Author's response to reviews

Title: The role of mother-in-law in the prevention of mother-to-child transmission of HIV, northern Tanzania

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Author's response to reviews: see over
Sola, Norway, April 2011

The Editor,
BMC Public Health

Dear Editor,

RE: RE-SUBMISSION OF MANUSCRIPT ENTITLED: THE ROLE OF MOTHER-IN-LAW IN THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, NORTHERN TANZANIA

We are pleased to re-submit a revised version of our manuscript attached here by Eli Fjeld Falnes, Karen Marie Moland, Thorkild Tylleskär, Marina Manuela de Paoli, Sebalda Charles Leshabari and Ingunn M.S. Engebretsen. It is entitled “The role of mother-in-law in the prevention of mother-to-child transmission of HIV, northern Tanzania”. It is submitted for your consideration and possible publication in the BMC Public Health. It is not and will not be published elsewhere while under your consideration.

We thank the reviewers for constructive and reflective comments. We were pleased to read the constructive feed-back and have revised the manuscript accordingly. In this cover letter we provide an item-by-item response to both the reviewers. To make it easier to see where the changes are in the revised document we also attach a file with all the text subject to changes in Italics.

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We are looking forward to hearing from you.

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Item-by-item response: Reviewer number 1

Thank you for your constructive comments. We hereby provide an item-to-item response to the comments. Our response is in Italics.

Major compulsory revisions:

Methods:
Quantitative study population – mention the distribution of the 317 women between the 5 clinics – and whether the clinics are all similar in terms of quality of service delivery, level of training of counsellors.

- We have not mentioned the distribution of the 317 women between the 5 clinics since we did not feel that this information was relevant for this study. Of relevance in this paper is the urban/rural distribution of the mothers. Nearly 50% of the mothers were living in a rural area, which is mentioned in the results section (‘Quantitative sample characteristics’) and in Table 2.
- We have added one sentence about the similarities and differences between the clinics with regards to PMTCT practice and we have also given information about when the different clinics implemented the PMTCT programme in the ‘Quantitative data’ section.

Results:
Although studies in Tanzania and Ivory Coast have previously reported that the mother-in-law was an obstacle to safe infant feeding practices I do not believe that according to the results presented in this manuscript that the mother in law plays such a large role as previously reported. According to table 3, mothers-in-law are reported to play < 1% role in decision making on clinic attendance, family planning and testing and <5% in decisions around infant feeding. So it seems to me that my interpretation of the results would be that over the last 5 years or so there has been an increase in empowerment of the partner (and the mother) and that the work directed at including partners has paid off and more partners are involved in joint decision making and supporting of their wives. It might be useful for the authors to explore whether the fact that so many of the mothers are actually married (unlike reports from South Africa where the HIV prevalence amongst mothers is very high) makes a difference to the level of support they receive from their partners.

- Our interpretation is that there has been an increased empowerment of the couple and decreased empowerment of the mother-in-law. However, in another study, which was part of this same research, we concluded that the efforts to include the male partner in the PMTCT activities in this area have not yet paid off. Further, our findings are similar to the findings from Hollos et al which conducted their study in 1994, before the PMTCT programme was implemented. Thus, we believe that the increasing conjugal tie is not primarily a result of the male partner involvement efforts, but rather reemphasis his increasing importance. We discuss this in the discussion section (‘Increasing tie of the conjugal union’).

Another point that the authors have not given enough attention to is the fact that the mothers-in-law and fathers have great faith in health personnel (this is particularly important around issues of exclusive breastfeeding). This is important and underscores the importance of ensuring continued professional development of health care workers and building of good relationships between clinic staff and the community through community health fora etc.
- This is true. We have now tried to write this clearer and put a larger focus on it both in the discussion section (‘Infant feeding and the involvement of the mother-in-law’) and in the conclusion.

Conclusions:
Need to include the key points that are evident from the results viz::
1. Reassuring increase in responsibility and support on the part of the partner - the partner seems to have taken position previously assigned to mother in law and therefore important to continue efforts to involve partner in all decision making and support for the mother.

2. The health care workers’ advice is valued and respected.

3. The mother-in-laws valued and respected health care workers. If the mothers in law are given the rationale behind a feeding method they would be supportive of this therefore important to include mother in law in breastfeeding promotion programmes.

- Agreed to all three key points. The conclusion has been changed accordingly.

Item-by-item response: Reviewer number 2

Thank you for your constructive comments. We hereby provide an item-to-item response to the comments. Our response is in Italics.

Minor essential revisions
1) In the description of the quantitative study population, and the mention that the five clinics were selected to enable follow-up of previous research carried out in the same sites, Makes it sound like this study was part of a another study or the linkage of this study with the others was important. Can the authors provide a brief explain on the rationale for the selection?

- Point taken and the rationale for this selection have been explained in the ‘Quantitative data’ section.

2) Is the main research assistant (page 4) among the authors/A community member? How was he selected?

- The main research assistant is a community member and a retired nurse. She was selected due to her previous experience as a research assistant in mixed methods studies and also due to her knowledge of reproductive child health. This information has now been given in the ‘Quantitative data’ section.

Did he know the HIV status of participants-as he was doing the interpretation during the in-depth interviews?

- It was only in the interviews with the five HIV-infected mothers any of the involved researchers were aware of the participants HIV status. Due to ethical reasons we never asked the participants to disclose their HIV status. This information has now been added to the ‘Qualitative data’ section.
Why didn’t s/he not do the in-depth interviews to minimise the limitations of using an interpreter as clearly presented in the limitations of the study? Why didn’t the nurses who conducted the FGDs also conduct the IDIs? In as much as the authors provide an explanation on the limitations of using a local interpreter and a non-local researcher doing the data collection, it would be useful to provide further information on the main reason for this arrangement. This may be useful for readers.

- **Agreed.** We considered it as important that the principal investigator was able to take the lead and to follow-up answers and probe since she knew her research objectives best. This information is now given in the ‘Qualitative data’ section.

3) In the selection of participants for the IDIs a category of HIV positive mothers was included. More information on the ethical implications around the recruitment of HIV positive would be useful to readers. Did the researchers know their HIV status? Had some of these participants been part of a PMTCT programme?

- **Point taken and we have given a more detailed description of the recruitment in the ‘Qualitative data’ section.**

On page 9 the authors mention that ‘respondents were selected on the basis of having potentially been exposed to PMTCT activities within a reasonable timeframe’, can the authors provide further information of what this means.

- **Point taken. The description of the selection of participants has now been changed and reads:** Participants with children/grandchildren less than one year were purposively selected assuming that they were offered or had been exposed to the PMTCT programme in the mothers’ last pregnancy.

Among the participants for FGDs, were some also HIV positive?

- **We did not collate HIV status of any participants except from the five purposefully selected HIV-infected mothers. This information is now given in the ‘Qualitative data’ section.**

4) An explanation on the rationale for selection of venue for the FGDs is important. For example (on page 9), what is meant by FGDs were conducted in a ‘private home’ and the implications for conducting the FGDs in a church setting, could these have had an effect on what they felt free to disclose?

- **Point taken and this has now been addressed in the ‘Qualitative data’ section.**

5) More details on how the analysis was conducted and how codes/categories and themes were formed would be useful in linking this with the themes/categories presented in the findings. This should include examples.

- **We have now provided some more examples in the ‘Qualitative data analysis’ section.**

6) Some of the data from FGDs and IDIs were different data. For example, on page 13, the last paragraph, why did mothers agree that there was no tension with mother-in-law in FGDs, then reported tension in IDIs?

- **This has been addressed in the ‘Discussion’ section (‘Lack of trust in mother-in-law’).**

On the same theme on page 13 (a challenging relationship) it would be useful to provide an illustrative quote from mother-in-law as well.
• Agreed. This has now been done.

7) The authors might consider removing the subheading in the discussion section.

• We do not see the advantage of removing the sub-headings. We feel that they are illustrative and make the text easier to read.

8) There are syntax errors on pages 22, line 12, page 10 line 11.

• Efforts have been made to locate these syntax errors, but unfortunately we could not find them.