Reviewer’s report

Title: Stigma towards a Neglected Tropical Disease: Experiences of Podoconiosis Patients in Northern Ethiopia

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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”

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.

3. Introduction:
   a. 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.
   b. 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 in podoconiosis patients......, and assess associations between stigma scales and ......”

4. Methods: par 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.

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

6. 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)?
   b. Decline in mean stigma scale after stage 5: this contradicts the explanation in
par 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?

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.

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).

7. Other comments:
- Reference #2 should be ‘Tekola Ayele not Ayele FT)
- In table 1 include s.d. with mean, and range with median (for Age, and household income)

**Level of interest:** An article of importance in its field

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

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

**Declaration of competing interests:**

I declare that I have no competing interests