Reviewer’s report

Title: Young women’s decisions to accept Chlamydia screening: influences of stigma, doctor-patient interaction and morality.

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Reviewer: Adina Nack

Reviewer’s report:

Overall, I believe that this article is interesting and has the potential to be important and useful. I have several suggestions on how to strengthen the piece.

1. Is the question posed by the authors well defined?

The authors pose a few interesting questions which are fairly well defined.

2. Are the methods appropriate and well described?

The methods are appropriate – including a creative use of text-messaging for the recruitment of participants. One weakness is that they did not ask respondents how they each identify with regard to sexual orientation. Their explanation of this at the bottom of p. 4 is not sufficient because sexual health researchers have long noted differences in attitudes and behaviors as being correlated with sexual orientation/identities.

In general, the methods are not as well described as they should be. The following may all be considered “Minor Essential Revisions.”

- P. 3/paragraph 2: define “eligible”
- P. 4/paragraph 6: theorize why they ended up over-sampling women and under-sampling men – what explains the self-selection bias based on sex/gender?
- P. 5: define “non-directive approach”

Good descriptions of how interviews were conducted and how data were analyzed.

3. Are the data sound?

The data seem to be sound, though the authors’ fail to draw on/cite relevant prior literature that would strengthen their data analysis. In order to accomplish this, the following “Major Compulsory Revisions” are recommended:

- Analytical category “Screening as identity threat” fails to draw on prior literature on the concepts/findings which they present as being new/original.

– these references will supply the theoretical underpinnings to support the authors' analysis of the data as revealing sexual identity conflicts: ‘good girl’ vs. ‘bad girl’.

- Also may be useful to read Willis et al.’s “The essential role of social theory in qualitative public health research” (Australian and New Zealand Journal of Public Health, 2007)

- Analytical category “Screening as a support for moral identities” needs to incorporate more of the relevant literature on doctor-patient interactions and stigmatizing diseases to better analyze the data:

  - See Rusch et al.’s 2008 article in BMC Women’s Health “Preliminary development of a scale to measure stigma relating to sexually transmitted infections…”

  - See categories of interaction styles, especially the "moral surveillance model of practitioner interaction" presented in Nack’s “From the Patient's Point of View: Practitioner Interaction Styles in the treatment of women with chronic STDs” (Research in the Sociology of Health Care, 2008, PDF-copy available through google scholar)

Re-analyzing the findings in light of the above literature will improve the clarity of the data and the usefulness of the article.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

I believe so.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Yes, the Discussion section presents several important and useful ideas but needs to be strengthened by “Major Compulsory Revisions” of appropriately incorporating prior empirical and theoretical literature on the topic of ‘good girl’ vs. ‘bad girl’ identities and STDs as well as on the topic of STD stigma and interactions with healthcare professionals. (See answer to question #3 above)

The Conclusion section is very brief: the authors should consider a “Minor Essential Revision” of expanding their recommendations for how health education, outreach and sexual health providers should revise their approaches to offering Chlamydia screenings.

6. Are limitations of the work clearly stated?

Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

In many places, yes, but in at least two key places, no: see above answers to question #3.
8. Do the title and abstract accurately convey what has been found?

The title is good, but the phrase “morality” is a bit vague and may not be necessary given the authors’ reference to stigma in the title (which almost always entails a moral component). The authors may want to consider a “Discretionary Revision” of the title: “Young women’s decisions to accept Chlamydia screenings: influences of stigma and doctor-patient interactions.”

Abstract: the following “Minor Essential Revisions” are recommended:
- Background: define “opportunistic” in first paragraph.
- Methods: specify cities/regions within the Republic of Ireland that were the setting of this study
- Results: clarify the wording of sentences 2 and 3 which seem to contradict each other.
- Conclusions: consider adding “doctors” to the first sentence to the list of those whom they thought would judge them (“…by their doctors, families and elders…”)

9. Is the writing acceptable?

There are several typos and grammatical errors throughout the paper that need to be corrected prior to publication. These should be considered “Minor Essential Revisions.”

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.