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: Julie S Downs

Reviewer's report:

- General

1. This qualitative study elicited some provocative quotes describing suboptimal ways in which these patients dealt with recognition of STI symptoms, as well as negative interactions with doctors.

2. As acknowledged, the sampling method and small sample size make it difficult to know how generalizable the findings are. Since several of the MSM participants engaged in sex trade, should we expect their data to represent the broader population of MSM? Can we surmise that a similar percentage of the MSM population engages in this behavior? Also, especially given the high degree of stigma associated with STI infection, do we know anything about those who declined to participate? These are the most obvious limitations, and are mentioned explicitly in the text. However, they should be respected in the reporting of data. For example, Table 1 showing the characteristics of participants should be restricted to comparing these participants to known population data to demonstrate how representative this small sample is. It should not be allowed to stand on its own as a representation of a “truth” about these populations. The title itself suggests much stronger data than are actually presented, implying that causal, generalizable data are being reported. Similarly, the abstract contains phrases like “due to” and implied reliable differences between groups.

3. These limitations are particularly problematic for comparisons between sub-populations, which the paper focuses on in some depth. With such small samples and no power for statistical comparisons, it seems inappropriate to talk about behaviors and perceptions varying by subpopulation.

- Major Compulsory Revisions

4. Within those limitations, there should still be the possibility of gaining some qualitative insights for further study. However, the lack of a clear methodology of coding & interpretation of the transcripts undermines confidence in the conclusions. The authors state that they used Atlas.ti to code the transcripts, but no information is given about the coding scheme that was generated or how it was applied. Instead, the paper reports, e.g., that “several” people in a given subpopulation say one kind of thing, and “some” say something else. There is no indication of how fine-grained the coding scheme was, whether there was any kind of inter-judge reliability coding performed, or how different codes might be related to one another. I'm not sure what “patterns of consensus, contrast, and variability” mean in terms of analysis – it appears that any patterns were detected casually, by observation, rather than truly by analysis.

5. Finally, the discussion appears to make far stronger statements than can be justified by the data, e.g.,
   a. “Care-seeking delays... are quite common”: support for this statement would need a better sample and some quantitative indication of ‘delay’.
   b. “Care-seeking delays... are linked to information gaps regarding STI transmission, etc.”: In addition to a better sample, this statement would need data from different sources or groups for proper comparisons (e.g., between stigmatized and non-stigmatized conditions, and among people with varying levels of knowledge).
   c. “Our results indicate that information, education and communication efforts should be developed for the general public about early recognition … and prompt care-seeking.”: Although I wouldn’t disagree with this in principle, I don’t think it is particularly supported by the data. The same problem exists with the other recommendations given. The data are just not specific & robust enough to draw such conclusions.

6. In summary, there are some very interesting, even shocking revelations in the quotes. But to draw any conclusions from these data, there would need to be a more systematic approach to (or description of) the qualitative coding and analysis.
7. And given the small samples, conclusions should be limited to insights into possible patterns of behavior with recommendations for focused attention with more structured assessment tools, rather than broad recommendations for change in policy.

- Minor Essential Revisions

8. Table 1 is inconsistent with the text for the number of sexual partners by MSM and heterosexual men – I believe the values for 3 months and 1 year are switched in the table.

- Discretionary Revisions

9. Is candidiasis really an STI? This may require just a relabeling of the criteria for inclusion, or definition of what constituted infection.
10. The word “quote” as a noun is informal and not technically correct – “excerpt” would be better.
11. The discussion includes a paragraph about the literature on providers’ interactions with male vs. female and heterosexual vs. MSM patients, which really belongs in the introduction.

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: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests