Author’s response to reviews

Title: Uptake of HIV counselling and testing among pregnant women at different levels of health facilities - experiences from a community-based study in Northern Vietnam.

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Author’s response to reviews: see over
Letter to the Editor

Authors of
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We would like to thank the Editor and the Reviewer for commenting on the 3rd version of our manuscript. We have revised the manuscript accordingly. Please note that the page numbers given refer to page numbers in the revised and resubmitted version of the manuscript.

Comment 1:
Table 1 - Based on how data are presented in similar manuscripts in other journals, I suggest the authors include simple statistical testing such as a chi-square test of difference in proportions, to illustrate whether there are significant differences in the distribution of the background and more importantly the overall outcome variables of receipt of HIV testing, testing by type of HF, and gestational period at time of testing.

Response: we don't understand the idea of calculating the statistical differences in proportions by Chi-square analyses, it will only show that the women differ by age, marital situation etc which is quite natural. We have therefore not made the requested calculations.

Comment 2:
In my repeat review, I am still unclear as to what "uptake of HIV testing" means in this study. From my experience, different countries have different policies as to what a full course of HIV testing means. For example, in India by policy, HIV testing should be VCT (voluntary counseling and testing), defined as provision of pre-test counseling, blood test, and post-test counseling to collect results. Thus, uptake of testing would be defined accordingly. In my opinion, it would be helpful to readers outside the Vietnam context to clarify that the "uptake" as measured here is the self-reported receipt of HIV test by the respondent, and that pre- and post- test counseling were defined and asked about separately.

Response: For clarification of the term 'uptake of HIV counseling and testing', on p.3, last paragraph, after the 1st sentence, we have added the following sentence: “The uptake of HIV testing and counseling was measured by the frequency of women who were tested for HIV and provided counseling during pregnancy”.

Comment 3:
Table 2 - As stated in my prior reviews, it is still unclear from looking at this table as to what the calculated OR stands for. A footnote in the table would be very helpful.

In reading the interpretation of this table in the Results section, there is not a clear correlation to the data presented in the table. For example, the authors mention "unstable job" as a covariate --- however, this is not defined in the text, nor mentioned as a covariate in the corresponding table.
Does it refer to the "unemployed" category? Additional examples: the text mentions "semi-rural" residents, but this is not a category in the table. It appears that the significant comparison is occurring between urban and non-urban categories. Finally, the interpretation of testing category and income level should be clarified: there is not a statistically significant difference in testing site at the income level of >3.5 Million VND/year.

Response: We don’t find it appropriate to include a footnote in the table describing how the ORs were calculated. We have instead added an explanation on how the calculations were performed in the Method section (p 5, 2nd paragraph, after the 2nd sentence): “To calculate the crude OR, we assigned “Health facility” as independent variables and the socio-economic characteristic of the women as dependent variables”.

Comment 4:
Table 3- There are missing data in this table including percentages, and apparently misplaced decimal points. A footnote to explain what the OR is calculating would be helpful.

Response: Regarding the missing data, a footnote indicates this problem. We have revised the misplaced decimal points and other small mistakes. Regarding the footnote explaining how OR was calculated - please see response to comment three

Comments 5:
Table 4 - The "time of first ANC visit" is listed as a covariate, than listed with an "adjustment for time of first ANC visit". I am unclear as to what is being adjusted for in this specific sub-category.

Response: We do not agree with this comment, we have already explained the reason why we adjusted for this variable in the method section. Hence in the paragraph describing the analytical approach it is written: “To assess the association between early uptake of HIV testing and place of first HIV testing and time of first ANC visit, ORs were calculated where “Time of first HIV test” comprised the dependent variable and “HF level” and “time of first ANC visit” the independent variables. It is assumed that timing of the first ANC visit may influence the time of first HIV test. To control for this effect multiple regression analyses were performed where “Time of first ANC visit” was controlled for (Table 3)”.

Comment 6:
Tables 3 and 4 - I would strongly recommend that an additional statistician review the methods and interpretations of these data specifically, as it appears that the analysis initially consists of using type of health facility for HIV testing as the primary outcome of interest, then uses this in subsequent secondary analysis as a covariate for additional outcomes of "time of HIV test" and "provision of pre/post-test counseling".

It still seems that the covariates of "time of HIV test" and "time of ANC visit" could be incorporated into Table 2, and odds ratios calculated accordingly, with additional adjustment for sociodemographic categories. The calculations are still incorporating the same data and assessing for a significant relationship to facility for HIV testing, with additional adjustment for underlying sociodemographic variables. The authors disagree, and I think an expert statistician could help clarify this. It is unclear to me whether sociodemographic categories are incorporated into the adjusted models, in Tables 3 and 4. I believe an expert statistician could help to clarify whether the data in Tables 3 and 4 are valid in their presentation or whether they warrant further adjustment/clarification.
Response: This is the third round of comments from the reviewer and we are a bit puzzled. In the first version we calculated basic crude OR and thereafter calculated adjusted OR where all variables under study were included in the logistic regression model. This approach was criticized by the reviewer. We would like to stress that calculating crude OR is a common approach used when describing the distribution and the crude association between two variables under study and it is also quite common to include all variables under study in a logistic regression analyses to evaluate how they influence each other. However, the reviewer was for some reasons uncomfortable with this approach. It is our opinion that there is not just one straight forward way to conduct statistical analyses and several published papers is relying on an analytical approach which is similar to the one we have been using.

Therefore, in our first round of comments to the reviewer, we tried to explain our analytical approach. However, the reviewer requested that we consulted an expert statistician and before submitting the third version of the paper we discussed the analyses with an PhD level statistician, associate Professor My von Euler-Chelpin, Center of Epidemiology and Screening, Institute of Public Health, University of Copenhagen, Denmark. She agreed with the soundness of our utilized approach but in order to make the findings easier to understand and thus address the reviewers concern we were advised to calculate the crude OR using type of health facility as independent variable and the socio-economic characteristics as dependant variables instead of the other way around as initially done. In this third review, we are now asked to consult an additional statistician. It is unclear to us which specific analytical approach the reviewer is requesting and it is our fear that we may keep on revising the paper without satisfying the reviewer. We have communicated this concern to Natalie Pafitis, the Senior Scientific Editor of the Journal. She informed us that the Editorial Board would not approach the reviewer again but rather seek an independent third opinion from the Editorial Board on whether the statistical methods used are appropriate.

Other changes:
On p.16, we have made some small changes in the notes of the tables. We have used Track changed function to show all the changes of the manuscript.

Thanks for your attention and looking forward to hearing from you soon

Best regards,

Vibeke Rasch, Tine Gammeltoft and Nguyen Thi Thuy Hanh