Reviewer's report

Title: Perceived stigma by children on antiretroviral treatment in Cambodia

Version: 1  Date: 25 September 2014

Reviewer: Bisola Ojikutu

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Overall, I believe that this is an important topic and should be included in the medical literature. My concerns are delineated below:

1. There are several aspects of the methodology that are unclear. The authors state in the methodology that two interviews were completed. The first was clearly to assess perceived stigma and to obtain information regarding the child’s clinical status. The stated reason for the second interview/questionnaire was to “to complete some information on social characteristics and check the adequacy of pill counts”. If adherence was a primary outcome of this study, then second interview might make sense. But adherence is not the primary outcome and it is unclear why the second interview was conducted unless information was being collected to include in some other study that is not reported here.

2. Though my expertise is not in child psychology, I do not understand the value of interviewing caregivers to determine a child’s perceived stigma. I do agree that children 18months to 6 years would not be able to adequately assess perceived stigma. However, results obtained via caregiver report are clearly biased by their perceptions.

3. My understanding from reviewing the literature is that validated scales measuring perceived stigma are available. It is unclear why one of those scales was not used in this study.

4. Major Revision: There are a few issues in regards to the data that require clarification. In regards to the sample size calculation, the author’s state that 189 individuals would be necessary in order to complete their analysis. However, 183 children were included in this sample. How did this impact the analysis? Is this a typo????The authors also state that “as no data was available to calculate the sample size” and then mention a number of assumptions. The statement should read that there is “no published data to calculate the sample size”. The authors also state that “open ended questions were categorized”. How was this done? Were common themes noted? If so, were they reported? Was that data added to the univariate analysis and MVA?

5. Major Revision: The reporting of some of the results is also somewhat confusing. The article is focused on perceived stigma. However, the authors report the prevalence of experiencing “some form of stigma”. The different types of stigma are well defined and are appropriately stated by the authors in the introduction (perceived stigma, enacted stigma, internalized stigma, and
associative stigma). The authors should maintain a clear understanding of the type of stigma being assessed. Using a validated scale would help. Given that this study did not use a validated scale the authors could at least use more consistent language when referring to the type of stigma measured.

6. Major Revision: The discussion includes several subjective statements that are not supported and should be removed or reworded. For example, the authors state that “the situation has not changed much due to the scarcity of specific programs for stigma reduction focusing on children.” I’m not sure how the authors arrive at this conclusion. The following sentence then provides support using unpublished data. I think that it would be more appropriate to state that because there are few programs to address stigma, there may not have been significant progress made in stigma reduction.

7. Minor Essential Revision: There are a number of typos throughout the manuscript. I would suggest that the authors review this manuscript again (or have someone else do this) prior to resubmission. For example, line 145 “cots” and line 360 “focusing”.

8. Discretionary Revision: The authors propose to determine the prevalence and predictors of perceived stigma in a cohort of children 18 months to 15 years old living with HIV in Cambodia. I think that these are reasonable questions given the lack of data on this topic in this age group in Cambodia. However, I think that a more direct and specific question could have been – is perceived stigma in young children associated with adherence or clinical outcomes or quality of life? Focusing directly on tangible dependent variables such as these may have led to more actionable conclusions about this important topic.

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

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

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

**Declaration of competing interests:**

None