Author's response to reviews

Title: HIV/AIDS status disclosure increases Public Health benefits (Support, behavioral change and HIV prevention) in the long term: A case for an Urban Clinic Kampala, Uganda

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Author's response to reviews: see over
Your ref.
Our ref

Date: 15-04-2013

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Dear Executive Editor,

MS: 2208593548389330 HIV/AIDS status disclosure increases Public Health benefits (Support, behavioral change and HIV prevention) in the long term: A case for an Urban Clinic Kampala, Uganda

We are very grateful to you for offering us the opportunity to revise our manuscript as per comments and resubmit it to your prestigious Journal BMC Health Services Research. I believe we have been able to address all the relevant points raised by the 2 reviewers. However we would be willing to consider further revisions if advised so.

Please find attached response to each of the comments.
Thank you for your interest in our work.

Yours faithfully,

Lynn Atuyambe, MPH, Ph.D. – Karolinska Institute/Makerere University
Corresponding author
Reviewer's report I  
Version: 1  Date: 17 February 2013  
Reviewer: Kebede Deribe

Comment 1: The manuscript is well written, but can be improved by including studies conducted on gender and disclosure and clearly indicate the limitations of the study.

Response: Thank you for this comment and advice. We have now included studies conducted on gender and disclosure. We have in addition updated the background to include other relevant and new literature. Here is what we have added on gender:

‘… Globally, research shows that gender plays an important role on whether or not to disclose ones HIV status. Females tend to experience more serious consequences of disclosure such as physical and sexual assault (Gielen, Fogarty et al. 2000). Furthermore, another study revealed that HIV infected women were two times less likely to disclose their status in fear of abuse, (OR=1.81, 95% CI: 1.17-2.90) and divorce (OR=2.01, 95% CI: 1.25-3.22) (Mucheto, Chadambuka et al. 2011). In terms of risk perception, women who perceived greater risk of HIV stigma, were less likely to disclose HIV status to spouse (Anglewicz and Chintsanya 2011). A study in Ethiopia demonstrated high disclosure rates to current partners for both males and females (90.9% vs. 90.7% respectively) as it was customary to disclose ‘everything’ to ones partner. However, non-disclosure reasons varied by gender as men were concerned about their partner’s worry and revelation of their own unfaithfulness. Conversely, the women feared physical violence, social and economic pressure in raising their children. The same study further showed that factors influencing disclosure were different by gender. Mens’ disclosure was motivated by the urge to know the partners HIV status and discussion prior seeking services while for women, it was the motivation was knowing the partner’s HIV status and perceiving the current relationship as long-lasting (Deribe, Woldemichael et al. 2010). This pool of evidence makes it difficult for women to disclose their HIV status and indeed this is an important factor in the HIV transmission dynamics’.

Comment 2: Title page: There is no title page in the current manuscript; this should be included as per the journal requirement.

Response: In the current revised version, we have put the title page

Comment 3: Abstract: The authors should include results on disclosure to sexual partner which is one of the important outcome which leads to preventive behaviors.

Response: Thank you, we have added some qualitative results in the abstract regarding disclosure to sexual partner that read:

‘… Qualitative results show that on-disclosing to spouse, there was more trust, use of condoms for HIV prevention, and …. The negative reactions to the spouses included rejection, shock and distress in the short term’.

Comment 4: Introduction: There are studies conducted on the role of gender on HIV status disclosure. These studies should be included to give more understanding of the association between gender and disclosure. Such an example could be Deribe K, et al 2010.

Response: We are grateful for the reference provided. We have revised the introduction (see comment 1 above). Specifically we reviewed the article provided and on page this phrase in the background section:

‘… Conversely, the women feared physical violence, social and economic pressure in raising their children. The same study further showed that factors influencing disclosure were different by gender. Mens’ disclosure was motivated by the urge to know the partners HIV status and discussion prior seeking services while for women, it was the motivation was knowing the partner’s HIV status and perceiving the current relationship as long-lasting (Deribe, Woldemichael et al. 2010)’.

Comment 5: Results: In the results section there are many quotes. The authors should synthesis the findings and then they could present one or two quotes per team. In the current form there are no syntheses and the authors are using some quotes to generalize the findings.

Response: We have carefully reviewed the results section. We have deleted some quotes. The ones we left in represent different participant categories and are used purely to illustrate the findings.

Comment 5: Discussion: The discussion is well written except major limitation of the study- recall bias. “participants had spent 5 to 6 years since being diagnosed with HIV. Events happening 5-6 years ago
particularly short term outcomes of disclosure tend to be forgotten. There will be clearly telescopic bias participants remembering recent phenomenon.

Response: Thank you for this excellent comment. We have now clarified in the limitations on page 26 of the revised manuscript. We have added that:

'Similarly, there is a possibility of recall bias. Even though the diagnosis of HIV was about 5 to 6 years back, we note that disclosure could have been more recent, thereby minimizing this bias. Besides, we believe that participants describing their life time lived experiences of disclosure often is hard to forget, therefore recall bias was minimal’

Reviewer’s report II
Version: 1 Date: 18 February 2013
Reviewer: Soludo B Eze

General comment: Introduction: The paper investigated short and long term benefits of HIV disclosure. Of course, disclosure still remains a major problem in the spread of HIV/AIDS in sub-Sahara Africa due to the fear of the unknown. It is important that this paper addresses such issue. I am afraid that the design of this study is not appropriate.

Response: Thank you for the comment. It is true, disclosure remains a major problem in the spread of HIV in Sub-Saharan Africa as we describe in this manuscript. We addressed this by giving evidence that ‘in spite of the outcomes of disclosure, when one discloses usually there the expected emotional and negative reactions that over time normalize and positive reactions of trust, love, care and public health actions emerge. We feel that this design was appropriate. As described in the methods sections (page 8), we interviewed well selected HIV positive individuals that who were qualitatively interviewed to give Their lived experiences of disclosure in the short and long term. Respondents reflected retrospectively on the different events and triggers that led to disclosure and the outcomes of disclosure (what happened to them when they disclosed) over time (short-term and long-term).

Comment 1: Abstract should be restructured to follow – introduction, methods, results and conclusion. This will help to put the study in perspective

Response: Thank you indeed. In the revision. We have followed the ‘introduction, methods, results and conclusion’ format.

Comment 2: Methods - The design of this work is very faulty. Though the authors have raised it as a limitation, it has put the work out of context. The study was a cross-sectional study that collected data at a given point in time (mid Feb – mid April, 2008), but the data collected looked like a longitudinal data. Therefore, your study design should be longitudinal rather than cross-sectional. There is no way you collect data within that period of time and report such as if there was a follow up data collected after the first phase to see if there are changes over time. Currently as it is, the paper is not coherent and does not put the reader in perspective. Can you tell us how you determined the long term benefits after three months?

Response: There appears to be a bit of misunderstanding about the design. We have made the clarification on page 7 that: ‘Our operational definition of short-term was a period not exceeding three months. This is the immediate stormy period when the partners experience highest physical, social and emotional reactions from each other and the immediate associates. This period does not usually last longer than three months. We also defined long-term as a period after three months of disclosure. This is the time when extra resources to cope (family, friends, workmates social institutions such as church) have been mobilized to offer support – essentially the stormy period will have calmed’.

In addition we have clarified in the limitation (page 26) and how we determined the ‘short and long-term disclosure outcomes’ that ‘Even though the diagnosis of HIV was about 5 to 6 years back, disclosure could have been more recent, thereby minimizing this bias. Besides, we believe that participants describing their life time lived experiences of disclosure often is hard to forget, therefore recall bias was minimal’. Our data was collected cross sectional (within a time period of 2 months) but the participants described what to them was short-term outcomes (less that 3 months) and long-term (more than three months).
Comment 3: There is need for a clear definition of the short term apart from just less than three months), and the long term.

Response: Thank you so much, we have now explicitly included a clear definition of the ‘short term apart from just less than three months and long term’ on page 7. This is how now it reads: ‘Our operational definition of short-term was a period not exceeding three months. This is the immediate stormy period when the partners experience highest physical, social and emotional reactions from each other and the immediate associates. This period does not usually last longer than three months. We also defined long-term as a period after three months of disclosure. This is the time when extra resources to cope (family, friends, workmates and social institutions such as church) have been mobilized to offer support – essentially the stormy period will have calmed’.

Comment 4: Include a subsection on study setting

Response: We have now included a sub-section on study setting on page 8 under the methods section

Comment 5: Pls can you give a strong rationale for mixing the age categories in your study (see study design and sample)

Response: In Uganda our youth policy stipulates the up to the age 35, thus we made this our cut off age in our strata. Besides, this age cut off is the climax of HIV infection in the general population (See page 8)

Comment 6: What are the precautionary measures to ensure reliability of data collected

Response: In order to ensure reliability our study instrument pretesting it and discussing the results thereafter. We particularly closely examined whether the study objective matched with the study population as well as if the questions flowed in a logical sequence. Further to this, we performed an inter coder reliability test by using two researchers teams to independently code eight transcripts of different categories of respondent. After that exercise the two teams came together and compared their code books and code definitions. A final harmonized codebook was then agreed upon and used to code our data (page 10).

Comment 7: Did not present results in the manner expected of in a qualitative study. In each result, can you summarize and give some few quotes to buttress the points in each subsection? Avoid too many quotes…'

Response: We have further summarized the quotes to make them more appropriate and deleted some.

Comment 8: See page 15 c) Negative long term outcomes of disclosure- how do the quotes in this subsection reflect long term outcomes. The points expressed in this subsection are social issues generated from social interaction which is subject to change depending on the mood of the people involved in the interaction, and context.

Response: Thank you for the comment. Disclosure is an interactive process that takes place when an opportunity arises sometimes (a social situation). These social issues quoted were deemed by respondents to have continuously happened over the three months after disclosure.

Comment 9: See page 18, para 1, the authors compared short and long term outcomes of disclosure with increases in % in some cases- pls how did you generate the % from the qualitative data and why were these not reflected in you methodology?

Response: Thanks for this observation. The percentages were generated by making code counts and exporting them to MS excel and making pivot tables. We have now revised this in the analysis section of the methodology (page 10)

Comment 10: See page 19, para 2, lines 6-9, what exactly did you mean? How long did it take between the time you asked the respondents issues about short term and long term.
Response: As explained in earlier comments, in one interview, we solicited responses on what study participants gave us as reactions to disclosure in the short-term and long-term time periods.

Minor/discretionary Revisions

Comment 1: Please check 3.1.3 and restructure the statement – who is the recipient?

Response: The recipient of disclosure were persons who the HIV-infected individual chose to disclose to the sero-status. In this case the recipients were female and male recipients of positive outcomes of disclosure. We have restructured the paragraph and clarified under Influence of recipients’ gender on type of responses received by PLHAs.

Comment 2: See 3.2 subsection 3.1.1 (broad categories) why are these categories regarded as long term? Are there not subject to change even before 3 months regarded as short term?

Response: Thanks for the observation, the categories are consistent with the short term outcomes and we have deleted the word ‘broad’ which may have been confusing to the reader.

Comment 3: See page 20 para all those results expressed in % appeared repetitive and should be expunged. They should be moved to the result section.

Response: For the reader to follow well, we thought it important to highlight few results on which helped us anchor the discussion stance.

Comment 4: Need a Table on socio-demographic characteristics of the respondents

Response: Since we already have 6 tables, we from the onset decided to describe the socio-demographics in methods section (Selection of participants and Sample) given the small qualitative sample.

References


