Author’s response to reviews

Title: Prevalence and barriers to HIV testing among mothers at a tertiary care hospital in Phnom Penh, Cambodia

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Author’s response to reviews: see over
To
The Editor,

BioMed Central Public Health

Subject: Resubmission of article title; “Prevalence and barriers to HIV testing among mothers at a tertiary care hospital in Phnom Penh, Cambodia”

Dear. Sir and Madam

Enclosed here is the reply to the queries raised by reviewers for the paper submitted to BioMed Central Public Health. If there be any further query, we will be pleased to answer. The mentioned corrections have been done in the main text also.

Kindly note that comments from reviewers are followed by response.

Referee 1
Methods:
• Need to mention when exactly the interviews conducted – on the day of delivery?? – how long do women stay in hospital for a normal vaginal delivery?
  We added the sentence about the information. (Kindly see page 3)

• Need to mention the reasons for not offering counseling and testing to women in the study after they reported not being tested – discuss the ethical considerations.
  We added the reason (Kindly see page 4)

• Was there a reason for conducting the survey in the last quarter of the year? Is there perhaps anything different about the last quarter eg is it holiday time are there fewer staff etc?
  We added the following sentence.
  ‘The delivery cases per month are almost constant through all seasons at NMCHC, and…’ (Kindly see page 3)

Discussion:
• Page 10, limitations, include what percentage of mothers deliver at home.
We added the sentence about the information. (Kindly see page 10)

Table 1:
• Question 1 – inconstantly needs to be rephrased to “does not use a condom consistently”
  We revised it following your comment. (Kindly see Table 1 in page 15)

• Question 6 is the same as question 5 – did you mean to say during “delivery”?  
  Yes. We revised it. (Kindly see Table 1 in page 15)

Minor essential revisions:
There are several places where the text needs general grammatical editing

Sections that need editing:
• Introduction – sentence 2 and sentence 3 of paragraph 2.
  We revised them. (Kindly see page 2)

Suggestions for editing:
• Page 6 – suggest you say “were” tested or “received” testing rather than “got” tested.
  We changed it following your suggestion. (Kindly see page 5, 6, 8)

• Page 9 – suggest you amend para 2 as follows:
  It is stated in the guidelines on PITC …….. and tools to prevent HIV transmission to others (19). However WHO/UNAIDS have reduced the emphasis on counseling in their revised testing guidelines eliminating the pre-test counseling, we are therefore concerned that in the PITC strategy many mothers may be tested without obtaining basic knowledge of HIV prevention and care through counseling.
  We amend it following your suggestion, but the new guideline did not eliminate the pre-test counseling so we amend it as follow.
  ‘However, WHO/UNAIDS have reduced the emphasis on counseling in their revised testing guideline including simplified pre-test counseling. We are therefore concerned that in the PITC strategy more than half mothers may be tested without obtaining basic knowledge of HIV prevention and care through the simplified counseling’. (Kindly see page 8-9)

• Page 9 paragraph three, third sentence – suggest change as follows:
  Nevertheless HIV testing and counseling services are not as available out of Phnom Penh as they are within the city.
  We amend it following your suggestion. (Kindly see page 9)

• Page 9, paragraph 3, fifth sentence – suggest change as follows:
In addition, laboratory services ……, because the Cambodian regulations allow only laboratory technicians, to provide HIV testing and these technicians are not allocated to all health facilities in rural areas (21).

We amend it following your suggestion. (Kindly see page 9-10)

• Page 10, sentence 3 – Although the study ……information on the prevalence of HIV testing and highlighted barriers …………….

We amend it following your suggestion. (Kindly see page 10)
Referee 2
Major Compulsory Revisions

Method:
• Recruitment: 600 women were recruited, there is no data on inclusion and exclusion criteria and reasons. There is a need to better describe the recruitment process undertaken (how/when).

Based on this, how were women who were not tested for HIV identified? If this was at labour/delivery why wasn’t HIV testing in labour proposed?

We approached every mother, so we added the sentence about it (Kindly see page 4). Because of PITC strategy, all mothers were proposed to HIV testing and we added the sentence about the information. (Kindly see page 3)

• Questionnaire items: such as “experience of ANC” and partners involvement for HIV testing need to be defined.

We revised the word ‘partner’s involvement ’ to ‘partner’s permission for HIV testing’ and defined ‘experience of ANC’. (Kindly see page 4)

Results:
• What happened with the 24% of women who did not experience HIV testing? Were reasons for not testing collected?

We investigated the barrier for HIV testing by multivariate logistic regression analysis. (Kindly see page 6)

There are parts of this section for which phrases have not been completed. This section of the paper is not well written and needs formatting.

We revised them following the other reviewer’s comments (Kindly see page 5, 6)

Discussion
• Suggestions to include partners in HIV counseling and testing, but what is lacking is “how”.

The authors need to refer to recent literature on partner counseling and interventions to improve partner uptake (Katz, 2009; Desgrees-du-Lou, 2009).

We referred to the literature by Katz, but the one by Desgrees-du-Lou did not show how to include partners, so we did not refer it. (Kindly see page 7-8, reference 17 in page 13)

• In the abstract and discussion, the authors state the need to improve quality counseling; however there is no data on this in the survey.

Based on your comment, we eliminated the word ‘quality’. (Kindly see page 11)
• In addition, Sasaki et al, suggest efficient utilization of available human resources, based on what? How has this been considered in this study?
  We revised discussion parts. (Kindly see 9, 10, 11)

• Comparison of results with other studies is done but the comparison of studies that are out-dated. As example, the author’s compare the up-take of HIV testing with the study by Cartoux et al (1998). To consider that in this study no PITC was applied at that time.
  In stead of the study out-dated, we referred the other studies that applied PITC strategy. (Kindly see page 6,7, reference 10, 11, 12 in page 12)

• An issue that the authors do not consider when discussing up-take of HIV testing by pregnant women is: do women who accept PITC understand the choice (Mugore et al, 2008).
  We discussed it and referred the study by Mugore. (Kindly see page 8, 9, reference 21 in page 13-14)

• A major error in the paper is the statement that with PITC, HIV post-test counseling is eliminated.
  We did not mention that with PITC, HIV post-test counseling is eliminated, but we added the sentence that mentioned ‘simplified counseling in PITC’. (Kindly see page 8)

• There is a lack of information on why ANC services are different in/out of PhnomPenh
  Because there were few study related to the difference, we mentioned it. But we discussed the difference from the point of laboratory services. (Kindly see page 9, 10)

Minor Essential Revisions
Method:
• It is not clear in the paper Why PMTCT is proposed in a reference hospital and not in health centers. Is it the role of referral hospitals?
  No, it is not. We added the sentence about the information. (Kindly see page 2)

• The questionnaire used for the survey was pre-tested. There is no information on the results of this pre-tested and what changes were necessary. Small pilot was carried out, what were the results? How did this help improve the study? This data is useful for the reader.
  We added the sentence about the information (Kindly see page 3)
Results:

• What happened with the women who did not delivery at NMCHC?
  It was one of the limitations in our study. (Kindly see page 10)

• The statement: “the education level and occupation of partners where significantly related with “their experience” is not clear” (page 6).
  We revised the sentence. (Kindly see page 5)

• There is a need to define the variable “having visited ANC in Phnom Penh or not” (minimum one visit?).
  We defined it. (Kindly see page 6)

• Among mothers who got tested for HIV, “perfect score” was observed. Perfect score of what? (page 6). How was this calculated, what is the definition of this variable.
  We defined it in part of method. (Kindly see page 4) We revised the sentence. (Kindly see page 5)

Discussion

• The authors suggest that the results “could” be linked to the introduction of PITC. A simple way is to compare periods with and without PITC (Chandisarewa, 2007).
  We referred three studies including the study by Chandisarewa as you suggested and discussed it. (Kindly see page 7-8, reference 10, 11, 12 in page 13)

• “PITC should not diminish benefits of VCT strategy”, need to develop this statement, not clear as it is.
  In stead of deleting the sentence, we discussed it. (Kindly see page 7)

• Limits of PITC not covered.
  We discussed the limitation and referred one study. (Kindly see page 8,9, reference 21 in page 13-14)

• No information on which are the licensed sites of testing. Need to define this.
  We defined it. (Kindly see page 9)

• The authors highlight that 80% of deliveries in rural area are at home. It would have been useful that the authors give suggestions to improve cover of PMTCT in this setting. Which are these community based interventions that the authors mention?
We discussed it. (Kindly see page 9, 10, 11)

References:

- The list of references contains out-dated references and documents not accessible and presentations are incomplete.

  We deleted some references following your comment and added some appropriate ones.
  (Kindly see page 12-14)

If you still have any query kindly don’t hesitate to ask us.

Kind regards