Author’s response to reviews

Title: Reasons for poor adherence to antiretroviral therapy postnatally in HIV-1 infected women treated for their own health. Experiences from the Mitra Plus study in Tanzania.

Authors:

Matilda M Ngarina MD (mmosi_2@yahoo.com)
Rebecca Popenoe PhD (rpopenoeki@gmail.com)
Charles Kilewo MD, PhD (kilewo1950@yahoo.com)
Gunnel Biberfeld MD, PhD (gunnel.biberfeld@smi.se)
Anna M Ekstrom MD, PhD (anna.mia ekstrom@ki.se)

Version: 2 Date: 3 April 2013

Author’s response to reviews:

Title: Reasons for poor adherence to antiretroviral therapy postnatally in HIV-1 infected women treated for their own health. Experiences from the Mitra Plus study in Tanzania.

Authors:

Matilda Ngarina: mmosi_2@yahoo.com
Rebecca Popenoe: rebecca.popenoe@ki.se
Charles Kilewo: kilewo1950@yahoo.com
Gunnel Biberfeld: gunnel.biberfeld@smi.se
Anna Mia Ekstrom: Anna.Mia.Ekstrom@ki.se

Version: 2.
Date: 13 March 2013.

Author’s response to reviews: see over.
Reviewer's report

Title: Reasons for poor adherence to antiretroviral therapy postnatally in HIV-1 infected women treated for their own health. Experiences from the Mitra Plus study in Tanzania.

Version: 1 Date: 19 February 2013

Reviewer: Sarah Dewing

Reviewer's report:

Reasons for poor adherence to antiretroviral therapy postnatally in HIV-1 infected women treated for their own health. Experiences from the Mitra Plus study in Tanzania.

Major compulsory revisions

1) The study needs to be located within the context of what has already been done in this area. There is a lot of research that has already been done on barriers to ART adherence, and the authors note this themselves. How does this study fit in and what does it add to this literature?

Thanks for this comment. It is true that many studies have been done in this area. Findings from other adherence studies have been summarized in the second sentence of the second paragraph of the introduction with references 8-13. An important new finding in our study is that women were more motivated to adhere to ART to protect their children from becoming infected than to adhere to ART for their own health despite the counseling and health education they got each time they came to the clinic. This finding is highlighted in the second paragraph of the discussion. We also proved that self reports are not reliable when it comes to drug adherence as other studies have also found.

2) “Participants and sampling frame”: It should be made clear that the ten women who did not want to be tape-recorded were not part of the sample. In addition it should be stated why these women were excluded, when note-taking could have been used to record their interviews.

This point has been clarified on page 7. It now reads ‘Ten women did not want to be tape-recorded and were excluded from the study as the authors had agreed to deal only with tape recorded interviews for uniformity and completeness.’ The quality of the first 3 interviews was not as good as those that were tape recorded and taking notes took a longer time which discouraged those who were waiting outside something they didn’t like. Furthermore, those who were not tape recorded discouraged their fellows who were ready to be tape recorded.

3) “Data collection”: I suggest revising the first sentence as follows: “A semi-structured interview schedule composed of open-ended questions was pre-tested (on who/how many people?) And used during the interviews.”

This suggestion has been adopted and the 1st and 2nd sentences on the data
collection section of the methods (page 7) have been modified.

4) My feeling is that Table 3 is repetitive and unnecessary. It would be better to replace this table with a copy of the interview schedule that was used to interview participants.

Table 3 has been deleted as suggested. The interview schedule is rather long and cumbersome as it did not go as planned. We had to trace women and ask them to come for interviews so each one came at their own convenient time and day. Some would come and decide not to be interviewed on that day and come on some other day. We had to follow up some women at places where they thought it was convenient for them to be interviewed. So it was not a fixed schedule. Sometimes more women than we could interview would come and none would come in the 2 subsequent days.

5) In what year did data collection take place, and over what period of time?

This data was collected from 3rd – 24th of August 2009 but the actual tracing and asking women to come back to the study clinic for interviews was done for a period of two month prior the actual interviews. The data collection period has been added under Participants and Sampling frame on page 6-7. By the time the interviews were done most of the women had completed their follow up time and were discharged to HIV care and treatment centers so we had to follow up some women at their residence or place of work.

6) “Trustworthiness of the study”: This section does not adequately address the issue of trustworthiness in qualitative research and could be strengthened.

This section has been strengthened as can be found on page 9.

7) “Theme and categories”: The presentation of themes and categories is repetitive. I recommend deleting the numbered list on pg 10.

The numbered list has been maintained but the format of presenting the results has been changed and simplified. Thanks for this observation.

8) The authors should list the numbers of women who contributed to each of the various categories and sub-categories, e.g., “x women spoke about the stigma associated with HIV” etc.

Thanks for this suggestion. We hesitated to put numbers initially as most of qualitative researchers deal with the quality of the information given by the participants rather than the number of people who gave the same information which is the case in quantitative research. Actually in qualitative research the data collection process stops when no new information is coming forth (saturation point). However we have decided to add the numbers of participants who gave information in each category in the result section as suggested.

9) “Secrecy forced upon women…”: The objective of the study is to determine barriers to ART adherence. This section appears to lose focus because it extends beyond barriers to adherence to focus on barriers to exclusive
breastfeeding and early weaning as well. “Lack of motivation…” in contrast, is more directly related to ART adherence and yields some interesting information about why women might adhere while breastfeeding, but not subsequently. Again, “for some women…” – for how many women?

Thanks for this very important observation. It is true that lack of motivation after cessation of breastfeeding is the major reason for poor adherence and this has been worsened by stigma, poverty and overwhelming daily demands. The results section has been rearranged as suggested and issues of breastfeeding deleted to maintain the objective of the study.

10) “Discussion”: The line “only when…did the truth come out” is too accusatory. This sentence could be deleted without losing anything.

The sentence has been amended. It now reads “Most of the women acknowledged and gave reasons for poor adherence after being informed about their viral load trend.

11) The second paragraph of the discussion provides justification for this study, and should be incorporated into the introduction. Again I think the discussion needs to make clear the contribution of this study to what we already know about barriers to adherence. How do the findings compare to what is already known? Have any other studies found that motivation to adhere drops off after weaning?

The response to this comment is similar to the response to the first comment. Findings from other adherence studies have been summarized in the second sentence of the second paragraph of the introduction with references 8-13. To our knowledge our study is the first study to document a decrease of motivation in mothers to adhere to ART after cessation of breastfeeding and having protected their children from becoming HIV-infected. The second paragraph of the discussion (page 20) has been slightly modified to highlight this finding. We think that this information fits better in the discussion than in the introduction.

12) In terms of recommendations, interventions aimed at helping women to problem-solve around barriers to adherence/breastfeeding etc. may also be of value.

Thanks for this suggestion. It has been added to list of recommendations.

13) Limitations to the study have not been adequately considered.

This section has been improved. Please see the methodological consideration section on page 22 of the manuscript.

Minor essential revisions
1) Background: MTCT is spelt out in full twice in the first paragraph.

This observation has been noted and corrected.

2) Table 2 should be better introduced in the text. For example, “table 2 provides
an example of a meaning unit" etc.

This has been taken note of on the last paragraph of page 8.
Level of interest: An article of limited interest
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
Title: Reasons for poor adherence to antiretroviral therapy postnatally in HIV-1 infected women treated for their own health. Experiences from the Mitra Plus study in Tanzania.
Version: 1 Date: 23 February 2013
Reviewer: Jean Nachega
Reviewer's report:
This is a relevant and timely manuscript by Ngarina and colleagues reporting the reasons for poor adherence to ART postnatally in HIV-infected women treated for their own health. In the current era where there is a push for the "Test and Treat" strategy in HIV infection for individual and public benefit (decrease sexual transmission), factors identified in this paper and that can be modified, need to be addressed through targeted interventions. The paper is well written and I do not major issues to point out.

Reviewer number 2 has no suggested changes for the manuscript.

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:
The answer is "NO" to all the questions above.