Author’s response to reviews

Title: Sex work stigma and non-disclosure to health care providers: data from a large RDS study among FSW in Brazil

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Sex work stigma and its effects on health care: data from a large RDS study among FSW in Brazil.

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To the Editors of BMC International Health and Human Rights

Dear Academic Editor – IHHR

We genuinely thank the journal for the review of our manuscript. We found the reviewers’ insights very helpful, and have revised our text to address the points highlighted by the reviewers. We have thus conducted a major review of the manuscript. Further, below are the specific comments from the reviewers with responses to each of their queries. Thanks for the opportunity to revise our manuscript.
EDITORS' COMMENTS:

(1) Please change the Introduction' section of your manuscript to 'Background'
Author’s Response: We have adjusted the text accordingly

(2) Please revise your 'Consent for publication' section as detailed in our guidelines
Author’s Response: We have adjusted the text accordingly

(3) Please remove the current statement in your 'Competing Interests' section and replace this with "The authors declare that they have no competing interests"
Author’s Response: We have adjusted the text accordingly

(4) Please remove the 'Financial Disclosure' section of your 'Declarations'
Author’s Response: We have removed the text accordingly

(5) Please remove the statement 'This manuscript has not been submitted or accepted for publication elsewhere.' from your 'Authors' Contributions' section.
Author’s Response: We have removed the text accordingly

(6) Not more than 2 authors could have contributed equally to your manuscript.
Author’s Response: We have adjusted the text accordingly

(7) You should have your manuscript reviewed by someone who is fluent in English.
Author’s Response: The manuscript has been revised accordingly
REVIEWER 1 COMMENTS:

Comments: Overall: From the beginning (including in the abstract), it should be made clear that "disclosure" in this instance relates to FSW disclosing their involvement in sex work to health care providers. It is confusing that this is not specified from the start, as other forms of disclosure are also relevant to FSW health (disclosure of sex work to partners, peers, and family members; disclosure of HIV status, etc).

Author’s Response: Thanks for the comment. We have adjusted the text accordingly.

Comments: Introduction: Line 11 - sentence starts with AND. This should be changed.

We have adjusted the text accordingly:

Author’s Response: Furthermore, higher risk of other sexually transmitted infections (STI) act as co-factors to promote transmission.

Comments: Methods: I suggest some references are provided for the use of RDS, including citing articles that demonstrate that RDS has already been used for studies with FSW (in Zimbabwe and S Africa, for example). Some people continue to view RDS as a questionable sampling approach, but there is a growing body of literature supporting this method.

Author’s Response: We agree, and have therefore added selected references. In this study, RDS was chosen as the most appropriate method among available alternatives for reasons that included the hidden nature of FSW social networks.

Suggested references included:


Comments: Study Variables: For me, the weakest part of the paper is the way that the construct of "social rights" has been operationalised. I don't understand why access to condoms and exposure to STI knowledge have been included. The other variables e.g. "sexual exploitation" and "stigma and discrimination" make more sense. I suggest that "social rights" as a construct is removed, and the statistic on % of FSW who are members/participate in organisations to promote FSW rights can be provided separately, as evidence of the extent to which FSW are mobilised as a community. Condoms and STI knowledge fit better under "access and uptake of health services" and in results, could be reported alongside the other "healthcare indicators."

Author’s Response: Thank you for this comment. We have revised and adjusted the text accordingly.

Comments: Results - well presented and interesting! Author’s Response: Thanks

Comments: Discussion - i think it is very powerful to situate your findings alongside the legal context in Brazil. This is an excellent example of evidence framed as advocacy. I suggest you make clear that it is difficult to assess the direction of causality between participation in FSW rights' NGO and having a more positive attitude - on the one hand, NGO involvement is likely to stimulate social cohesion and collective efficacy among FSW but also, it may be that the most motivated and empowered FSW tend to join such organisations. A few references about FSW collective action and empowerment would be useful to situate the Brazilian findings in the international literature (see references by Blankenship or Kerrigan) - on page 13.

Author’s Response: Thank you for this comment. We have revised adjusted the text accordingly. References included:


REVIEWER 2 COMMENTS:

Comments: Overall:

1) Needs thorough editing. Many incomplete sentences throughout the manuscript, including the abstract.

2) Multivariate is inaccurate description - should be multivariable.

3) The paper is unfocused - too many independent and dependent covariates, some of which are likely highly correlated.
Author’s Response: Thank you for this comment. We have revised the entire manuscript accordingly. We understand that text has improved with a cleared focus.

Comments: Title: Use of the word "effect" suggests causality, which this paper cannot determine.

Author’s Response: Thank you for this comment. We revised the Title to: Sex work stigma and non-disclosure to health care providers: data from a large RDS study among FSW in Brazil.

Comments: Background: The main goal of the paper is to examine the association between stigma/discrimination and adverse health outcomes and health care utilization. The prior work on this is briefly glossed over (with another incomplete sentence) on page 4.

Author’s Response: Thank you for this comment. We have revised and adjusted the text accordingly.

Comments: Methods:

1) how did you choose the sociodemographic indicators? Very few were included and it seems that some key variables might be missing (e.g., race).

2) Presentation of the measures is imprecise (e.g., "percentage of FSW who received condoms for free"). If these were modeled at the individual level, then they are not percentages.

3) The organization of the measures is confusing and at this point in the manuscript, it still isn't clear what the independent and dependent variables are. Given that there are many, these should be more clearly labeled.

4) Page 7: should tell the reader the difference between types of health care services and why those differences might matter.

5) What is the role of the "indirect indicators" of sex work stigmatization? Are these additional outcomes? It's really unclear. Also, they are likely highly correlated with the health outcomes (e.g., HIV test, Pap smear) but definition.
In the stats analysis section, it appears that only "not always disclosing FSW status to a health care staff is the primary independent variable. Is this correct? If so, this needs to be made clear previously.

Author’s Response:

1) Race was included in the description of the variables in Table 1. However, race was not associated with the main outcome therefore we did not include in the multivariable analysis.

2) We revised the text and table accordingly.

3) Thank you for this comment. The entire sections on study variables and data analysis were rewritten. Briefly, our intention was to carry out the analyses in two parts. First, we used non-disclosure as the main outcome and assessed sociodemographic, social participation, human rights violations, health service access and utilization, disclosure and discrimination as potential predictors. We then fitted non-disclosure as an independent variable to assess its effects on adverse health outcomes adjusting for age, educational level, NGO affiliation, and type of health care routinely used, as shown in Table 3. We do hope the manuscript is now clearer.

4) Access to public health care is free of charge in Brazil to all citizens through the Brazilian National Health System. Even if someone does not have private health insurance, access to important health care to prevent HIV as well as cervical cancer among women, financial constraints should not be barriers. We have clarified this point in the manuscript.

5) Thank you for this comment. We revised the text and adjusted accordingly.

6) Thank you for this comment. We revised the text and adjusted accordingly both in the text and in Tables as pointed out above.
Comments: Results:

1) Confidence intervals should be included, not just p-values

2) Again, this is very hard to follow since the distinct aims have not been clearly outlined previously. Too many independent and dependent variables without a clear rationale for all of them distinctly.

Author’s Response:

1) Thank you for this comment. We have adjusted the Tables accordingly.

2) Please see comment above.

Comments: Discussion:

1) A lot of redundancy within discussion and between intro and discussion.

Author’s Response: Thank you for this comment. We have adjusted the discussion accordingly.

2) Where are the limitations?

Author’s Response: We totally agree, and have therefore added a section on limitations of our study.