Reviewer's report

Title: Preliminary development of a scale to measure stigma relating to sexually transmitted infections among women in a high risk neighbourhood

Version: 1  Date: 23 April 2008

Reviewer: Adina Nack

Reviewer's report:

Overall, I believe that this article is interesting, important, and useful. I have several suggestions on how to strengthen the piece and will first share these as I address the questions posed by the editors of BMC Women’s Health, using their categories of revisions

1. Is the question posed by the authors well defined?
   Yes, the question posed is well defined and compelling.

2. Are the methods appropriate and well described?
   The methods may be argued to be appropriate, but they are not as well described as they should be. The following may all be considered “Minor Essential Revisions.” In the “Methods” section of the paper, it seems that this program may be targeted for women who are in lower socioeconomic statuses, but this is never clarified by the authors.
   In addition, this section notes that the sample included transgendered individuals, but the authors do not clarify whether these were male-to-female, female-to-male, intersexed individuals, etc. This detail is relevant because the authors’ arguments hinge upon the idea of gender socialization (experienced differently by those who’ve been raised as female their whole lives versus those who’ve taken on a female/feminine role later on in life).
   In the “Methods” section, the authors note that participants had the option of providing a urine sample for STI testing. It should be noted that only a few STIs can be detected by use of a urine sample, and the authors should specify which ones. Though, it’s not clear that this data is used in the analysis presented in the paper, so perhaps it could be included as a possible benefit of participating in the project?
   Finally, in describing the measurement tool, it’s important it be referred to as a structured interview or an orally administered survey, rather than just “the interview,” which readers may confuse with semi-structured or unstructured interviews.

3. Are the data sound?
   The authors should strongly consider revising and redefining their analytical categories. On page 7, they refer to “Goffman’s (1963) basic three categories,” but they do not list them clearly here or earlier in the paper. I strongly recommend that the authors reframe their indexes to mirror his categories:
abominations of the body, blemishes of moral character, and tribal stigma. The categories they construct and use are not mutually exclusive and change during the course of the paper: “Physical stigma” (page 8) parallels well with “abominations of the body, but in the table and throughout the paper, it seems that the authors combine it with “Moral stigma” (page 8) to create their “Factor 3: Internal stigma.” When I look at Table 2, it’s not at all clear why feeling like “damaged goods” is considered part of “Tribal Stigma,” rather than “Internal Stigma.”

In order to accomplish this, I recommend the following as a “Major Compulsory Revision” that will improve the clarity of the data and the usefulness of the scale:

Stick with Goffman’s categories, which distinguish between types of stigma (reasons for which one becomes stigmatized), rather than the current labels which conflate experiences of stigma with types of stigma. Factor 1 can still be “Tribal Stigma” but, in addition to the items already included, it should also include the item “Bad person” as this parallels well with the use of the ‘two tribes of femininity theory’ (Nack 2002). I also think you can make the argument that the following items are also part of the STI Tribal Stigma: Community gossip and Staff morals

Factor 2 can be “Blemish of Moral Character” and include the following items: Guilty, Embarrassed, and Stupid.

Factor 3 can be “Abomination of the Body” and include the following items: Dirty and Violated.

The remaining two items seem to address not a type of stigma but the women’s perceptions of staff norms regarding confidentiality: Clinic discretion and Staff discretion. It’s not clear that these items are measuring a woman’s experience of any of the 3 types of stigma. Rather, they seem to measure her confidence in this particular medical facility: useful for a user-survey for those who manage this clinic but not necessarily useful for the larger questions posed by this paper.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
I believe so.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, the Discussion section presenting several important and useful ideas. I was especially impressed with the final paragraph (beginning on Page 14 and ending at the top of Page 15).

6. Are limitations of the work clearly stated?
Yes, but it’s important to clarify the population from which the sample was drawn. On Page 13, the sentence that states, “…we cannot generalize findings to the broader community of women.” Do the authors mean “all women,” “all women living in Vancouver,” or “all women who utilize this particular evening social program”? This is a “Minor Essential Revision” that needs to be clarified.

Also, given the roles described in the “Competing Interest” section, I recommend
a “Discretionary Revision” that clarifies how the researchers made sure that participation was truly voluntary. For example, the authors could address the question about whether or not the women assured that refusing to participate in the study would not jeopardize their ability to receive health care services from these same doctors.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

In almost all cases, yes. But, please see my answer to question 9 (below) in which I recommend the addition of a few more citations to key places in the paper.

8. Do the title and abstract accurately convey what has been found?

Title: good, but the phrase “high risk neighborhood” is never explained in the paper. As a “Discretionary Revision,” I suggest adding this clarification to the description of the setting.

Abstract: needs some clarifications.

Background: the following phrases are vague and need to be clarified: “the moral scale” and “sexual stigma.” I would consider these to be “Minor Essential Revisions.”

Methods: the population from which the sample is selected is described as “Women attending a social evening program.” This wording is vague and leaves the reader wondering about the potential biases of the sample. As a “Minor Essential Revision,” I recommend clarifying this – perhaps the authors meant to make this is clear by the phrase “Vancouver’s DTES,” but many readers will not be familiar with Vancouver.

9. Is the writing acceptable?

Yes, though the following corrections should be considered “Minor Essential Revisions”:

- Page 2, add “STIs” in parentheses following the phrase “sexually transmitted infections,” since the abbreviation is used throughout the remainder of the paper.
- Page 4, add citation referring to Nack 2002 in revising the sentence that begins, “In relation to the categories of stigma…”, as this citation delineates the first time that the argument was made that STIs can “be argued to cross all three.”
- Page 5, the sentence beginning “The continued impact…” should refer to Nack 2002, not 2000.
- Page 5, the mention of stigma being discredited or discreditable: those terms should be briefly defined and Goffman should be cited.
- Page 5, a citation is missing from the sentence which begins, “A similar study in the southern U.S.”.
- Page 11, add a brief discussion of the three ethnic groups mentioned with regard to how they have traditionally/culturally constructed feminine sexual morality.
- Page 12, to the final paragraph about increased stigma among Aboriginal
women, refer to the literature on the historical targeting of women of color as being the ‘vectors and vessels’ of sexual diseases.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.