Author's response to reviews

Title: Stakeholders' perceptions on factors influencing male involvement in prevention of mother to child transmission of HIV services in Blantyre, Malawi

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

Title: Stakeholders' perceptions on factors influencing male involvement in prevention of mother to child transmission of HIV services in Blantyre, Malawi
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Reviewer: Sally SR Rankin

Reviewer's report:
There are a number of edits that need to be made for clarification of terms, incomplete sentences, and other stylistic and grammatical changes that would strengthen the manuscript. I have attached the manuscript with suggestions. I would refer to these revisions as "minor essential revisions."

Response: The manuscript has been edited following the comments embedded in the revised manuscript as suggested by the reviewer accordingly.

I would prefer that the authors include a table of demographic data as I found the explanation of the sample confusing and not very clear.

Response: Table of Demographic data has now been including FGD participants. It is on pages 12-13.

Level of interest: An article of importance in its field

Response: Noted and appreciated

Quality of written English: Needs some language corrections before being Published

Response: The article has been edited for language

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 Two

General Comments:
Overall, the manuscript is well written. However the major flaw is that the methods are not well defined, the reason why only 4 FGDs and 11 KIs were conducted is not given. These samples seem to be based on self-selected women attending health facilities or those who live near health facilities. This introduces a potential of bias that affects the conclusions.

Page numbers are based on the marked manuscript uploaded.

1. Rationale for the method, 4 FGDs and 6 KIIs

Response: The rationale for using 4 FGDs and 6 KIIs has now been added on page 7 in the manuscript. The section has this added information: These methods were selected based on their ability to offer a detailed expression of participant’s feelings experiences from their own perspective. These methods also allowed for contextual understanding and definition of behaviours or events by different people [48]. The 6 KIIs provided diversity among the various health professionals at the health centre. The Health centre has medical assistants, HTC counsellors and Nurse Midwife technicians. Thus, the 6 KIIs adequately represented the staff available. The 4 FGDs and 6 KIIs were selected because literature indicates that qualitative sample sizes are mostly small and usually less than 50 [49].

2. Selection Criteria

Response: The selection criteria have been clarified in the paper and the following has been included in the paper on page 8-9. It reads as follows:
Selection and Recruitment of participants
Female FGD Participants

Female participants were conveniently sampled because of ease of access of potential study participants. Female participants for FGDs were recruited through the antenatal clinic following the eligibility criteria for the study. Potential discussants were approached by the researcher or research assistant in the waiting area before antenatal consultation who explained the purpose of the study. Inclusion criteria included the following a) pregnant women irrespective of HIV status and gestation dates, b) willingness to participate in FGDs, c) ability to give written consent and d) women with a male partner and e) above 18 years old. Eligible women were asked to remain after antenatal consultations for the discussions. Written consent was obtained from all study participants prior to participation.

Male FGD Participants

Male participants were conveniently sampled and recruited with assistance from health care workers. Potential men were identified in the departments within the clinic and also some from the catchment area of SLHC. The men were booked for a discussion on a specific date and time at a preferred venue. The inclusion criteria for men were as follows: a) fathers with the youngest child below 5 years of age or have a wife who is currently pregnant. It was assumed that this group of men would have experienced PMTCT services by virtue of their wife being pregnant and would contribute to the discussions, b) willingness to participate in the FGDs c) ability to give written consent, d) above 18 years of age and men that were either using the health centre for medical care or not.
KII Participant Selection

Key informants were purposively selected according to their knowledge and responsibilities on PMTCT of HIV services. The choice for KII participants was secondary to their potential ability in offering a detailed description on factors that influence MI in PMTCT services [49]. Various health professionals were purposively sampled to achieve a diversity of professionals involved with PMTCT service implementation at SLHC to achieve a broader variety of responses. The interviews drew from the expertise of the informants in provision of PMTCT services.

Specifically, the Medical Assistant was selected because of her role in medical care provision to pregnant women and men at the clinic hence she provided more insight from the clinical and health system perspective. The Nurse Midwife Technicians were selected because they were the primary implementers of PMTCT services and were in close contact with pregnant women and their families. The HTC counsellors who are also Health Surveillance Assistants in their respective communities were selected based on their role in HIV testing and counselling of both women and men and their link between the clinic and the community. The Blantyre district PMTCT coordinator was selected because she coordinated all PMTCT activities in the district at the time of the study thus resourceful on the topic. The Nurses and counsellors from the Clinic were selected with assistance from the Nurse In charge at the Health Centre with a
major criterion of providing PMTCT services. Following identification, the researcher individually scheduled appointments with the potential participants to conduct the interviews after obtaining informed consent.

3. Limitations with Selection Criteria and methods

The shortfalls with the selection criteria and methods used have been revised and acknowledged under study limitations on pages 38 as follows:

Use of FGDs may not have allowed other group members to verbalize all their concerns however the researcher encouraged all members to talk and assured them of confidentiality. Although the researcher does not work at SLHC, holding the discussions at the clinic could have resulted in other participants not fully expressing themselves or giving what they deemed as socially desirable responses. This was minimized by defining the groups according to gender and age groups to ensure that people of the same gender and within the same age range are in one group. The use of convenience sampling, though common in qualitative research, coupled with the small sample size limits result generalizations beyond the research site, however they provide information that can be explored further. Our study did not rank the barriers and facilitators in order of priority thereby posing a challenge with prioritizing interventions.

4. The research question was not stated clearly?
Response: In order to clarify the research question for the study the purpose for the study has been refined as reflected on page 6 under Background sections and it now reads:

The main purpose of this study was to identify the factors that promote and those that hinder MI in PMTCT services in antenatal care services in Blantyre, Malawi.

5. What was the hypothesis (s)?

Response: The study aimed at exploring stakeholders views on factors that influence MI in PMTCT. The interviews and discussions were based on the following broad questions

1. What are the barriers to MI in PMTCT Services?
2. What are the challenges with MI in PMTCT?
3. What are the factors that would promote or facilitate MI in PMTCT?

In view of the above and the qualitative nature of the study, we did not define hypothesis (s) instead we explored the factors that influenced MI in PMTCT.

6. Given that only 4 FGDs and 11KIs were considered in the sample, was saturation ever reached?

Response: Saturation was reached and this was realised when the same
responses were offered over and over in the various groups and through repeated information among the groups. The researcher applied an iterative process once data collection started to assess the need for more participants; the parallel data collection and analysis yielded detailed information that could not justify increasing sample size. Again we employed maximum variation in the samples selected to have a number of variances like age, parity, whether a male partner attends antenatal care or not. For male participants, we included varied men in terms of age of young child, men with pregnant partners, men who utilize and those that do not utilize the clinics. Nonetheless, the potential limit of missing out some data secondary to a small sample size has been acknowledged as a limitation of the study.

7. Discussion
Many times this section repeats the results and the interpretation not based on the findings. The discussion is limited to the finding as presented in the results section while comparing and contrasting them in the context of other published literature.

Response: The discussion section has been edited and repetitions have been minimized.

8. How does this study advance our knowledge on PMTCT? The factors mentioned are well cited in the previous studies in Malawi and elsewhere.

Response: The study augments what has been reported globally however for Malawi where Male involvement in PMTCT of HIV services has not been fully embraced as practice in the health service, it adds knowledge on what needs to be considered as Malawi tries to put policies and guidelines into place in order to advance PMTCT in the country. Malawi has limited
studies that have involved men, the limited studies available have only solicited information from women and health care providers.

9. Conclusion:

Well written, the last sentence……. barriers and facilitators may vary with different individuals. This is not backed by data.

Response: The last sentence has been taken out of the conclusion. See page 3 of the manuscript under conclusion in the abstract

10. Overall comment:

Given the above comments, the findings could be more targeted to a local audience and possibly used to design an intervention to promote PMTC in Malawi.

Response: Noted and appreciated