



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_6468
Title of the Manuscript:	STIGMA AND HIV/AIDS IN SOUTH AFRICA: A CAUTIONARY TALE OF RESPECT AND ADHERENCE

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
These texts are the focus of my concerns: “Following the support gained by personal relationships, belonging to a support group is also an integral part of treatment adherence. Table 4.1 also shows that belonging to a support group was negatively associated with missing tablets. Of those who do not belong to a support group, 15.9% missed their tablets, as compare to only 9.3% who do belong to a support group. But the opposite outcome emerges when individuals were asked whether they had ever belonged to a support group. Of those who never belonged to a support group, 12.6% missed their tablets as compared to the 30.4% of those who have belonged to support groups.” The authors need to allow for valid reasons for this seeming discrepancy. Had EVER – Does this mean they went to one group visit? Were they asked to leave the group? Is this defining a “difficult” to manage person? Are such people facing more demands in their life? More illnesses? Had EVER is very different when compared to this who have engaged such groups fully (e.g. multiple or continuous attendance at such groups). “Tables under 4.2 report the relationship that the patients have with the healthcare workers. It reports on whether patients feel as though health care workers do not treat them with respect. Interestingly, of those who agreed that they were not being treated with respect, 3.9% missed their visit, as compared to 6.7% who disagreed. This means that those who feel as though they are being treated with respect are more likely to miss their tablets than those who do not. Being able to talk to the doctors and nurses in private was shown to also be statistically significant. Of those who could not talk to the health care providers in private, 17.2% missed their tablets, as compared to 12.2% who were able to speak to the health care workers in private. Finally, another interesting outcome emerged with respect to disclosing to healthcare workers about missed pills. Of those who could not disclose to their missed pills, only 13.7% missed, whereas 19.2% missed when they were able to disclose. The final outcome, feeling judged by the community (Table 4.3), examined the perceived stigma that patients felt. Of those who felt judged, only 2.4% missed their visit, as compared to those who did not feel judged, 6.4% missed. These outcomes all suggest that factors that influence adherence are complex suggesting a nuanced relationship between support, trust, and adherence. Not all relationships trend in the same direction. “ A 2.7% difference is not compelling – although the next two sets of differing numbers is noteworthy. The words “respect” or “judged” carries many meanings. Is there a cogent explanation for this? Is it respect or familiarity or	The reviewer makes a good point and there is no easy explanation. As it is preferred to keep results separate from discussion and interpretation, comments on this difficulty may be found L300-2 in the discussion section. It is agreed that findings should not be interpreted in only a negative way. To this end, the discussion and concluding sections have been elaborated and rewritten to point to the success of the S African medical system. Associative analyses have been used to point to



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comfortability, or, even getting different information due to increased communicating between the patient and heath care provider which leads to different conclusions by the patient regards adherence? The authors see this data as indicating that there is a “negative” outcome. This may well be true – but it strikes me that the authors have not explored other possibilities. Have the authors looked at the face validity of these questions as provided in other studies?	where further interventions might be employed, among shack dwellers and among employers and work associates. The authors hope that we have explored other possibilities. L 304-22 WE refer to other similar uses of the terms ‘judged’ and ‘respected’ especially in what may become the gold standard the UNAIDS survey of HIV stigma measurement. Please recall this did not exist when the surveys of our project were constructed.
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