Author's response to reviews

Title: "When there is health there is life" - Sexual desire trajectories of people on ART: Implications for HIV prevention

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Author's response to reviews: see over
Dear Sir/Madam,

Old title: “When there is health there is life” - Sexual desire trajectories of people on ART: Implications for HIV prevention

New title: “When there is health there is life” - Changes in sexual desires and behaviours of people living with HIV after initiation of ART: Implications for HIV prevention and Health promotion

We very much appreciate the useful comments and suggestions on this paper. We hope that we have adequately responded to the suggestions given by the editor and the two reviewers.

We have addressed the various points as follows:

Editor’s comments:

1.) Please ensure that Background section of the abstract has the aims of study.
   We have now included the aim of the study in the background section of the abstract.

2) Abstract: The abstract of the manuscript should not exceed 350 words and must be structured into separate sections:
   Background, the context and purpose of the study;
   Methods, how the study was performed and statistical tests used;
   Results, the main findings;
   Conclusions, brief summary and potential implications.
   This suggestion has been adhered to.

2.) Kindly remove the authors qualifications from the workflow.
   We have made changes as necessary.

3.) RATS - Please revise your manuscript so that it conforms to RATS guidelines for reporting qualitative studies (http://www.biomedcentral.com/info/ifora/rats) and please indicate in your cover letter how you have done this.
   We have revised different sections of the manuscript to make this more explicit. For example, a revision of the objective and relevance of the study can be found in the background sections of the abstract and main text (page 4), while on the appropriateness of method can be found on page 6. Transparency of procedures (sampling, recruitment, data collection and ethics) are also addressed in the methods section. We reflect on the role of researchers on the research process on page 31.

4.) Please include an Authors' Contributions section to the manuscript. We suggest the following format,
   using initials to refer to each author's contribution:
We have now included this section in the manuscript immediately after the conflict of interest section.

5.) Competing interests: manuscripts should include a ?Competing interests? section. This should be placed after the Conclusions/Abbreviations.
We have added a section on competing interests, immediately after the conclusion.

Reviewer 1 (Jerry Okal):

Major compulsory Revisions
1) The authors state that enrolment interviews were conducted at TASO health facility (page 6) therefore I assume subsequent interviews including observation visits using a checklist were done at participants homes. This point should be clarified including how confidentiality was maintained during the home visits. It is stated in the paper that stigma is a concern among PLHIV therefore it would be useful to understand how the interviewers went about conducting IDIs/home observations without causing undue stress.
   This has been clarified in the manuscript. Please find this on page 6 under the section on data collection.

   A related question: what was the purpose of the home observation visits?
   The observation visits were conducted to collect contextual information for deepening the understanding of environmental & social influences (see page 6).

2) More information is needed on the analysis process. Who conducted the analysis? Was it one researcher or two/more? How was agreement reached on intercoding compatibility?
   The analysis was mainly conducted by one researcher (first author) but with inputs from co-authors. Since the coding was mainly done by one person, intercoder compatibility was not much of an issue.

3) It would be useful if the authors summarised the analysis section, it is way too long
   Thanks for the comment. We have not made many changes to this section as we feel much of the explanation provided is useful for explaining the different stages to the analysis. We have however, moved the bit on protection of participant confidentiality to data collection.

4) The results section lacks logical flow of themes and subtitles. Important information is all mixed up in the different subtitles. The authors should endeavour to built the results section in a sequential manner. For instance I strongly feel there should be a subtitle on serosorting as the theme keeps on emerging in the paper. May be also change subtitle on page 18 and if data allows include information on fertility desires. If changes are made then the subtitle could read “Hope for the future and desire for children”.
   We have now made changes including changes in the flow of themes and sub-themes in various places in the results section.

5) More clarification and qualifying of information is needed in a number of sentences. At times the explanations provided do not tally with the quotations creating confusion or contradictory statements (see page 11 first paragraph and third paragraph; page 16 second paragraph)
   We have addressed this in many places of the results section.
6) Several paragraphs in the discussion section are unclear and authors need to address this critically. Similarly, the conclusion does not offer any new information/recommendations, what is discussed here is a repetition of information appearing in the discussion section. The discussion starts with a summary of the findings and then provides a conclusion in the second paragraph. We have revised the discussion section for clarity.

**Minor Essential Revisions**

1) A shortened methods section would give the authors the luxury of putting socio-demographic information in the methods section.

   Since the study we are reporting on was part of a larger study, we feel that almost all the information we provide in this section is important in providing the reader with an understanding of the study. We have therefore tried to shorten a few bits but not long enough to provide enough room to move the socio-demographic bits in the results section to the methods section.

2) What necessitated the participant refusal after being involved in all rounds of interviews?

   We have clarified this in the manuscript on page 7. The participant simply exercised his right of refusal citing personal reasons which he preferred to keep to himself and this were respected.

3) There are grammatical and syntax errors and awkward word choices throughout the manuscript. I recommend a thorough edit. Words such as ‘sexual appetite’, ‘safe sex’ and ‘distribute their children’ are repeatedly used in the paper.

   We have worked on word choices in some places (e.g. page 13) but not in all. For example, the words ‘sexual appetite’, constantly came up when participants were discussing their experiences and closely resonates with how they talked about the dynamics of their sexual desires and behaviours. We have therefore, not made changes to such words.

4) Was CD4 count recorded at month 30? It would be interesting to know if the “healthy feeling” was reflected with changes in the biological measures.

   This component of our research (qualitative) did not require this information and hence, we did not look at it from that angle.

**Reviewer 1: Venkatesan Chakrapani**

**Discretionary revisions**

1) Authors can choose to consistently use either the term ‘antiretroviral therapy’ or ‘antiretroviral treatment’

   Thanks for the comment. We have made the necessary change by choosing to use antiretroviral treatment.

2) Authors can be more concise whenever possible. For example, by cutting down non-essential portions of long quotes.

   We have made the necessary changes as will be seen in the shortening of some quotes.

**Minor essential revisions**

1) Change ‘HIV-infected’ in the first paragraph of the methods (and elsewhere) to ‘people living with HIV’ or ‘HIV-sero-positive’

   We have made the suggested changes throughout the paper.

**Major compulsory Revisions**
**a) Title:**

1) Trajectory literally means ‘curved path’. However, because the desires and sexual behaviours of people living with HIV change in complex manners (not necessarily linear/curved path), it might be better to change this term to reflect that point. (Also, the use of this term in the main text of the manuscript needs to be reviewed and changed, if that term does not convey the intended meaning).

*Thanks for this comment. We acknowledge the complexities in the sexual behaviours we present in the paper and agree with the reviewer that it is unreasonable to present all this in a linear/curved path. We have therefore, made changes to reflect these (e.g. in the title and objective).*

2) Because it is the sexual risk behaviours and not sexual desires that pose risk of infections, ‘... sexual desire trajectories...’ can be changed, for example, to “changes in sexual desires and behaviours of people living with HIV after initiation of ART: Implications for HIV prevention and Health promotion”. Including the term ‘health promotion’ may indicate that addressing sexual desires and behaviours of people living with HIV we not only focus on preventing transmission to others but also to protect the health of people living with HIV.

*Many thanks for this useful comment. We have made the suggested changes.*

2) Expand ‘ART’

*We have expanded on this at the first use of the abbreviation, both in the abstract and in the main document*

**b) Abstract**

1) First paragraph: It is possible that after HIV diagnosis, some proportion of PLHIV may be sexually active. Thus, it may be incorrect to say “As people on... ART regain health, they are likely to resume sexual activity...” Also, it is unclear whether the authors meant resumption of sexual activity after the HIV diagnosis or after PLHIV have fallen sick?

*Almost all the participants had reported not being sexually active at enrolment and when they started ART. I guess this was because most were severely ill at the time they enrolled for ART. We actually meant resumption of sexual activity after ART initiation. We have made changes to clarify this.*

2) Methods paragraph

It might be better to provide the sample size by gender and indicate their current marital status. Being a longitudinal study, the years of data collection period during each year need to be mentioned

*As indicated on page 6 (data collection section) and on page 9 (results-socio-demographic characteristics), we had already provided this information. We have now highlighted the bits with this information.*

3) Results paragraph

Again, the term ‘resumption’ is used. If none of the participants at baseline reported having had sex after their HIV diagnosis (or within a particular past time period) then that can be mentioned.

*Almost all the participants had reported having stopped sexual activity when they became seriously ill and were enrolled in the study and put on antiretroviral treatment. We therefore, feel that the use of the word ‘resumption’ in that case is okay.*

4) Conclusions paragraph

I could not find any direct evidence for the need to include ‘prevention of mother-to child transmission in the conclusions paragraph, even though it is definitely important, in general.
We have now removed this from the conclusion as a mention of it may require additional explanation, thus, prolonging the paper unnecessarily.

c) Background section
1) Second paragraph
The second sentence: “As ART...understand the effects on the sexual desires of users as this has implications for the spread of the epidemic”. This may sound judgemental to some. It might be better to reword that sentence as sexual desires themselves do not lead to direct implications for the spread of the epidemic but unprotected sex does. And the authors can mention ‘...for the spread or control of the HIV epidemic’. It is important to acknowledge that sexual desires of PLHIV are quite natural and part of their sexual rights, and should not be pathologies by thinking only in terms of spread of HIV to others. The phrasing of the sentences need to be changed accordingly.

We have amended the sentence.

d) Methods section
Procedure for sampling
Because CD4 count categories ‘high’ and ‘low’ were supposed to be used for “comparing the adherence levels of the immunologically difference groups”, using that categories in the quotes may not be necessary, especially when there is no explicit comparison of the two immunological groups in terms of the differences or similarities in relation to the changes in sexual desires and behaviours.

Thanks for this comment. As much as we have not done an explicit comparison of the two immunologically different groups, we feel it is a good idea to leave in the details describing the participants as this might give the reader an idea about the characteristics of the participants we are referring to.

e) Results and discussion sections
1) Even though each of the quotes states from which service the person was using (health facility or home), there seems to be no comparisons of how the findings differed or not between these two groups (health facility service users and home arm) and what the reasons are for the same, and what implications can be drawn.

You are right in mentioning that there was no striking difference in reported sexual behaviours and desires within the trial arms. There were also no distinct patterns of death from a certain immunological group. Based on this small sample, we can say that these categories (trial arm, immunological arm) were mainly relevant when looking at the research question on adherence and not necessarily so when looking at how their sexual desires and behaviours changed over time.

2) How the interventions for the two groups (health facility user and home arm) were different? Because those interventions might have had some effect on the attitude of participants toward their sexual desires and sexual practices

We did not find any difference in terms of the two groups although some at enrolment home based seemed most preferred arm because of possible transport difficulties, this was not reflected in subsequent visits. Main trial (13) did not find any differences in adherence and other variables between the two arms either.

We very much hope that these changes make the paper suitable for publication in BMC Public Health Journal. Thank you for reconsidering this manuscript, and we look forward to hearing from you.

Yours sincerely,
Joyce Wamoyi.