Reviewer's report

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.

Version: 1 Date: 15 November 2006

Reviewer: Helene Antoine Claire Marie Voeten

Reviewer's report:

General

This is a qualitative report that describes 1) the reasons why people with an STI delay care seeking, and 2) the quality of health education during STI management. The paper is well structured and well written. However, the topic that the paper addresses is not new, not even within the Brazilian context. The study leaves out important aspects of health seeking behaviour (e.g. choice of provider) and - more importantly - of health education (e.g. condom promotion, contact treatment/partner referral and compliance). Although the study is qualitative in nature, the conclusions that are drawn on basis of quotes are rather superficial and show little in-depth insight. Furthermore, one can question whether patient-interview is the best method to assess quality of health education.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The most important aspects of health education during STI case management – according to WHO - are condom promotion and partner referral. You have not mentioned these aspects at all in your results. In the Discussion you mention shortly on page 14 “the MSM we interviewed gave almost no indication that there had been any type of dialogue regarding STI prevention”. I really would like to see the results of how many patients say that condoms have been discussed, and how many say that partner referral has been discussed.

2. I miss information on other aspects of health care seeking, such as whether patients had been to another health care provider before coming to the public clinic and reasons why they visit the current and previous providers.

3. You have chosen to assess quality of care through patient-interviews. This will give a rather subjective view of the patient, which might not be in full concordance with more objective measurements of quality of care such as patient observations or simulated patient method. You should indicate more explicitly in your paper (abstract!) that you have used patient judgements to assess quality of care by providers, and you should discuss advantages and disadvantages of choosing this method.

4. Results: I really would like to see the patient delay per subgroup, preferably quantitatively (median delay per subgroup), or at least a qualitative assessment, and a discussion of the differences. I would expect that the (monogamous?) older women might delay care seeking because they do not expect their complaint to be an STI, whereas the promiscuous homosexual men seek care much faster (see paper mentioned in discretionary revisions number 3). For this reason I would also like to see the exact number per subgroup who thought that they had an STI.

5. Quotes on page 13 (starting counting on the title page): I think it is justifiable – even desirable - that physicians inform patients that ulcerative STI are a risk for AIDS and that untreated STI can cause infertility. Because you are judging physicians by the perception of patients of what has been said, it could easily be that they misunderstood the information that was given, or that they do not remember verbatim what has been said and give a subjective interpretation to you. You should mention in your discussion that more objective methods are needed to judge quality of health education, and to judge whether physicians are deliberately not telling something, or that they are telling it in such a way that patients do not fully understand and remember what has been said.

6. Page 14, top: You did not say anything in the Results on concerns about being discriminated against due to sexual orientation of homosexual men. Please add.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. “Stigma” can only be used as a singular term, and you should always indicate (abstract!) that you have studied perceived stigma, not actual stigma.
2. In the Background section you refer to a study by Segurado, but I think that counselling for HIV-patients is essentially different from counselling STI patients, and the two should not be mixed up.
3. The first sentence of the last paragraph of the Background (“Little is known regarding the potential salience…” ) is very unclear to me.
4. Second last sentence of the first paragraph of the Results: “Thirty percent of MSM… and one reported being married men”. Do you mean “being married to a man”, or just “being married”?
5. Second last sentence of the second paragraph of the results: “One MSM was reported that he had too many partners…” Delete “was”.
6. Quotes: In stead of giving dashes ( – ) in the quotes where both Respondent and Interviewer say something, you should use the format:
   Respondent: …
   Interviewer: …
   Respondent: …
7. First sentence under the heading “STI-related knowledge, fears and perceived stigma post-diagnosis”: does “screened” mean “physically examined”? And “but not specifically counselled regarding the type of STI…” should be changed into “but not specifically counselled regarding the fact that they had an STI, nor the type of STI…”.
8. Please check spelling and grammar closely. E.g. the sentence on page 12 halfway has three mistakes and should be changed into: “Perceived stigma and the lack of received counselling….their partners …”.
9. Page 12 bottom: what do you mean by “internalised stigma”? And “future of their diagnosis”; I guess you mean “future course of their disease”?
10. Page 16, third sentence should be “…in limiting care seeking”.

Discretionary Revisions (which the author can choose to ignore)

1. The title does not indicate that quality of health education was also part of the study. Therefore you risk that people interested in quality if STD care do not read your paper.
2. It would be good to discuss reasons why heterosexual women probably were so much older than heterosexual men. Because they are older, they are more often monogamously married, which influences their perceptions on risk, etc.
3. It would be nice to refer to the following study (that I myself was involved in), because it specifically addresses all aspects of STI health education:

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No

Declaration of competing interests: I declare that I have no competing interests.