Reviewer's report

Title: Sex work stigma and non-disclosure to health care providers: data from a large RDS study among FSW in Brazil1

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Reviewer: Joanna Busza

Reviewer's report:

This is a well-written and interesting paper. Brazil is known for its impressive response to HIV, including adopting human rights legislation within its health systems. It is therefore useful and important to highlight remaining inequities and vulnerability among key populations so that they may be addressed. This paper contributes evidence with practical implications for formulation of policy and programmes.

I have few comments, listed below. However, I am not a statistician and would recommend another reviewer with expertise in RDS analysis and interpretation also reviews the manuscript.

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).

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

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.

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."
Results - well presented and interesting!

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.

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.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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