Reviewer's report

Title: If [we] get the disease, she will see 'pepper... and we will call it quits"; HIV/AIDS Stigma and Utilization of Voluntary Counseling and Testing in Nigeria.

Version: 2 Date: 19 January 2013

Reviewer: Emmanuel Koku

Reviewer's report:

This is an important study and a timely contribution to the debate on the effect of stigma on VCT uptake. Given the paucity of primary research on the impact of stigma on VCT uptake in Africa, this study is a welcome addition. In particular, its adoption of a mixed-method techniques is refreshing. I applaud the author for the efforts. However, there are few issues that merit consideration before the paper is published. I have outlined these below.

MINOR ESSENTIAL REVISIONS:

1. Background Section: The paper indicated that: "A systematic review of published research on HIV-stigma in Nigeria shows that very little has been done on stigma in Nigeria [8]." But a lot has been done since this systematic review, and it is recommended that the author reference some of these newer material and indicate to what extent his work differs from and adds to these existing studies on HIV stigma in Nigeria. Some representative studies are sited below, while others are available here: others available here: http://www.ncbi.nlm.nih.gov/pubmed?term=HIV%20stigma%20nigeria


2. Recruitment and Data Collection:

-- Good description of the recruitment and data collection procedure, but given the differences in size, the author needs to explain the proportion of the final sample recruited from each of the two urban centers: was the 987 equally split between the two centers?
DISCRETIONARY REVISIONS:

3. Analysis of Qualitative Data: The author states: "In analyzing the transcripts from the focus group discussions, in-depth and key informant interviews, the central analysis technique was used to uncover themes and trends."

-- what is the "central analysis technique? A brief explanation of this technique and its current use in qualitative research is needed - some references to support this is advisable.

-- Why was this technique chosen (as compared to Grounded Theory) or other techniques to uncover underlying themes?

4. Quantitative Analysis:

(a) Construction of the stigma scale. The author notes that a stigma scale consisting of various stigma constructs (i.e., Negative Feelings, Coercive Attitudes, Attribution of Blame, Avoidant Behaviors, Symbolic Contact and Interaction) was created with an alpha of 0.75. It seems the author is referring to an overall stigma index (as shown in Table 4). Given that different sub-scales tap into different stigma constructs, more explanation (for example, using results of the confirmatory factor analysis) is needed to support the construction of a single overall stigma index. Secondly, what is the alpha (internal consistency) of each of the different sub-scales - 0.75? A table summarizing the individual questions/items for each sub-scale / stigma construct will help clarify the development of the stigma measures. For more details, re problems inherent in construction / reporting of HIV stigma scales, the author can consult Becky L. Genberg et al (2009): A comparison of HIV/AIDS-related stigma in four countries: Negative attitudes and perceived acts of discrimination towards people living with HIV/AIDS. Social Science & Medicine 68 (2009) 2279–2287.

(b) Logistic Regression: The author presents a single model estimating the odds of VCT utilization. The findings are informative, and confirm those from extant research. However, I believe there is scope for more analysis of the data presented here. For example, Table 3 and qualitative interview data reveal ethnic and gender differences in attributions and experiences of stigma. Using interaction models, the author could have evaluated the extent to which the effect of stigma (and its various constructs) on VCT uptake is mediated by gender and ethnicity. It is not clear whether the author tested for such effects; if not, an additional (nested) model could be developed to test for this. Similarly, if the construction of the "overall stigma index" is justified, substantively and technically, then the inclusion of both the 5 individual sub-scales as well as the "overall stigma index" in the same regression model could introduce some noise. Alternatively, the author could introduce the "overall stigma index" separately and test its contribution to the model fit.

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.