



**SDI Review Form 1.6**

Journal Name:	<a href="#">International Journal of TROPICAL DISEASE &amp; Health</a>
Manuscript Number:	2014_IJTDH_11897
Title of the Manuscript:	Assessing the attitude and perception of community members and health workers regarding leprosy stigma
Type of the Article	Original Research Article

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
		Thank you very much for your critical and valuable comments. We appreciated this very much.
<b><u>Compulsory</u></b> REVISION comments	<b><u>Introduction:</u></b> In this section you mention that no studies have been done assessing leprosy-related stigma in Thailand. However, in the Discussion section you site two studies on leprosy-related stigma in Thailand. Please clarify this.	<b><u>Introduction:</u></b> At the time of starting this study, no results of quantitative assessment had been published. Recently, a few studies have quantitatively measured stigma in Thailand. We then revised the mentioned statement in the revised manuscript. Please see the last sentence of 1. Introduction-yellow highlighted.
	<b><u>Methods:</u></b> You should mention how each subject was selected for the study. Who approached them? Did they sign an informed consent? Did they understand that participation in research is voluntary? Issues of privacy and confidentiality? You are dealing with the topic of stigma and a highly stigmatized condition. These are critical ethical questions that should be documented in your paper. Simply stating that IRB approval was obtained and the sampling strategy utilized aren't sufficient.	<b><u>Methods:</u></b> Revised accordingly. Please see text with yellow highlighted under 'Methods'
	This section is extremely confusing. It is difficult to ascertain just how many participants were included in your study. Subject selection for the qualitative and quantitative components should be described under two separate headings.	Subject number and selection for the qualitative component are described in line 49-56 of the original manuscript.  Those of the quantitative component are described in line 56-64 of the original manuscript.  The number of subjects selected in each category



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		is now described at the beginning of the Results.'
	<p><b>It is stated that 236 health workers were selected for the quantitative component of the study. How many health workers did you actually approach? How many were excluded? What is your justification for excluding health workers with physical and mental impairments? How did you determine that they had the aforesaid problems? Are your decisions ethically justified? You should describe your reasons explicitly.</b></p>	<p>We select 236 health workers by convenient sampling. Those present at the time of data collection were interviewed until a required number was met. The number of health workers is mentioned at the beginning of the results. (Please see text with yellow highlighted)</p> <p>The exclusion criteria 'those who were unable to answer the questions due to physical or mental problem were excluded' were applied to people unable to communicate directly themselves. These were excluded because the questionnaire is only validated for direct response, not interview by proxy. For example people with severe intellectual disability. (Please see text with yellow highlight under 'method')</p>



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	<p><b>It is not clearly stated in the methods section how many community members were selected for the study. This information is found later in the manuscript but should be included in the methods section.</b></p>	<p>In our opinion, sample sizes that have been realised in the study are part of the results and have hence been included at the beginning of the results section.</p>
	<p><b>It appears that you also enrolled 236 community members in addition to the 236 health workers. How did you arrive at the number 236 for the community members? You state that the sample size was based on the estimated prevalence of community members who have negative attitudes towards leprosy. It appears unlikely that the estimated prevalence of community members with negative attitudes towards leprosy would yield the exact sample size as the 236 health workers that you selected. Please clarify.</b></p>	<p>Because we had no estimated prevalence of health workers, we applied that of community members to the health workers also.</p>
	<p><b><u>Results/Discussion:</u></b></p> <p><b>Qualitative Section:</b></p> <p><b>This section is very poorly written and lacks organization. State findings from your qualitative and quantitative data analysis in a clear and concise manner, using headings that make logical sense. Your first heading, "Attitudes &amp; Perceptions of Leprosy Among Community Members and Health Workers", should only contain information about attitudes and perceptions, nothing more.</b></p>	<p><b><u>Results/Discussion:</u></b></p> <p><b>Qualitative Section:</b></p> <p>Revised accordingly</p>
	<p><b>Did you obtain information about attitudes and perceptions towards leprosy from individuals affected by it? If so, include it under a separate heading.</b></p>	<p>This study did not aim to investigate attitudes and perceptions towards leprosy from individuals affected; therefore this information was not collected systematically. Only little information about attitudes and perceptions towards leprosy was obtained from individuals affected, we did not present this under a separate heading.</p>



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	<p>The next heading is entitled “Stigma Practices of People Affected by Leprosy”. This heading does not make logical sense and is confusing. It should be revised to state “Stigma Experiences of People Affected by Leprosy”. This section should therefore only include information pertaining to leprosy-affected individuals’ experiences with stigma. Omit any other information that is not relevant. Additionally, it appears that prevalent themes emerged from the content analysis. You included “keeping others from knowing” and “avoiding social contact”. You should also include “avoidance of healthcare” as it was also described. Each of these thematic emphases should be addressed with relevant information.</p>	Revised accordingly
	<p>The next section is entitled “Stigma Practices of Community Members and Health Workers”. Perhaps you should think about rephrasing this to “Stigmatizing practices of Community Members and Health Workers”. This section should only include information pertaining to community member and health worker behaviours and practices towards those with leprosy. Any information that does not pertain to these topics should be excluded.</p>	Revised accordingly
	<p>Quantitative:</p> <p>Table 1:</p> <p>State your rationale for including “type of house” in</p>	<p>Quantitative:</p> <p>Table 1:</p> <p>Revised accordingly.</p>



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	<p><b>your analysis. You should justify why this variable was included. Are there existing studies that link “type of house” to perceptions of leprosy-related stigma?</b></p>	<p>Yes, there is the study of Rodchan in the West of Thailand.</p>
	<p><b>Graphs 1,2, 3:</b></p> <p><b>I do not understand why the graphs were separated into 3 parts. I don’t think a graph is appropriate for the results that you are trying to convey. A table that includes all 15 questions and relevant percentages would probably be best.</b></p>	<p><b>Graphs 1,2, 3:</b></p> <p><b>Each part demonstrates different groups of view of the respondents:</b></p> <p>1<sup>st</sup> part demonstrates the view of respondents on how they feel about having people affected by leprosy in their family or community.</p> <p>2<sup>nd</sup> part demonstrates their views on how the community treats people affected by leprosy and their family.</p> <p>3<sup>rd</sup> part demonstrates their views on how leprosy affects people affected by leprosy and their families in terms of marital and work prospect.</p> <p>We agree that a table could be used also to convey the same data. However, we believe that graphs are easier to interpret for many readers, which is why we prefer using graphs.</p>
	<p><b><u>Discussion:</u></b></p> <p><b>For lines 339-342, clarify the language and include a citation.</b></p>	<p><b><u>Discussion:</u></b></p> <p>Revised accordingly</p>
	<p><b>For lines 425-438, are there any existing studies to support your results that type of housing is related to perceived stigma?</b></p>	<p>There is the study of Rodchan in the West of Thailand but she found no association between the type of house and perceived stigma.</p>



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	For lines 440-444, are there any existing studies to support your results regarding number of people living in a household and perceived stigma?	Yes, there is. We mentioned one study in the revised version.(paragraph 5 under 'Discussion' –yellow highlighted)
	<b>Conclusion:</b> Your conclusion section is poorly written and inadequate. Typically, this section provides a brief synopsis of study findings and their implications. Additionally, you should state how your study findings can shape future de-stigmatization research.	<b>Conclusion:</b> Revised accordingly
<b>Minor</b> REVISION comments	Adhere to proper English grammar and punctuation guidelines. Some citations are not properly formatted and not included in the Reference section at the end of the manuscript. These include unpublished reports by the Raj Pracha Samasai Institute.	We follow the guideline of the journal quoted 'Only published or accepted manuscripts should be included in the reference list. Articles submitted for publication, unpublished findings and personal communications should not be included in the reference list but may be mentioned in the text (e.g., T Nelson, Purdue University, USA, Unpublished results or personal communication)' unquoted.'
	Please keep language consistent throughout the manuscript. There are many labels used to describe your study sample including health workers, health volunteers, community members, villagers, district members, and informants. It is difficult to understand to whom you're referring to when there are so many descriptive terms. You should only have three labels: community members, health workers, and persons affected by leprosy.  The authors may want to look at the work of Erving Goffman, particularly his book entitled "Stigma: Notes on the Management of Spoiled Identity."	We replaced the terms 'villagers and district members' with a term 'community members' except quoted statements.  We have indeed studied Goffman's work, but prefer more recent contributions, such as those by Weiss, Link & Phelan and others.



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<b><u>Optional/General</u></b> comments	<b>The current manuscript submitted for publication addresses a very important public health issue. Research on leprosy-related stigma is scant and the authors should be congratulated for their efforts.</b>	Thank you very much for your valuable and encouraging comments.
	<b>The authors should describe in detail the informed consent process, particularly emphasizing whether or not subjects understood the concept of privacy, confidentiality, and volunteer participation in research.</b>  <b>It is stated that the local health officer gave the researchers names of community members. Authors should justify that this was an ethical approach? Was health information also included along with the names?</b>	Revised accordingly. Please see yellow highlighted text under 'method'.