Author's response to reviews

Title: Disclosing HIV to partners: results from a mixed-methods study in four African countries

Authors:

Anita Hardon (a.p.hardon@uva.nl)
Gabriela B Gomez (g.gomez@aighd.org)
Eva Vernooij (e.e.vernooij@uva.nl)
Alice Desclaux (alice.desclaux@ird.fr)
Rhoda K Wanyenze (rwanyenze@hotmail.com)
Odette Ky-Zerbo (kyzerbo_odette@yahoo.fr)
Emmy Kageha (ekageha@yahoo.com)
Ireen Namakhoma (ireen@reachtrust.org)
John Kinsman (john.kinsman@epih.umu.se)
Clare Spronk (clarespronk@gmail.com)
Edgar Meij (edgar.meij@uva.nl)
Melissa Neuman (melneuman@yahoo.com)
Carla Obermeyer (cm39@aub.edu.lb)

Version: 2 Date: 10 May 2013

Author's response to reviews: see over
Dear BMC Public Health Editor,

We were pleased with the positive reviews and appreciate the opportunity to submit a revised version of our article based on the constructive and incisive comments of the peer reviewers.

Our manuscript has a new title (based on one of the comments): **Do support groups members disclose less to their partners? The dynamics of HIV disclosure in four African countries.**

Please find below our response to the specific suggestions and comments of the reviewers. We hereby submitted a revised manuscript with the sections that were changed highlighted yellow.

With many thanks for the high quality review process,

Anita Hardon (on behalf of all co-authors)
Reviewer 1

It would be preferable to title the study as "Disclosing ones HIV status to partners..." rather than "Disclosing HIV to partners..."

We agree that the title can be improved. We propose the following: **Do support groups members disclose less to their partners? The dynamics of HIV disclosure in four African countries.**

The objective refers to the role of support groups in non-disclosure, whereas the results only describe how support groups helped with disclosure:

We clarified in the abstract that we examined disclosure (not non-disclosure) as an outcome.

All conclusions from this vast study focus on only few recommendations in relation to support groups. The authors need to redefine their conclusions to explore what else would support disclosure. For eg., the widespread availability of treatment, the support from spouse and immediate family members:

We agree and have added a sentence on other mechanisms (home-based testing and post-test couple counselling) that can support disclosure in the conclusion.

Reviewer 2

**Discretionary Revisions:**

It could be helpful to outline the rationale for a mixed-methods study, and how the qualitative analysis perhaps helped to formulate the potential determinants in the quantitative analysis? In the opening of the methods, it seems to me the quantitative description was followed by the qualitative analysis – yet, in the analysis and results, the work was presented the other way around.

We clarified in the quantitative analysis part of the methods that the potential determinants were derived from the participants’ answers to open ended questions that were analysed qualitatively.

**Minor Essential Revisions:**

**Abstract: Results:** Technically, sentence 1 should use the term ‘prevalence’ of disclosure, rather than ‘rates’ of disclosure. Similarly, ‘rates’ should be replaced with ‘prevalence’ in the main text.

We have consulted the existing literature on disclosure, and rate is usually used also in studies presenting findings from cross-sectional studies, similar to ours. We would like to clarity that we are not referring to ‘incidence’ but simply to a calculated percentage of respondents who disclose, for which the term ‘rate’ can be used in our view.

**Discussion, page 13:** It is suggested that perhaps the association between membership in support groups and lower levels of exposure may be partly due to ‘caution’ advised by support groups, or because individuals who are less likely to disclose may be more likely to attend support groups. In light of either reason, what could be the role of support groups to help enhance improve disclosure?

We have expanded our conclusion to clarify.

**Major Compulsory Revisions:**
Discussion, page 14, paragraph 3: ‘...unable to explain the differences observed in partner disclosure rates between countries. Why are they lower in Malawi than in the other three countries?’ However, from my understanding, the multivariate model did not include ‘country’, nor was there an adjusted analysis performed with ‘country’ as an independent variable to determine if the association between ‘country’ and disclosure dissolved in the presence of a confounder.

There must have been a misunderstanding as the multivariate models included country of recruitment as an independent variable - this is where the statement comes from. We clarified this in the methods section.

In the qualitative results, it was unclear whether thematically, the reasons of non-disclosure varied between countries. Given the difference in the prevalence of disclosure across countries (Malawi vs. the others), it would be helpful to include a slightly more in-depth analysis of heterogeneity between countries in both the quantitative and qualitative sections to support the discussion statement.

For the quantitative analysis, we didn't build a stratified analysis by country because the sample size was small and did not allow for meaningful results. We added this to the limitations of the study. In the qualitative analysis the similarity in reasons for disclosure and consequences was apparent – which we highlighted. Further studies are needed to delve deeper into the more subtle differences in disclosure dynamics between study sites. We have added this point to the limitations of the study.

**Reviewer 3**

**Major Compulsory Revisions**

Greater emphasis should be paid to synthesis of the open-ended responses; although classification of responses may be crude and lose valuable contexts, the readers do not have access to the complete narratives, and would likely appreciate additional summary statements.

We have added additional summary statements from the case-histories of our informants in the section on qualitative results. But, it is important to note that the responses to the open-ended questions in the survey were often fairly short. More in-depth qualitative studies are needed to explore the issues identified in this study in more depth.

It would helpful to know the nature of the missing data for the 50 participants that were excluded from the sample of 281. The authors have not provided sufficient information to allow the reader to believe these are missing at random. This (18%) may be an acceptable portion lost (when concerned about selection and information biases), but it’s important to know the most common reasons for these missing values, or characteristics of those with missing values. If possible, the authors should consider comparing the socio-demographics of these missing individuals with the eligible sample.

We added this information to the manuscript in table 1.

As the authors show throughout the paper, the likelihood of disclosure among the Malawian participants is very different from the other three countries; this might make a stratified analysis interesting and useful. Although much precision will be lost from examining the Malawian data separately, it would be very interesting to see if the broad associations are similar in the Malawian data versus the remainder of the sample.

See response to reviewer 1
**Minor Essential Revisions:**

On the beginning of the 8th page, please specify the frequency of the ‘3 most common reasons for disclosing’.

Our qualitative analysis pointed to a recurrence of the three themes mentioned. Because the reasons for disclosure were self-reported, and we did not probe on specific reasons, we prefer not to present frequencies, as they warrant a level of accuracy that is not merited.

The following sentence is confusing: “Almost three-quarters of our respondents did not report any symptoms requiring testing or treatment for HIV at the time of their most recent test (71.5%, n=163/228).’ What exactly is this sentence telling us? All of the respondents are HIV positive, so what is meant by their ‘last test,’? Does this refer to the test in which they learned their positive status?
We edited the phrase and now reads “… at the time of their last test”. This refers to the last test they have had. Patients report having had several tests (before and after testing positive).

In order to avoid reporting a very small risk ratio (RR = 1.01) for the age variable, the authors should transform this variable to represent a 5- or 10-year age increment.
We prefer to report age as a continuous variable - this is to increase the power of our comparisons in the context of a small sample size.

The last sentence on page 12 may be misleading. It states that the differences in disclosure are related (and implies only related) to country of recruitment. This should be re-written, unless somehow there are no differences in these indicators (shown to be associated) between countries.
We redrafted the phrase to clarify this point.

The last sentence in the first paragraph of page 13 (‘The differences by gender…’) may be on to something very interesting—if this indeed explains much of the effect seen by gender it would be helpful to show some indicators of health when first tested positive, or when surveyed.
We have added contextual information in the disclosure narratives about the motivations for taking the HIV test (including whether a person was tested because s/he was admitted to a hospital because of illnesses, or in the context of pregnancy, or tested at a standalone VCT setting) as well as whether the health worker encouraged disclosure or not.