Author's response to reviews

Title: Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive and negative women in Cape Town, South Africa: a cross-sectional study

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Version: 2 Date: 23 December 2011

Author's response to reviews: see over
Dear Jim,

Thank you for the opportunity to resubmit this manuscript for publication and for the helpful comments submitted by your reviewers.

Herewith the requested point by point response to the individual comments made by the two reviewers.

With best wishes for an enjoyable festive season,
Sarah Crede
**Manuscript title:** Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive and negative women in Cape Town, South Africa: a cross-sectional study

**Response to reviewers’ comments:**

**Reviewer's report (1)**

**Title:** Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive women in Cape Town, South Africa: a cross-sectional study  
**Version:** 1  
**Date:** 23 November 2011  
**Reviewer:** Heidi Jones  
**Reviewer's report:**

The authors present data on current use, knowledge and attitudes on contraception among postpartum HIV-positive women in Cape Town both prior to and after an intervention aimed to increase knowledge of the IUD and female sterilization. While the results are interesting and will be an important addition to the literature, I recommend the following revisions to the manuscript.

**Major Compulsory Revision**

1. The paper goes back and forth between presenting the study results as two independent cross-sectional surveys and as a pre/post evaluation of an intervention. Given that the study was clearly implemented to evaluate an intervention, and given that the intervention should have had an impact on the outcomes of interest, the authors should reframe the paper to either: 1. truly be about the success/failure of the intervention itself (with some broader discussion about what it says about HIV-positive women's knowledge and attitudes in general), or 2. present only the pre-intervention data as a descriptive cross-sectional study.

In either scenario, the paper would be strengthened by including the results from the HIV-negative women in the same study. If the authors choose to focus on the intervention itself, including HIV-negative women would give a more complete picture of the successes and failures of the intervention. If the authors choose to present this as a cross-sectional study using pre-intervention data, again, the manuscript would be strengthened by comparing the results to HIV-negative women pre-intervention. It is quite possible, that HIV-negative postpartum women had similar rates of unintended pregnancy, similar reasons for choosing the contraceptive method they chose, and similar knowledge and attitudes about the IUD and sterilization. It would provide a more interesting narrative with more practical implications for considering tailoring of interventions to note the similarities and differences between these two populations using the pre-intervention population.
The paper has been reframed as per suggestion (2) presenting only the pre-intervention data as a descriptive cross-sectional study. This will allow us to thoroughly compare the results from HIV+ and HIV- clients in a paper of appropriate length and complexity. The success/failure of the intervention will be described in a separate paper that includes post-intervention data.

The results from the HIV-negative women have been added to this paper and the title of the paper now reflects this.

Minor Essential Revisions

2. Whichever approach the authors choose to use, the discussion section needs to be fully derived from the study results. While many of the points in the current discussion section do follow the results, others do not. For example, beginning at the end of page 13, "To encourage contraceptive use among all postpartum women, including PMTCT clients, innovative solutions are needed ... no obvious leader assuming responsibility for coordination." This entire section, while presenting interesting ideas, is not derived from the results from this study. This is especially true, as provider training in this intervention did not work. It is difficult, based on this result, to justify promoting an increased role of the provider in promoting contraceptive uptake.

The discussion section has been revised and presents a discussion derived only from the results.

3. One additional minor point, I find presenting the result that women rarely mentioned contraception as a method to prevent HIV transmission to a newborn, a bit strange. Clearly on the programmatic level, we can talk about contraception as a way to prevent MTCT, but this concept does not seem relevant at the individual level (depending on how the question was posed).

We have clarified in the text the question that was asked: “If an HIV-positive woman wants to avoid having a baby with HIV, what can she do?” (Page 11, paragraph 3). The results have been presented and the discussion has been altered appropriately.

4. Finally, depending on the approach the authors decide to take, I would recommend aiming for at most 3 tables and 1 figure. Tables 1 & 2 could, for example, easily be combined into one table, as could tables 3 and 4.

As per the reviewers suggestion some of the tables were combined. The paper now has 3 tables and 2 figures. The following tables and figures are now presented:

Table 1 Summary characteristics, including reproductive history and fertility desires of postpartum HIV positive and negative women attending child health services

Table 2 Use of contraception and most common reasons reported for method choice by type of contraceptive method currently using
Table 3 Exposure to IUD or sterilization counselling and attitudes among women unwilling to try the method in the future†

Figure 1 Women’s knowledge about the IUD

Figure 2 Women’s knowledge about sterilization

5. The authors may also want to consider, depending on which approach they use, including multivariable analyses. For example, if they choose to use measures of success/failure of the intervention as outcomes, they could include HIV-status and other demographics or site specific/provider variables as predictors. If they choose, current contraceptive use, or unintended pregnancy at baseline (pre-intervention) as outcomes, they could look to see if HIV-status among other demographics is an important predictor using logistic regression models.

The decision was taken not to include a multivariable analysis. The results are largely similar between the HIV + and HIV- clients and initial bivariate analyses looking at knowledge of LAPM revealed no significant associations.

It is difficult to provide much additional feedback on the current manuscript, as, again, I think it needs to be re-framed to include HIV-negative women, and either present only pre-intervention data as a cross-sectional survey, or present the results as comprehensive evaluation of an intervention. I do think the study results are important and valuable, and that the manuscript is well-written. I encourage the authors to revise and resubmit.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.
Reviewer's report (2)

Title: Factors impacting use of long acting and permanent contraceptive methods by postpartum HIV positive women in Cape Town, South Africa: a cross-sectional study

Version: 1 Date: 23 November 2011
Reviewer: Rose Wilcher
Reviewer's report:

Major Compulsory Revisions

1) The background section could be strengthened by making a more compelling case for why the intervention focused on promotion of LAPMs – e.g., the benefits of LAPMs compared to other contraceptive methods; documentation that they are under-utilized, especially among HIV+ women; and, given that HIV+ women who report using contraception tend to use condoms, the trouble with relying on condoms for pregnancy prevention. In particular, the authors could expand upon the importance of dual method use among HIV+ women. The authors could also note that identifying effective strategies to expand method choice and uptake by HIV+ women may also be important in light of new data suggesting a potential link between hormonal contraceptive use and HIV acquisition and transmission.

We have added a paragraph to the Introduction in response to this helpful suggestion (page 5, paragraph 2)

2) The Results sub-section “Pregnancy history and fertility desires” includes a couple of sentences about clients’ PMTCT knowledge that doesn’t seem to fit in this section (beginning with “When asked how an HIV positive woman can avoid transmitting HIV to her infant…”).

These results have been moved to the section: ‘Exposure to counselling and attitudes and knowledge regarding LAPM’ as we believe this is more appropriate.

3) Under the Results sub-section “Current use of contraception,” the authors should report specifically on IUD and sterilization uptake pre- and post- given the focus of the intervention on these two LAPMs.

The paper is now framed to only present the pre-intervention data. Use of the available LAPMs (sterilization and IUD) is specifically reported.

4) The discussion section tries to explain the lack of intervention effect by discussing the challenges of meeting the FP needs of PMTCT clients, and argues that innovative solutions are needed to encourage contraceptive uptake among post-partum PMTCT clients. However, the study showed fairly high use of FP among PMTCT clients post-partum (>80% injectables). So, the challenge/need appears to be not so much in reaching PMTCT clients with FP services, but in getting more PMTCT clients to choose LAPMs post-partum. This is an important difference that the authors ought to address.
The paper is now framed to only present the pre-intervention data as recommended by reviewer Heidi Jones. This point is still valuable in the baseline data and has now been made in the paper.

5) The discussion section and conclusion focus heavily on the need to improve providers’ knowledge of LAPMs. Yet, this intervention included 5-9 days of provider training on FP (including LAPMs) for HIV+ women. Given that this component of the intervention designed to address provider knowledge was not successful, how else might we better address provider knowledge? Or, do these results speak to the need to reinforce and support trained providers through other interventions? The discussion section would benefit from more discussion of other aspects of the health system that might need to be addressed to make efforts to expand LAPM use among HIV+ women more effective.

These points will be addressed in a second additional paper that focuses on the intervention success and failures. As this paper now only presents baseline data this suggestion is no longer appropriate.

Minor Essential Revisions

6) It is not clear in the intervention description if the same 28 providers who participated in the 5-day training on FP for HIV+ women were the same providers who participated in the IUD insertion training. Please clarify.

This point will be addressed in the second paper that presents the intervention successes and failures.

7) There are a couple of places in the Results section where the results are reported in present tense instead of past tense; those should be corrected.

Have been corrected

Discretionary Revisions

8) The sample includes HIV+ and HIV- women. Was the intention of the intervention for providers to promote LAPMs to HIV+ and HIV- clients, or only HIV+ clients? And, why not report on the data comparing HIV+ and HIV- women?

A comparison of the HIV+ and HIV- negative women at baseline has now been made

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being Published
Language corrections have been made as suggested.
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare that I have no competing interests.