Reviewer's report

Title: Determinants of tuberculosis stigma in southern Thailand: a quantitative cross-sectional study of stigma among patients with TB and healthy community members

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Reviewer: Eric Pevzner

Reviewer’s report:

Overall, the authors address the issue of TB, HIV, and TB/HIV related stigma which is a public health problem deserving of further attention. In my opinion the study has several limitations that need to be addressed (i.e., explained or clarified) and the writing of the paper could benefit from further revision to improve clarity. Even though I am familiar with the subject matter and methods I had to re-read multiple sections to follow the paper.

I am concerned about the face validity of the patient scales: The statements in your scale for measuring stigma among people with TB or TB/HIV are worded (at least in the Van Rie article – you did not provide the scale so I am assuming you used it as published in that paper) as “Some people who have TB are afraid to tell others . . .” statements. Seems to me if you wanted to measure an individual's experience you would word the statements as “I am afraid to tell others . . . “. I am concerned that both the patient and community scales are measuring the same construct which is perceptions of community stigmatization of people with TB or HIV.

I am surprised in the finding and interested in the authors thoughts on why the scores of community members perceptions of stigmatization of people with TB are greater than the patient’s scores for experiencing TB for almost every factor? This is a surprising finding deserving of some comment by the authors.

Major compulsory revisions:

Overall

- The scales were not designed nor validated to measure perceived stigmatization of people with TB or TB/HIV from the perspective of health community members (the comparison group for this study). Please explain and justify why healthy community members were selected as a comparison group for administration of the scale. Is it appropriate to use a measure to compare a construct when the scale has not been validated with the comparison population?

Conclusion:

- Please elaborate on your statement that based on your results that macro- and individual approaches are needed – I agree but please explain how your data support this statement.
- Last sentence is not supported by your data. You mention largest effects when what I believe you are referring to are levels of a factor/characteristic and then you state that these factors/characteristics resulted in an 11-13% change. Please revise, based on your design it is not possible to say anything about “change”, “affect”, or “determinant”.

Minor essential revisions:
Overall:
- Several places in the results you discuss “changes” in mean scores. Please replace “change” with “difference” as the study was cross-sectional and therefore could not measure changes.
- based on my comments throughout the paper I believe the title will need to be revised to remove the term determinant and specify that what was studied was experienced stigmatization among patients and perceived stigmatization of people with TB or HIV by healthy community members.

Abstract
- in the 2nd sentence of the results “All differences . . . “ it is difficult to follow that you are talking about differences between different levels of factors/characteristics (i.e., male vs female) rather than between the patients and health community members.
- The first sentence of the conclusion is not supported by data in the paper and seems to be contradicted by the following sentence.
- Again, in the last sentence you talk about change when what would be more appropriate is to say difference.

Background:
- replace the term “prostitutes” with “people engaged in commercial sex work” or some other more appropriate terminology.

Methods:
- explain why sample of patients was limited to patients that had been receiving TB treatment for less than a month. Seems as though people that had been diagnosed and on treatment for TB longer might be a better source of experiencing stigma and perceived stigmatization by their communities (I know this was the population used to develop the scales and no explanation was given in the original paper).

Results:
- Report numbers to go along with percents of people excluded. After the denominator is introduced I would be consistent and always report percents and numerators.
- Tables are mislabeled. Table 1 should be Table 2 and Table 2 should be Table 1.
- on pg 9 you describe “Estimates of mean differences in TB stigma scores for
each factor”, I think it would be more accurate and make it easier for the reader to follow if you specified “ . . . mean differences in TB stigma scores by each level of a factor . . . “

- (pg 9) 2nd paragraph you start, “Among patients” when you are comparing scores between community scales which is a patient vs community member comparison – revise accordingly.
- You state “Having higher AIDS stigma . . . did increase TB stigma” again it is not possible to say something increased something based on the design of your study.

Discussion:
- (Pg 12) you state HAART and IPT could reduce stigma – why? Please explain.
- I would ask the authors to better articulate what this paper adds to the science of addressing the TB/HIV syndemic.

Discretionary revisions:
Overall
- I recommend avoiding the term “determinant” because your study was cross-sectional and therefore can not infer causality as implied by the term “determinant.” Rather consider language such as “factors associated with stigma.” I would also avoid terms like “(pg5) affect stigma” and instead use “associated with.”
- I commend the authors for their careful useful of person first language rather than potentially stigmatizing language (people with TB rather than TB patient). However, there are a few instances of “TB patient.” Please replace with person first language (i.e., people with TB). Also replace “HIV-infected patients (pg 10)” with people living with HIV (PLHIV).

Abstract
- last sentence of results – describes the mean difference associate with knowing someone who died from TB – this is mentioned in the text but not included in the table? Bringing it to the authors attention in the event the omission was not intended.

Background
- (pg 5) rather than saying you “measured TB stigma among patients with TB and health community members” I would specify that what you were attempting to measure was “stigma experienced and perceived by patients and community members perceptions of the extent of stigmatization of people with TB or TB/HIV.” The scales as described in the Van Rie paper were designed to assess 1) the stigma experienced by people with TB, 2) stigma experienced by people with HIV, 3) the community response to people with TB or HIV.

Methods:
- Why was knowing someone with TB not asked of patients? What was the
rationale?
- I think the way the authors description of the community stigma scales is confusing. The authors state, “TB stigma from the community perspective” when the scales were designed to measure the how the community responds/treats people with TB. I would revise the wording to reflect that subtle difference and make it easier for the reader to follow.

Results:
- Paragraph describing mean differences (pg 9 under Stigma scale responses) is difficult to follow and should be revised to accurately what was described. For example, the first comparison you make is between the “mean score of stigmatization of people with TB as reported by healthy community members compared to the mean score of stigma experienced by patients with TB and TB/HIV.”

Level of interest: An article of limited interest

Quality of written English: Acceptable

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.