a line states, "...participants were subject to discrimination by Islamic religious officials with some feeling reluctant to access medical services...." Related to the overall comment, the link between religious leaders and discrimination in medical facilities is unclear. Are medical providers influenced by the religious leaders and therefore discriminating? Is the connection more complex than this?

* There are several references to this article as a way to inform HIV prevention. What about HIV care and treatment? Are your findings applicable to all aspects of the HIV prevention, care and treatment cascade?

* Please explain the rationale for the exclusion criteria regarding infection by IV drug use (page 7). Please also explain why you only spoke with transgender women living with HIV as opposed to including transgender women who are HIV negative or have an unknown sero status.

* For the methods (page 8), did one person do all the analysis or was this a team? If there was a team, how did you ensure a standard analysis process?
* You reference when an opinion is in the minority (such as line 8, page 14) but don't give any numbers of how many people stated various opinions. Could some numbers be shared to give readers a better sense of how widely held an opinion was? For example, "7 of the 11 religious leaders were of the opinion...."

* Stigma and discrimination are present across all five of the analysis themes but "stigma and discrimination" is also a stand-alone theme. Perhaps the theme titled "stigma and discrimination" could be titled "violence" and focus on the most severe instances disclosed. Or perhaps there could be a theme on "exclusion and abuse" that describes that particular manifestation of stigma and discrimination.

* "Hermaphrodite" is not a biologically accurate term for intersex people.

* In your discussion, you mention many different actions that could be taken but do not make clear recommendations on where investments should be made beyond the (very important) need to invest in peer-to-peer services. There should be a clear list of recommended next steps that address the different barriers to HIV service seeking that you identify in the findings. It would be useful if this could include a bulleted list.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

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