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.

During this round of review, there was only one query from Reviewer #2. In addition to the point-by-point response to this comment, which is appended, I have tracked the additions/revisions in the main manuscript using blue font.

It is my hope that the revisions meet the editor’s satisfaction and that the paper will be published in your Journal.

Thank you.

Yours faithfully,

Amos Laar, PhD.
**Editor’s comments:**
The author must deal with the query about how the questionnaire was validated. This has not been addressed in the recent review. If he cannot supply this information, then I do not think we can publish this study.

**Author’s action**
Query is addressed below.

**Reviewer's report** #1.

**Reviewer's report:**
*Author has adequately responded to ALL my comments*

**Author’s action**
No action required.

**Reviewer's report** #2

**Reviewer’s queries**

*Major*
*Notwithstanding the author’s response, the validity of the study questionnaire remains unanswered.*

**Author’s action**
I have introduced a number of paragraphs in the methods section of the manuscript that elaborate on the data collection tool design/adaptation, pre-test and validation as well as general quality assurance measures. These sections are reproduced below.

**Data collection tool design/adaptation, pre-test and validation**
Two tools were employed in eliciting the perspectives of healthcare providers on the subject of reproductive rights of, and reproductive options for PLHIV. A structured questionnaire (tool 1) was used in carrying out structured interviews that involved the entire population (35 health workers) providing HIV-related services at the three
hospitals. An in-depth interview guide (tool 2) was used to facilitate the in-depth interviews with all three service providers managing the PMTCT programs of the respective facilities.

**Tools design/adaptation**

The adaptation process involved a diligent review of literature and existing tools. Relevant questions were culled from a number of the literature cited in this manuscript [1, 6, 16, 20 – 21, 25 – 27] and incorporated into the study’s draft questionnaire/guide. In particular, the current study tools benefited from those of Leshabari et al. [27], and de Bruyn [25]. It is the practice at the School of Public Health in Legon, to have faculty members peer-review both study proposals and draft tools before submitting to the University Institutional Review Board (IRB) for a second round of technical and ethical reviews. This particular study was not an exception. The funders of this study (The Gates Institute of the Johns Hopkins Bloomberg School of Public Health, in Baltimore, USA), who are duly acknowledged in this manuscript also provided technical review of the tools and the protocol at the initial stages of the study.

**Tool pre-test, validation and general quality assurance measures**

Prior to the data collection, the draft tools were pre-tested on midwives providing PMTCT services at the Ashaiman Health Center, a neighbouring district of the Tema Municipality. The validation process at this stage involved minor modifications of the draft tools to reflect cultural appropriateness issues identified during the pre-testing.
Additional safeguards instituted to improve data quality included such quality assurance measures as the author single-handedly collecting the data at all the three sites, and also managing both the data entry and analyses.