Author's response to reviews

Title: Reproductive rights and options available to women infected with HIV in Ghana: perspectives of service providers from three Ghanaian health facilities

Authors:

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

I thank you very much for the opportunity to resubmit MY manuscript for consideration. I am also grateful to the reviewers for the useful comments. I am convinced that the paper is very much strengthened in terms of quality and content now.

In addition to the point-by-point response to all the comments from the two reviewers, which are appended, I have tracked the essential changes made in the main manuscript.

I have addressed the Reviewers’ comments (which are repeated in bold font), below which is the “Author’s action”.

It is my hope that the revisions meet the editor’s satisfaction and that the paper will be published in your Journal. I look forward to working with you towards a final published product.

Thank you.

Yours faithfully,

Amos Laar, PhD.
Reviewer's report #1.

Reviewer’s comments:
WHO should first be written in full (introduction, paragraph 2)

Action taken by author/author response:
The abbreviation WHO, is spelt out as World Health Organization on first use, and subsequently referred to as WHO

Reviewer’s comments:
Prevalence is already a rate and so using the phrase "prevalence rate" is wrong (methodology, study design, sites and population, paragraph 2)

Action taken by author/author response:
The word 'rate' is removed as suggested; it was at this singular instance that the word 'rate' was used after 'prevalence'

Reviewer’s comments:
Weaknesses of the study need to be clearly articulated: this is very small but important study and as such can be cited as a limitation as well as the purposive nature of sampling the sites

Action taken by author/author response:
A paragraph dedicated to the discussion of the study’s limitations now precedes the conclusion section of the manuscript. This paragraph is reproduced below.

"At this point, it is apropos to discuss a number of limitations that this study may suffer from. First, given the design of the study, these findings may not be generalized to the entire population of health workers providing these services in Ghana. It is, however, reasonable that the results, which are based not on one, but on three facilities, and which are collected through a triangulation of two methods, have considerable relevance for HIV-related service provision well beyond the three health facilities. Furthermore, the scope of the study is limited; only service providers are included. A more comprehensive exploration of problems that may compromise counseling on HIV and reproductive options would involve other groups of study participants. Views of HIV-positive women would be particularly relevant in this. To this end, a related study that explored the challenges that health workers face implementing PMTCT counseling, as well as the experiences of HIV-positive clients receiving these services at seven health facilities in the Greater Accra Region of Ghana show that providers face various challenges including lack of counseling acumen, inadequate logistics, inadequate training, and uncertainty about the credibility of counseling information [28]. The challenges presented in this paper may therefore not be unique to only the service providers of the three facilities, but may be experienced by other in
various parts of Ghana}}.

I have, nevertheless, reworded the title of the manuscript reflecting the jurisdiction of the study as the three health facilities and not as Ghana.

“Reproductive rights and options available to women infected with HIV in Ghana: perspectives of service providers from three Ghanaian health facilities”

- Discretionary Revisions

Reviewer’s comments:
* It will be good to find out more about the site influence on the decision to provide contraception for HIV positive women since the two hospitals in the Manya Krobo district, one of them is a catholic hospital (and the other a government hospital) and may be this might have influenced or biased their perspective or action on providing or offering contraception. A sub analysis of this aspect will be helpful.

Action taken by author/author response:
I see this comment as particularly thoughtful, even though the reviewer tags it as discretionary. In fact, the potential influence of site of service provision on the study’s outcome did no escape my speculation. This motivated the bivariate analysis of the relationship between site of service provision and contraceptive prescription to HIV-positive clients (Table 3 in the main manuscript). While the bivariate relationship was significant, further analysis that controlled for sex of provider showed no statistical significance (also shown in Table 3). The small samples precluded a further split of the sites in the Manya Krobo District (i.e. the Government vs. the Catholic Hospital) for comparison.

Level of interest: An article of outstanding merit and interest in its field

Action taken by author/author response:
No action required

Quality of written English: Acceptable

Action taken by author/author response:
No action required

Statistical review: No, the manuscript does not need to be seen by a statistician.

Action taken by author/author response:
No action required

Declaration of competing interests:
* I declare that I have no competing interests
Reviewer’s report #2

Reviewer’s comments
Abbreviations used initially should be fully written out first, for example WHO.

Action taken by author/author response:
The abbreviation WHO, is now spelt out as World Health Organization on first use, and subsequently referred to as WHO.

Reviewer’s comments
The pregnancy rate per cycle of IUI of 10-12% is not referenced.

Action taken by author/author response:
A citation has been made in support of this evidence. The paper cited is shown below:


Reviewer’s comments
The term caesarean section should be spelled consistently throughout the document.

Action taken by author/author response:
The term is now consistently spelt as Caesarean section throughout the manuscript.

Reviewer’s comments
Also, elective caesarean section to prevent infant HIV transmission has become obsolete in the era of combination antiretroviral therapy (Townsend et al. AIDS 2008: 22).

Action taken by author/author response:
I found this comment very interesting in a number of ways. I could not agree more with the reviewer on the obsoleteness of elective Caesarean section for prevention of vertical transmission of HIV in settings where combination antiretroviral therapy (ART) is available and accessible. The question, however, is whether or not availability of, or access to combination ART is a reality for every HIV sero-positive pregnant woman under the canopy of heavens. In fact, a review by Teasdale et al. (2011) did note the utility of the technique for preventing vertical transmission in the absence of complete viral suppression. Relevant challenges in this context, as indicated in the manuscript relate not to the obsoleteness of the procedure, but potential health risks of the procedure to mothers and babies owing to a lack of technical expertise, the availability of adequate aseptic conditions, or both. These reservations are particularly relevant in resource-limited settings. Teasdale CA, Marais BJ, Abrams EJ. HIV: prevention of mother-to-child transmission. Clin Evid (Online) 2011 Jan 17; 2011.
Reviewer's comments
The specific objectives of this study are not clearly defined. When was this study performed?

Action taken by author/author response:
While no section of the manuscript is clearly designated as "specific objective of the study", a reading of the final paragraph of the introduction reveals this.

Having provided, as part of background information, the evolution of parenting options for HIV sero-positive persons, the study aimed to specifically ascertain whether or not the healthcare providers at the studied facilities are abreast of the issues on the subject. The specific objectives of this study, as stated in the manuscript thus included:

1. To explore the perspectives of HIV testing and counseling (HTC) as well as PMTCT service providers on the reproductive rights and options available to HIV sero-positive women who wish to conceive.
2. To determine whether site of facility and some demographic attributes of the providers are associated with contraceptive prescription to HIV sero-positive clients.

These issues are as relevant today in some settings as they were a decade ago in others. The data generated from this study can be used to strengthen the existing service provision guidelines and practices in Ghana. For instance, given that they healthcare workers acknowledge the reproductive rights of HIV positive women, but lack the knowledge to adequately counsel women on their reproductive options, the study recommends an urgent incorporation of reproductive health issues into existing local HIV policies and guidelines. Also appropriate knowledge upgrade through refresher training will be useful.

Reviewer's comments
It is not clear if the health care workers interviewed were representative of the overall health care worker population, given the skewed gender distribution. It is not stated which measures were taken to ensure a representative group.

Action taken by author/author response:
It is worthy of note that a census was done (the entire population of health workers providing HIV-related services at the study sites was used in this study). As such the outcomes of the study are reflective of what is being provided at these facilities. I have, however, acknowledged as part of the limitations that, the findings from this study may not be generalized to the entire population of health workers providing such services in Ghana.

It may be revealing to note also that nurses are at the forefront of HIV testing and counseling/PMTCT and in fact provision of ART services in Ghana. Historical and cultural reasons exist to explain the overwhelming predominance of the female sex in the nursing profession. This is not a local observation, but a global reality. I do not consider a discussion of this relevant to this paper.
Reviewer’s comments
Table 2 includes questions that cannot be answered in a “yes” or “no” fashion. The third question in Table 2 for example, is vague. All major guidelines currently recommend timed unprotected intercourse for serodiscordant couples with specific provisions: screening & treating genital tract infections, early initiation of ART for the infected partner (based on HPTN 052), and attaining an undetectable viral load prior to timed intercourse at ovulation. These guidelines also state that no single method (including treatment of the infected partner) is fully protective against HIV transmission. In my view the author should have validated the interview questions prior to performing this study, and therefore this study is not suitable for publication.

Action taken by author/author response:
I do agree with the reviewer’s allusion to the current concept of ‘combination prevention’ strategies. This is a concept that is overwhelmingly acceptable and applicable to HIV preventative endeavors. I differ, however, with the reviewer regarding the utility of the tool employed in eliciting information from the respondent. It needs to be clarified that none of the questions in the tool is treated as an independent or as a standalone a variable.

While question 3 in Table 2 (“Will you prescribe unprotected intercourse to a person infected with HIV as an option for conception?”) by itself may be inadequate, a follow up question (“Are you aware of any safe measures that can help women infected with HIV to conceive and deliver safely?”) complements it. It is likely that treating the questions as standalone variable informed the reviewer’s conclusion on the disutility or inappropriateness of the tool. I am confident that the results, which are based on data collected through a triangulation of two methods, have considerable relevance for HIV-related service provision well beyond the three health facilities.

Level of interest: An article whose findings are important to those with closely related research interests

Action taken by author/author response:
No action required

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

Action taken by author/author response:
The manuscript has benefited from the proofreading/editorial assistance of two independent reviewers whose first language is English. They are duly acknowledged in the manuscript. I am, nevertheless, happy to address the specific deficiencies in language that are brought to my attention.

Statistical review: Yes, but I do not feel adequately qualified to assess the
statistics.

**Action taken by author/author response:**
No action required

**Declaration of competing interests:**
I declare that I have no competing interests