Reviewer's report

Title: Socio-demographic and AIDS-related factors associated with tuberculosis stigma in southern Thailand: a quantitative, cross-sectional study of stigma among patients with TB and healthy community members

Version: 2 Date: 29 June 2011

Reviewer: Eric Pevzner

Reviewer's report:

I appreciate the extent to which the authors addressed my comments, questions, and concerns.

Minor Essential Revisions

BACKGROUND

1) Update TB data in first sentence with data from 2009 = 9.4 million new cases and 1.7 million deaths in 2009.

METHODS

In the 2nd to last paragraph of the methods (pg 8) you state, "... but rather the actual level of stigma that exists ...". I would argue that you cannot state that you have quantified that "actual level of stigma) because what you are measuring is a concept and by using the word actual you have reified stigma. I think what you have measure is healthy community members' perception of stigma experienced by people with TB/HIV. I would therefore reword that paragraph accordingly.

Therefore, throughout the paper and in the tables I would also specify that what was measure was the community perception of stigma experienced by people with TB.

DISCUSSION

1) pg 14 - you recommend "... media and public education campaigns to raise awareness that not all patients with TB are co-infected with HIV ..." I am concerned about this recommendation as it could reinforce stigmatization of HIV. I would not include this recommendation but rather focus on patient education and the fact that TB is curable and that PLHIV should be watchful for symptoms of TB and seek medical care if they develop common TB symptoms.

2) pg 15 - the last paragraph of the discussion section includes limitations. I mentioned this in my previous review that I think an additional possible limitation was the decision to limit your sample of patients to recently diagnosed patients because of the assumption that people with TB were most likely to experience stigma while being symptomatic. I have not seen data to support this assumption as people with TB, even after symptoms resolve, continue to be visited by DOT workers or travel to clinics or wards that are known to be TB wards. Therefore,
people may experience even greater stigmatization after the initial month of treatment. Also, that assumes the community only stigmatizes people with symptoms (i.e., cough or wasting). I would include this as a possible limitation.

Discretionary Revisions

ABSTRACT

1) Background: In the last sentence you state the purpose was to "quantify TB stigma". I would reword to say, "The purpose of this study was to measure TB stigma and identify . . ." (i.e., replace "quantify" with "measure" to be more consistent with what was done.

2) Results: first sentence I would add "scores" so reads " . . . were associated with higher TB stigma SCORES in all three analyses."

3) Results: would add "perceived" to "Co-infection with HIV was associated with higher PERCEIVED TB stigma . . . "

BACKGROUND

In the last sentence of the background you mention that the study would help inform interventions at the patient and community level. I would revise to say at the "patient-provider, organizational, and community levels." I think it is important to emphasize that interventions need to include more than just patients but also providers (so intrapersonal and interpersonal interventions) and also organizational (i.e., changes in how clinics/facilities practice to incorporate measures to prevent or minimize stigmatization).

RESULTS

1) on Pg 10 under participant characteristics you state, " . . . through routes such as eating and drinking with a patient were also common . . .". I would replace "patient" with "a person with TB" as someone with TB is only a patient within the context of their interactions with a healthcare worker.

2) pg 11 - have double periods after " . . . experienced /felt TB stigma"

3) pg 14 - you state that " . . . incorrectly believing TB can increase the chance of getting AIDS was associated with higher stigma among patients. This is most likely explained by the fact that patients with TB are routinely tested for HIV." In addition to HIV testing I would also argue that the rate of co-infection and resultant joint TB/HIV stigma may also contribute to the observed association. I would add that to the text.

Table 1 and 3.

1) I do not understand the following footnote and think it would benefit the reader if it were better described. Why would cough possibly include other symptoms?

§ Cough and hemoptysis may include other symptoms; Weight loss excludes cough but may include other symptoms
Level of interest: An article of importance in its field

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'