Author's response to reviews

Title: Dual contraceptive methods for pregnancy and disease prevention among HIV-infected women in South East Nigeria

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Author's response to reviews: see over
Dear editor-in-chief,

The authors wish to express their gratitude and appreciation to the editor and reviewers for their efforts in reviewing this manuscript and making valuable recommendations which has greatly improved the quality of this work. All modifications and corrections have been made as recommended. All changes and corrections of grammatical errors are highlighted in red font. Below is the point-by-point response to the comments of the reviewers and editor-in-chief.

Thank you for your input and kind opinion.

**POINT BY POINT RESPONSE TO REVIEWERS COMMENTS**

**REVIEWER 1**

**Major**

**Comment #1:**
-is this a prospective or cross sectional study

**Response to comment #1:**

The work is a cross-sectional descriptive study. This has been corrected as recommended.

**Comment #2:**
-Under measure it says “An interviewer administered semi-structure questionnaire was used to obtain information on the socio demographic characteristics, as well as the practice of dual contraceptive methods and factors influencing its practice”. And in the result somewhere consistency of dual use is reported.

**Response to comment #2:**

The consistency of use was an assessment of the practice of dual contraceptive methods prior to the last conception/confinement. It was an assessment of concurrent use of two contraceptive methods as recommended by the WHO and the Nigerian national PMTCT guideline. This has been included in the methods and materials.
Comment #3:

- The measure needs to be clearly defined. How is dual contraceptive or HIV/STI defined? Is this concurrently? Or consecutively?

Response to comment #3:

The definition of dual contraceptive methods, STI’s and HIV based on the World Health Organization and the Nigeria national PMTCT guidelines has been included in the methods and materials. They were used concurrently as recommended by WHO and the Nigerian national guideline. This has also been clearly stated under methods and materials.


Comment #4:

-What was the time frame for the assessment of dual use, past six weeks?

Response to comment #4:

The period of assessment for dual use was their practice prior to conception and they were educated on the WHO and Nigeria’s recommendation and its benefit in making their contraceptive choice after six weeks post partum.

Comment #5:

-not sure of the relevance of dual use, six weeks post partum; is there no post partum abstinence in eastern Nigeria, Enugu.

Response to comment #5:

Post partum abstinence is practiced in eastern Nigeria but the practice varies widely between individuals and different culture. However, based on international and national recommendation post partum women are offered family planning/contraceptive advice at six weeks post natal visit (see references above). These women were therefore counseled and offered dual contraceptive methods, which is the gold standard in the context of HIV/AIDS.
Minor

Comment #6:
-numerous spelling mistakes

Response to comment #6:
All corrections have been made as recommended.
REVIEWER 2

Comment #1:
-this is the first paper I have ever been asked to review where the title makes no sense.

Response to comment #1:
The title has been rephrased to “Dual contraceptive methods for pregnancy and disease prevention among HIV-infected women in south east Nigeria”.

Comment #2:
We glean that we are dealing with HIV infected women who gave birth and for some reasons are using 2 methods of contraception.

Response to comment #2:
In the context of HIV/AIDS the World Health Organization and the Nigerian National PMTCT guideline recommends the use of dual contraceptive methods which should consist of a barrier method and another effective contraception prior to conception and also after six weeks post partum (when contraception is desired). This has been made explicit in the introduction and method/materials section.

The study assessed the contraceptive practice of HIV infected parturient prior to conception during their visit to the post natal /family planning clinic at six weeks post partum. The aim was to assess and review adherence to contraceptive recommendations prior to conception before counseling and contraception were offered, six weeks post partum to those who desire early contraception. The manuscript has been revised to make these points explicit.

References:


Comment #3:
If an HIV positive woman who is sterilised uses condoms they are not being used as contraceptives.

Response to comment #3:
If an HIV positive woman who has had sterilization uses condom, this will be to prevent STI’s and spread of the infection and acquisition of a different or mutant strain of the virus.
Comment #4:
They fail to grasp that barrier methods are contraceptives (and barriers to infection) and barriers to infection only in other instances.

Response to comment #4:
This has been addressed in the discussion.