Author's response to reviews

Title: Stigma towards a Neglected Tropical Disease: Felt and Enacted Stigma Scores among Podoconiosis Patients in Northern Ethiopia

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Author's response to reviews:

Dear Editor-in-Chief
BMC Public Health
Re: MS ID: 5606325241032813
December 9, 2013

Dear Editors:

Thank you very much for taking the time to review our manuscript “Stigma towards a Neglected Tropical Disease: Felt and Enacted Stigma Scores among Podoconiosis Patients in Northern Ethiopia”. We found the reviewers’ comments to be very helpful and feel that the manuscript has been significantly improved by responding to each of them. Please review the following sheets which detail both the reviewers’ suggestions and our responses. In addition, the appropriate changes in the text are highlighted. If you have any additional concerns or questions, please feel free to contact me at any time. I look forward to working with the BMC Public Health Journal on this process.

Thanks again.

Sincerely,
Kebede Deribe
Corresponding author

Point by point response
Reviewer: Anja Potthoff
Reviewer’s report:
Minor essential revision
1. The authors have recently published data on quality of life in the same patients group. This information and reference should be added
Response: Thank you for pointing this out. The following statement was added on page 3, 2nd paragraph “We have previously reported reduction in quality of life among podoconiosis patients as compared to healthy controls “and we referenced this appropriately.

2. Photo to picture different stages of the disease (discretionary revision).
Response: Pictures were included in many podoconiosis publications, including publication on clinical staging. Therefore we opted not to include in the current manuscript.

Reviewer:Fasil Tekola Ayele
Reviewer’s report:
This is an interesting study presenting the scale of stigma and determinants of stigma scores in Dembecha woreda; I recommend it for publication in BMC Public Health.

1) Title: The title does not reflect ‘felt’ (perceived) stigma. I suggest a more specific title: “Felt and enacted stigma scores among podoconiosis patients in Dembecha Woreda, Northern Ethiopia”
Response: As per the suggestion of the reviewer, the title has been modified to “Stigma towards a Neglected Tropical Disease: Felt and Enacted Stigma Scores among Podoconiosis Patients in Northern Ethiopia”

2) Abstract: briefly describe ‘felt and enacted stigma’ to non-expert readers in the methods section. In the conclusion section, “begins to document the burden of podoconiosis-related stigma” should be reworded or deleted, because obviously this is not the first to document podoconiosis stigma.
Response: In the methods section of the abstract, the following statement has been added “Enacted stigma includes the experience of discrimination such as abuse, loss of employment or prejudicial attitudes, while felt stigma is the perceived fear of enacted stigma.” The conclusion section has been reworded as “This paper documented the burden of podoconiosis-related stigma and identified factors associated”

3. Introduction:Molla et al. BMC Public Health 2012, 12:828 is missing. It has reported that 13% of respondents have experienced stigma in east and west Gojjam zones.
Response: On page 3 paragraph 2, the following referenced statement has been included “In northern Ethiopia, 13% of podoconiosis patients experienced one or more forms of social stigma”

4. In the last paragraph, “In order to explore podoconiosis health-related stigma,” should be deleted as this is not an exploratory study. I suggest this: This study aimed to determine the scale of stigma among podoconiosis patients in Dembecha, Northern Ethiopia and assess potential associations between stigma
and associated factors.

5. Methods: para 2. Please elaborate how a stigma scale developed and tested in Southern Ethiopia (that has cultural, ethnic, religious, and ethnic compositions different from those in the present study) can be considered valid for use in northern Ethiopia.

Response: We acknowledge that the scale was developed in a different ethnic milieu. However, we were also able to assess reliability in the setting in northern Ethiopia. The scale demonstrated good reliability, with Cronbach’s alpha coefficients as follows - felt stigma scale (0.842), enacted stigma scale (0.920) and overall stigma scale (0.880).

6. Results: Please do a correlation test between felt and enacted stigma. How does it compare with the finding from Wolaita? I suggest revision of the multivariate model by categorizing disease stage as early (1 & 2) and advanced (3-5).

Response: On page 8, the following statement was included “The felt and enacted stigma scales correlated significantly (Spearman's r = 0.626; p < 0.001).” In addition, on page 9, the multivariate analysis was repeated after categorizing disease stage into early (stage 1 and 2) or advanced (stage 3 and above).

7. Discussion: a. Felt stigma was more common than enacted stigma: What is the implication for interventions; can you suggest that more efforts should be exerted to alleviate felt stigma based on this finding? How does this translate to common coping mechanisms adopted by podoconiosis patients (Tora et al 2011)?

Response: The following statement was added on page 11 “Our finding suggests that felt stigma is more prevalent than enacted stigma. This might imply that patients tend to overestimate stigma. Efforts to diminish podoconiosis stigma should focus on counseling patients to live with podoconiosis and use a multidisciplinary approach to develop positive self-image through counseling.”

8. b. Decline in mean stigma scale after stage 5: this contradicts the explanation in para 2, “Patients with the advanced disease may not be able to hide from the community, exacerbating the extent of stigma felt or experienced”, and findings in other studies mentioned in the introduction (par 5). How can this be explained? Is the small sample size of stage 5 patients a possible explanation?

Response: On page 10 the following statement was added “As shown in figure 1 the mean stigma increases up to stage 4 steadily and decreases among stage 5. This might be due to the small sample of stage 5 patients rather than an actual trend.”

9. c. Inverse relationship between socio-economic status and stigma: this contradicts other studies. How can this be explained in the context of podoconiosis? For example, better off patients may be more engaged in social and economical interaction and may not adopt negative (avoidant) coping strategy, which exposes them to more stigmatization by others.

Response: On page 10 the following explanations were added “This might be partly explained by patients with higher socioeconomic status being more socially and economically involved exposing them to further stigmatization than those...”
who use avoidant coping strategies. The difference in life experience between those with higher and lower socioeconomic status may significantly differ, resulting in differences in acceptable thresholds of stigma between these two groups.

10. d. Strengths of the study: I suggest deleting the first three sentences # the study tool has not been validated in the present study area (although it has been suggested by the authors that “The scales require further testing in other contexts in order to validate them”; the fact that Ethiopians led the study or administration of the quantitative study tool by nurses would not increase the scientific validity of the study (I think HEWs or short-trained individuals may also do this comparably well).

Response: the statement is modified to “This study had several strengths. The podoconiosis stigma scale tool used had proven consistency and validity in Ethiopia, although in a different community”

11. Other comments: Reference #2 should be ‘Tekola Ayele not Ayele FT)

Response: Corrected accordingly.

12. In table 1 include s.d. with mean, and range with median (for Age, and household income)

Response: The SD and the range were included as appropriate in the table.

Editor

13. After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

Response: The manuscript has been edited by a native English speaker.