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

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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?

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.

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.”

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.

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

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

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

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.

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?

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

11) The second paragraph of the discussion provides justification for this study, and should be incorporated in to 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?

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

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

Minor essential revisions

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

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

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.