Author's response to reviews

Title: HIV/AIDS status disclosure increases 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
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

Thank you for extending us the opportunity to revise our manuscript as per comments. We have responded to all the comments and questions raised by the 2 reviewers.

Please find attached response to each of the comments.

Yours faithfully,

Lynn Atuyambe, MPH, Ph.D. – Karolinska Institute/Makerere University

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Comment 1: The title of the manuscript “HIV/AIDS status disclosure increases Public Health benefits (Support, behavioral change and HIV prevention) in the long term” should be revised; I suggest the title should be changed to “HIV/AIDS status disclosure increases support, behavioral change and, HIV prevention in the long term: A case for an Urban Clinic Kampala, Uganda”

Response: Thank you for the proposal; we have changed the title of the manuscript to reflect the suggested changes. It now reads as follows;

HIV/AIDS status disclosure increases support, behavioral change and, HIV prevention in the long term: A case for an Urban Clinic Kampala, Uganda

Comment 2: Abstract: the result is full of quantitative findings; it is not appropriate to focus on quantitative finding while using qualitative study design. The authors should highlight the major themes emerged from the study. If they want to make the comparisons they have to make some statistical analysis which is not applicable in the current study design. Therefore I would recommend them to highlight how HIV disclosure increases support, behavioral change and HIV prevention as stated in the title and remove the quantitative comparisons.

Response: Thank you again, we have now removed all the quantitative aspects in the abstract as advised.

Comment 3: Result: I am still not convinced about the way they presented the result. For example on page 11 they have presented the following quotes, which are difficult to understand. Rather they have to present the whole quote and refer who quotes are they.

Response: We have implemented the reviewers suggestion. Nearly all quotations that didn’t bear the source have been removed and maintained only quotations that show the source.

Comment 1: What are the criteria for selecting your study sample? Details of how recruitment was conducted and by whom? And who chose not to participate and why
Response: We have made the clarification on the recruitment criteria on page 8. It now reads as follows

Participants were approached while waiting for their medical appointments. screened for eligibility, given information about the study and requested to participate. Those that agreed to participate first got their treatment from the provider and then were interviewed on exit. Four trained graduate research assistants obtained informed consent before proceeding with the interview. Patients that qualified for the interview were those above 18 years, clinically stable, and had enrolled for HIV care and treatment at the clinic for at least 6 months.

Comment 2: Are the information from the study sample enough? Justify why you ended data collection.
Response: We have clarified in this version that we were able to achieve saturation with the 40 respondents. This is reflected on page 9. The new statement now reads as follows;
Previous work elsewhere (Bishop et al 2008) demonstrated that a sample of 40 respondents adequately captures the saturation levels required. Participants shared their retrospective disclosure experiences and the outcomes they received. On average, our participants had spent 5 to 6 years since being diagnosed with HIV, less than half (43%) had received any secondary school education, and most were working in the informal labor sector (87%).

Comment 3: Think you need a stronger reason for your age selection rather than the stipulation of the Ugandan Youth policy. This is because the authors have age 35 as the cut off whereas they had over 35 yrs in the sample

Response: Age 35 is the mark which was used to separate the young from the old according to the categorization of this study. We have clarified this in the new version.

Comment 4: Data Analysis- How were themes derived from the data - inductive of deductive method?

Response: Themes were derived from the data inductively. We have highlighted this in the new version. The statement now reads;

We then pulled out all text associated with a particular domain and after printing the quotes on slips of paper, the research team members sorted the quotes into piles based on their thematic similarities. Each thematic category that was identified was then given a name and an explicit codebook was developed detailing the inclusion and exclusion criteria for each category. We pulled the immediate outcomes and those that we deemed to be long term (over three months).

Comment 5: Result section: Pls there should be a short summary of the theme which will be followed by a few number of quotes to buttress the theme. The use of quotes without source as used in almost all the themes is not acceptable

Response: We have removed all the quotes without sources which were mainly in the introductory part of the themes. In addition, we have included a short summary at the beginning of each theme.

Comment 6: P11, para 1, line 5- the example business as usual should be expunged while you restructure the sentence to give a clearer picture of the point you are making

Response: This has been corrected and a scenario given to illustrate more on the business as usual concept. The new statement now reads as follows;

No change in relationship was categorized as a positive response because the person that had disclosed the status would keep enjoying the current relationship and support – i.e., business as usual with an assumption that by the time the respondent chose to disclose to a target recipient, they enjoyed a certain level of good relationship.

Comment 7: In page 11 the authors said that there were three main themes derived from the results. What about the other last two themes – do men and women differ ............., and Influence of disclosure recipients........... Are these not parts of the themes, if they are, they should be included in the themes as reported in P11

Response: The last two are not themes; it was an analysis of the already existing themes to see the difference across the respondents’ and recipients’ gender.

Comment 8: See also P.20. para 1. All those quotes without sources have to be reconsidered
Response: Here the short quotations are actually referred to as statements. This is the style of writing that we thought appropriate in order to capture the entire spectrum of the main idea.

Minor Essential Revisions
Result
Comment 9: See p.18, first quote, where a HIV patient is disclosing to another HIV patient. Is this acceptable? What do you expect in the response?

Response: We have deleted the last sentence to remain as follows
The first time we met at the clinic, He just told me that he had been here for quite some time and left it at that. Later we began sharing ideas on how we would be reminding each other about the appointments and about the time for taking medicine. (Female respondent)

Discretionary Revisions
Abstract
Comment 10: See Result section sixth line – Even then ..........that statement needs to be moved to discussion section with a reference to support it

Response: The statement has been removed from the abstract.

Background
Comment 11: See para 1 line 3-..... and the one who ...........with their HIV status and illness. Pls check if there is an agreement in the underlined pronouns

Response: The statement has been rephrased. The new statement hence reads;

Disclosing HIV test results to one’s sexual partner allows both partners in such a relationship to engage in preventive behaviours, and the one who discloses can then better access the necessary support for coping with their HIV status and illness (Neville Miller and Rubin 2007; Deribe, Woldemichael et al. 2008; Greeff, Phetlhu et al. 2008)

Comment 12: See last para line 3 - females tend to experience........ such as physical and sexual assault . Pls need to know how sexual assault can be a serious consequence of disclosure

Response: the physical assault has been removed and hence the new statement reads;

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 assault (Gielen, Fogarty et al. 2000)

Comment 13: P.5 para 1, line 9 – 11. Need to restructure the sentences

Response: the statement has been edited and hence the new sentence reads;

Furthermore, other benefits of disclosure include increases opportunities for social support, implementation of HIV risk reduction with partners and motivates the partners to seek voluntary counseling and testing (VCT) (Gari, Habte et al. 2010).

Comment 14: P6 line 2, language correction- omission
Response: The statement has been corrected. The new statement now reads;

As observed from studies elsewhere (Dageid, Govender et al. 2012; Hosseinzadeh, Hossain et al. 2012; Przybyla, Golin et al. 2013), one of the stumbling blocks to disclosure is stigma.

Comment 15: P. 6 Second para last two lines- check for language correction

Response: The statements have been corrected hence the new statement thus reads;

Mens’ disclosure was motivated by the urge to know the partners HIV status and discussion prior to seeking services while for women, it was the motivation to know 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 16: There are other places where you have these language corrections

Response: We have gone through the manuscript and made the relevant corrections

Ethical Consideration

Comment 17: P.10. para 3, line 6- all interviews were conducted in a privat e room can be moved to quality assurance

Response: The statement has been moved from the section under ethical consideration to quality assurance. The new statement therefore reads as follows;

We particularly closely examined whether the study objective matched with the study population as well as if the questions flowed in a logical sequence. All interviews were conducted in a private room within the HIV clinic. 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.

Comment 18: Line 2-4 should be restructured for easier understanding

Response: the sentences have been restored to bring out the intended meaning. The new statement hence reads;

Informed written consent was obtained after explaining the study objectives, potential risks and benefits. Respondents were informed that participation was voluntary and that they were free to stop the interview at any time or not to answer specific questions. Standard precautions were undertaken to assure confidentiality of data; no identifying data were collected or documented aside from the consent form, which was kept in a locked cabinet, separate from the interview transcripts and data. Access to data was limited only to the study team members.

General

Comment 19: While the study continued to emphasize on the importance of disclosure and its benefits, it is also important to balance the argument with the potential risks. The point being made here is that the risks of disclosure is still with us and is still causing a lot of problems in the family, and affecting social network. This study should fully recognize this and solicit for institutional mechanisms that can mitigate these potential risks in disclosure so that infected patients will be willing to disclose their sero status. If
there is institutional protection not just in principle for people who disclose their status in the communities and villages, that too will contribute to increase in disclosure rate

Response: We have addressed this and reflected it in paragraph 3 under the discussion section. The new statement hence reads as follows;

About one quarter of the short-term outcomes of disclosure were negative (mainly emotional reactions such as shock, crying, feeling afraid). Besides being a relatively small percent, this negative type of reaction is not strange in the short term, given the nature of the disease (long illness, no cure, lifelong medication, and expected high morbidity). Although this study finds a small fraction of disclosure responses being negative, it points to the reality that the risk of disclosure is still with us and sometimes causes problems to HIV positive people after they disclose. This optimistic finding could imply that the public ought to be encouraged to disclose their HIV status to close networks as they look forward to reap disclosure benefits. There is therefore a need to build and strengthen institutional mechanisms that can mitigate potential risks of disclosure such that infected people are more willing to disclose their sero-status. We note in our findings that about 60% (19/32) of the recipients that responded with negative outcomes in the short term gradually changed to give positive outcomes in the long term.

References (additional References provided)