Author’s response to reviews

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

Authors:

Yuri Sasaki (yurippe1006@hotmail.com)
Moazzam Ali (denube9@yahoo.com)
Vong Sathiary (sathiarany@yahoo.com)
Koum Kanal (koukanal@camnet.com.kh)
Kazuhiro Kakimoto (k-kakimoto@it.ncgm.go.jp)

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Author’s response to reviews: see over
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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 reviewer 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 reviewer is followed by response.

· Need to replace the abstract.
We replaced the abstract.

· Writing needs to be improved. It will help a great deal if the manuscript is professionally copyedited for English usage.
Our manuscript was professionally copyedited for English usage.

· In the abstract (if the authors replace it as it was in the initial submission), the authors recommend "efficient utilization of available human resources.” A careful reading of the manuscript (cf. pp. 9-10) suggests that what the authors mean is that HIV testing should be made available in all health facilities in rural areas. This must be clearly stated in the abstract or else the paper loses much of its value.
We stated it clearly following your comment. (Kindly see P 11 line 10-2)
· On line 15 of the abstract page (in the initial version of the manuscript) the authors refer to "partner’s permission." Apparently they mean "a perceived need to obtain their partner's permission to be tested."
We revised it following your comment. (Kindly see abstract lines 15-6)

· In the first line of the conclusion, they write about improving "access" to HIV testing. I believe they are referring to "acceptance" or "uptake" of HIV testing rather than access.
We revised it following your comment. (Kindly see abstract lines 20 and 23)

· On page 8 (lines 9-11), they say "there might be many mothers who did not well understand the HIV prevention and treatment including the advantages and disadvantages of HIV testing and eventually received HIV testing." By this, I believe they mean that "there may be many mothers who receive HIV testing despite not understanding the advantages and disadvantages of HIV testing very well."
We revised it as follow “This suggests that many mothers receive HIV testing despite a lack of understanding about the advantages and disadvantages of HIV testing.” (Kindly see P9 lines 19-20)

· On page 9 (lines 2-5), they say "Introducing the PITC strategy may have a great impact on the uptake of HIV testing, however issues regarding information provided in pre-test counseling and maternal right to know the additional information related to HIV testing must be considered." By this, I believe they mean "Introducing PITC may increase HIV testing, but mothers must understand basic information about HIV, including their right not to be tested."
We revised it following your comment. (Kindly see P10 lines 12-3)

· A fundamental premise of the paper is that under "PITC" (provider-initiated HIV testing and counseling), all women having babies are offered HIV testing, but many opt out. Whether they get tested or not is the outcome on which the paper is reporting. Apparently the reason all women do not get tested is that they decline the testing. This is not stated in the paper and was unclear to the reviewers and to myself, but after seeing two versions of the manuscript I can
now infer it. The authors need to state this clearly. It is not clear that acceptance (by women) of HIV testing is the outcome variable being examined in the paper. We stated it clearly as your comments (Kindly see P4 line 2-4, P8 lines 1-2, P12 line 6) If you still have any query kindly don’t hesitate to ask us. Kind regards Yuri Sasaki, School of International Health, Graduate School of Medicine, The University of Tokyo