Reviewer’s report

Title: Community stigma endorsement and voluntary counseling and testing behavior and attitudes among female heads of households in Zambezia Province, Mozambique

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Reviewer: Valerie Earnshaw

Reviewer’s report:

Thank you for the opportunity to read and review the manuscript titled “Community stigma endorsement and voluntary counseling and testing behavior and attitudes among female heads of households in Zambezia Province, Mozambique”. The manuscript addresses an important topic, stigma and other correlates of engagement in and endorsement of VCT. Stronger understandings of this topic could have important implications for the development of interventions to strengthen engagement in VCT in Mozambique, which is particularly important given the low percentage of participants of the current study who had ever engaged in VCT. This topic, paired with the methodology of the study (i.e., general household survey of female heads of households), are significant strengths of the current work. Despite these strengths, however, there are several aspects of the manuscript that limit my enthusiasm for it.

Major Compulsory Revisions

1. The focus of the paper is unclear. The title, abstract, and questions addressed by the paper (described in last paragraph of introduction, on p. 5) are focused on the associations between stigma and VCT. However, the results and discussion are much broader than stigma and don’t seem to highlight the role of stigma. For example, stigma is not even mentioned in the first paragraph of the discussion. This paper appears to be about correlates of VCT more generally. Relatedly, the questions specified within the introduction do not all appear to be answered in the results section (e.g., where are the unadjusted associations between stigma and VCT use behavior and attitudes presented in the results to answer the first question? It appears that only multivariate / adjusted analyses are presented).

2. The use of stigma theory and constructs are inconsistent, and at times ill-defined. The authors rely on Link and Phelan’s definition of stigma to specify domains of stigma. This definition specifies domains that are necessary to create and maintain stigma at the societal level. Therefore, it is problematic for the authors to attempt to map these domains onto the individual level outcomes of engagement in and endorsement of VCT. The authors choose to focus on stereotyping/negative labeling and social exclusion but do not present a rationale for why these domains, in particular, are important to examine. What about the others? Further, the language describing the domains is inconsistent. At some points, the authors refer to social exclusion (e.g., tables, results). At other points, they refer to discrimination (e.g., stigma measurement on p. 7). Given that
discrimination is experienced at the individual level, I recommend adopting discrimination throughout. Finally, the authors never define community stigma. What is this and where does the term come from?

3. The measures are inconsistently described. Information regarding whether measures are from validated scales or were developed from the study, how many items were in each scale, response options for items, reliability, and other details are inconsistently reported for different measures. As an example, the Quality of Life scale is described in great detail whereas there is very limited information reported on the experience/familiarity with HIV infection measure.

4. Rationale for statistical analyses is often lacking. Perhaps of primary concern, there is no rationale provided for breaking up the stigma measures (75 vs. 50 points for NLD; 50 vs. 25 points for SE). Why were these not treated continuously? Why are they broken up around different points? Without a rationale provided, one can only assume that they were broken up in this manner because this is where the authors found statistically significant results. The introduction and guiding questions are focused around stigma, therefore it is unclear why the authors go into great detail about how their covariates are associated with their outcomes. The authors also add covariates to analyses without explaining their rationale. An example is on p. 13 (“an additional variable considered in the analysis was…”). All analyses should be explained to readers as the rationale may not be obvious to the readers.

Minor Essential Revisions

1. Within the discussion, results were discussed that were not presented in the paper. An example is on p. 15 (“in separate analyses (results not shown)”). The authors should show all results of analyses reviewed in the discussion. If the analyses are important enough to be detailed in the discussion, they are important enough to be described in the results.

2. I strongly suggest that the authors do not use acronyms for “NSE” and “SE”. I found this very confusing, especially because SE typically stands for standard deviation. Please use the full terms throughout.

3. This article does not appear to have been proofread thoroughly. For example, there are many instances of inconsistent uses of quotation marks (p. 13: “I don’t know’ with double quotation followed by single).

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.