

Peer Review Report

Review Report on Roles of social capital in the association between internalized homophobia and condomless sex among men who have sex with men in Southwest China: a four-way decomposition

Original Article, Int J Public Health

Reviewer: Reviewer 2

Submitted on: 23 Sep 2022

Article DOI: 10.3389/ijph.2023.1605202

EVALUATION

Q 1 Please summarize the main findings of the study.

The study examined the role of social capital and how it moderates the association between internalised homophobia and condomless anal intercourse. It found that IH is a risk regardless of social capital.

Q 2 Please highlight the limitations and strengths.

I refer to my comments below regarding the lack of important variables when discussion condomless anal intercourse in this population. I.e., the stipulation of all condomless anal intercourse to be a risk behaviour is inappropriate and counterfactual.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

1. The introduction needs substantial work. The current body of evidence on both social capital and internalised homonegativity and its association with risk behaviours in MSM is extensive (including in the Chinese context), but is not sufficiently discussed and contextualised in the introduction. While the analysis is somewhat novel, the topic itself is not and this needs to be acknowledged.
2. You state in the methodology that cities in the province were "categorised into high, medium and soft layers according to the estimated absolute number of MSM people" - I don't understand what this means and how this categorisation was carried out.
3. Can you please provide specific information about the data collection process? Were participants asked questions with the responses being recorded by the interviewer? Or were they given a paper or tabled to complete the survey? If the survey was carried out through speech, please justify this and explore how this might have biased responses (particularly social desirability bias).
4. Outcome variable: condomless anal intercourse is often equated as a risk behaviour which is not automatically the case, particularly in regards to HIV. Did you ask about the number of partners? E.g., there is a strong difference between someone having condomless anal intercourse with multiple partners vs one partner in a monogamous relationship. Additionally, HIV status (especially if non-detectable), as well as the use of pre-exposure prophylaxis, are important aspects that need to be taken into account.
5. The analysis overall appears to be appropriate and consistent with the variables available (notwithstanding my comment that important variables are missing). Please provide a justification for dividing IH up into two equal halves. Great to see that additional analyses have been performed to ensure the adaptations to the scales were not impacting on the quality (also the Cronbach's Alpha could also be interpreted as questionable).

However, you need to add information about how the scales were 'modified and refined' and provide information as to why this was necessary.

6. There is no such thing as 'marginally significant'. In regards to the interaction between IH and SC, the 95%CI clearly includes 1 and hence is not significant at a .05 threshold.

7. The discussion section is well-presented and highlights and contextualises most of the research well. It would be great if examples of previous work would be highlighted (e.g., when stating that IH needs to be lowered to reduce condomless sex). While this may appear true, more recent studies and data have suggested this may not automatically be the case (e.g., data from Australia, Europe and the US have shown a rapid increase in condomless sex over the past couple of years despite developments suggesting less pressure and lower levels of IH). The strength and weaknesses need to be adapted to discuss the omission of variables and constructs in more detail.

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

The title is appropriate.

Q 5 Are the keywords appropriate?

Yes

Q 6 Is the English language of sufficient quality?

The manuscript is understandable but requires extensive language editing before publication.

Q 7 Is the quality of the figures and tables satisfactory?

Yes.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

No answer given.

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 Quality of the writing



Q 14 Overall scientific quality of the study



REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Major revisions.

