Reviewer’s report

Title: The role of the mother-in-law in the prevention of mother-to-child transmission (PMTCT) services in Northern Tanzania

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Reviewer: Joyce Wamoyi

Reviewer’s report:

In the paper, the authors examine the role of the mother-in-law in the prevention of mother-to-child transmission (PMTCT) services in Northern Tanzania. The paper addresses an interesting and important area that clearly has implications for PMTCT efforts in Tanzania.

The question posed by the authors is well defined and the methodology well thought through (study employed both quantitative and qualitative). Generally, the paper adheres to the relevant standards for reporting and data deposition. The discussion and conclusions are well balanced and adequately supported by the data. The limitations are also clearly stated and the overall writing is acceptable.

Comments

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 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?

2) Is the main research assistant (page 4) among the authors/A community member? How was he selected? Did he know the HIV status of participants-as he was doing the interpretation during the in-depth interviews? 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.

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

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?

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.

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? 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.

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

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

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.