Reviewer’s report

Title: The no-go zone: a qualitative study of access to sexual and reproductive health services for sexual and gender minority adolescents in Southern Africa

Version: 1 Date: 10 Jan 2018

Reviewer: Sean Cahill

Reviewer’s report:

This is an important contribution to our knowledge of the sexual and reproductive health (SRH) needs of sexual and gender minority youth (SGM) in Southern Africa. This paper documents the heterogeneity of experiences of SGM youth when they try to access SRH services, with some staff providing support and relative cultural competency, and others judging, refusing SRH care, and even reporting them to authorities.

The authors describe the complex interplay of cultural stigma and criminalization statutes. Archaic sex laws in four of the five countries studied criminalizing male same-sex behavior and, in some cases, female same-sex behavior serve as a structural barrier to SGM adolescents' ability to access SRH care and services.

Fear of being perceived as "recruiting" youth to homosexuality—based on harmful, inaccurate stereotypes and in the absence of laws criminalizing such "recruitment," which exist in other African countries and in Russia—causes LGBT organizations to refuse to serve LGBT youth, and instead to refer them to mainstream SRH providers. It is therefore critical to understand the degree to which SRH providers can provide affirming, culturally competent, and clinically competent care to SGM youth and prevent HIV, STIs and unwanted pregnancy. The authors also describe how anti-gay stigma causes some HIV prevention technologies, such as dental dams and lubricant, to be unavailable.

I am intrigued by the debate over whether an article on sexual and gender minority youth's ability to access sexual health care belongs in a journal called Reproductive Health. I feel strongly that it does. Contrary to assumptions, sexual minority youth may be more likely to become pregnant or father a child. This is related to earlier age of sexual initiation and a greater number of sexual partners. A study published in the American Journal of Public Health showed that lesbian and bisexual young women in New York City are two to ten times more likely to become pregnant, compared with their heterosexual counterparts. Lindley, Lisa L. (2015, June 5). "Sexual orientation and risk of pregnancy among New York City high-school students." AJPH. http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302553

According to the 2011 Massachusetts Youth Risk Behavior Survey, lesbian, gay and bisexual youth were three times as likely as heterosexual youth to become pregnant or get another person pregnant.
LGBT people are also at higher risk of sexual assault, particularly in places where corrective rape is prevalent. Of course, this is related to cultural prejudice against homosexuality, bisexuality, and gender nonconformity, which manifests itself in the criminalization statutes and lack of affirming health care referenced above. Corrective rape is a hate crime which involves one or more people sexual assaulting another individual in order to "cure" them of their perceived sexual orientation or gender identity. South Africa has one of the world's highest rates of sexual assault. Despite being the first country in the world to include sexual orientation in its constitution and the fifth country in the world to legalize same-sex marriage, South Africa has a high prevalence of corrective rape. These homophobia-fueled sexual assaults may result in unwanted pregnancies.


So for all these reasons, understanding the ability of sexual and gender minority youth to access sexual and reproductive healthcare in southern Africa is important. The authors' discussion on this point on page 28 ff is compelling and well argued. The discussion about next steps to improve SRH for SGM youth is strong.

I am just about to teach a graduate level class on SRH and sustainable development with a focus on the Global South. I wish I could use this article in my class, and plan to do so in the future. It is an important contribution to our understanding of an important population in its own right and in terms of the HIV epidemic and SRH more broadly. I recommend it strongly for publication.

Level of interest
Please indicate how interesting you found the manuscript:

An exceptional article

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

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.