Author's response to reviews

Title: Lack of knowledge and perceived stigma influence care-seeking for sexually transmitted infections among persons attending public clinics in Rio de Janeiro, Brazil: A qualitative study.

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Response to Reviewers

We would like thank all of the reviewers for their thoughtful and helpful comments.

Reviewer 1: D. Fortenberry

1. The standards for translation of selected quotes are now clearly described in the Methods section.

2. We read the suggested manuscript by Bronwen Lichtenstein (Soc Sci Med 2003; 57:2435-2445), and found it particularly relevant given its emphasis on the role of social experience and social status on STI-related stigma and in turn treatment seeking. In turn, this reference has now been incorporated into our paper in the Discussion section.

3. In the Results and Discussion sections, we have tried to strengthen our presentation and interpretation of findings related to sexual practices by making reference to the larger socio-cultural contexts in Brazil within which participants’ sexual lives are set.

4. We agree that a better understanding of providers’ perceptions related to stigma and knowledge would be very useful. The fact that we have only the patient perspective on these issues is more fully acknowledged as a limitation in the Discussion section.

Reviewer 2: JS. Downs

1. (Comments by the referee).

2. We have clarified that the findings related to MSM should not be taken as generalizable to a larger MSM population given that several reported being engaged in commercial sex. On this note, we have made clearer throughout, that the study was explorative in nature and not meant to “represent” in statistical terms any one of the three sub-groups studied. In turn, we restate in the Discussion that the results suggest future hypotheses which could be tested quantitatively, but that the current findings are not meant to be definitive or generalizable. However, our results do offer insights into participants’ experiences and thinking that are useful for program planning and generating future hypotheses that would not be possible to ascertain from a quantitative study.

We have clarified in the Methods that none of the individuals approached declined to participate in the study.

Data from Table 1 is used to describe our study sample’s characteristics in order to provide some context on participants’ socio-demographic background to the reader. It is not our intention to make definitive statements about the characteristics of these populations within the larger context of Rio de Janeiro.

3. In order to address the reviewer’s concern that our comparisons across study groups may be precipitous we have rephrased many sentences and whole paragraphs in order to make clearer our intent is to point out, rather than conclude, that there may be distinct
psychosocial experiences and processes occurring across these groups, and that these potential distinctions are important for further investigation. We are not trying to conclude that there are statistically significant differences at this point since our study is purely qualitative and that is in turn not our aim. However, to ignore the distinctions observed would not be an accurate interpretation of our findings.

4. A new section addressing the details of the qualitative methods and analytical procedures utilized in the study, including a comprehensive description of the coding process and the procedures used in the translation of selected quotes into English. Using terms such as ‘some’ and ‘several’ is common practice in the presentation of qualitative findings where the idea is to present the reader with a sense of how salient a given theme arose within the data. To use numbers and percents might be misleading given the small sample size; yet to not acknowledge that in some cases many participants shared an experience whereas in other cases the experience was less common would not provide the full picture of the data.

5. All of the examples of overly conclusive statements documented by the referee were rephrased in order to make them more cautious and less assertive.

6. As explained above, we have now added detail about how coding and analysis took place in the revised Methods section.

7. Upon the reviewer’s suggestion, we have rephrased our conclusions, aiming to be more concise and modest.

8. We have corrected this mistake. We thank the referee for highlighting our mistake.

9. We agree with the referee that most cases of vaginal candidiasis are actually not STIs, and amended the sentence describing the clientele accordingly.

10. The word ‘quote’ has been changed to ‘except’ accordingly.

11. We appreciate the reviewer’s comment; however we feel that the sentences related to distinct STI provider-patient interactions per gender and sexual orientation are better situated in the Discussion section of the paper in order to help support our interpretation that social status has an important influence on STI clinic experience.

**Reviewer 3: Helene Antoine Claire Marie Voeten**

1. Additional information related to STI case management has been included in the Results section of the manuscript per the reviewer’s suggestion, as possible based on the data available. Our paper sought to understand participant’s thinking and feelings regarding their clinic experience using a semi-structured field guide, allowing for participant narratives to develop. We did not seek to systematically quantify and ensure that each participant reported the exact number of days they waited to seek care or to ask each participant if condoms were promoted in each clinical encounter, for example. Hence, we have reworded some of our language throughout the paper to ensure that the paper reflects intent and aims and in turn to present our findings more accurately.
2. None of the participants had sought care previously from another health facility (apart from pharmacies for self-treatment which was already described). This is because the sample reflects the fact that these clinics generally serve low-income individuals who do not have private health insurance and in turn access such providers. Given that Brazil has universal health care, it is less common to go to private providers when one is poor than it may be in other settings. We have clarified this contextual reality in the Results section.

3. A description of the advantages and disadvantages of focusing on the patient’s perspective in this qualitative study has now been incorporated into the manuscript and the use of patient interviews alone has been acknowledged as a limitation of the study in the revised Discussion section.

4. As mentioned above it was not our intent to systematically quantify these variables, but rather to qualitatively understand participants’ clinic experiences. Hence, we are able to provide some general sense to the reader on the range of delays, but are not comfortable creating median scores to be presented for cross-group comparison.

5. In the revised Discussion section, a more detailed description regarding the advantages and disadvantages of the data collection methods utilized has now been incorporated.

6. The Results section does include a statement and excerpt regarding the concerns of MSM related to being discriminated against due to sexual orientation in the excerpt where the provider reportedly suggests that all MSM have AIDS to the patient participant.

7. The misspelling of stigma (stigmas) was corrected, and we indicated that perceived stigma and not enacted stigma was assessed by the study.

8. The references to HIV-related studies regarding post-diagnosis counseling have been deleted from the Introduction based on the reviewer’s suggestion.

9. The first sentence of the last paragraph of the Background has been rephrased for clarity.

10. The sentence was rephrased to clarify that we mean married to a man.

11. We have deleted the extra “was” per the reviewer’s observation.

12. All quotations have now been reorganized using the respondent, interviewer format.

13. We have edited the paragraph following the Results sub-heading “STI-related knowledge, fears and perceived stigma post-diagnosis” for improved clarity.

14. Grammar and spelling has been thoroughly reviewed throughout the paper.

15. We have substituted “internalized stigma” with “perceived stigma”, and the other sentence mentioned by the reviewer was rephrased for clarity as well.
16. The sentence on p.16 described by the reviewer has been edited accordingly.

17. The title has been revised and now includes a broader reference to our aim to capture the STI clinic experience. We have included health education as one of our key terms, but cannot fit it into the title very easily. We feel that our revised title now reflects our intent to elicit participant narratives regarding their STI clinic experience.

18. Due to the very nature of the study – a small qualitative study with a convenience sample – we feel it may be inappropriate to estimate why such distinctions were observed.

19. This useful reference has now been included in our revised Discussion section.

*Again, we thank all of the reviewers for the helpful comments.*