Author's response to reviews

Title: Health care provider perspectives on pregnancy and parenting in HIV-positive individuals in South Africa

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Author's response to reviews: see over
Dear BMC Health Services Research Editorial Team

Thank you for the opportunity to revise and resubmit the above manuscript to BMC Health Services Research. We are grateful to the reviewers for their constructive comments, which have helped to improve the paper. The manuscript has been modified according to the reviewers’ suggestions, and the responses to the reviewers’ comments are listed point-by-point below.

**REVIEWER 1**

**Introduction**

Update the statistics of those on ART. Africa appears to be a global leader now despite a late start. Figures up to 2012 available from: Access to Antiretroviral therapy in Africa- Status report on progress towards the 2015 targets.

Response: The statistics on access to ART access have been updated. The revised manuscript now reads “By the end of 2012, an estimated 9.7 million people in low- and middle-income countries had access to antiretroviral therapy (ART) [1].”

**Findings**

It would have been interesting to explore the attitude of these health workers regarding pregnancy, childbirth and adoption specifically seroconcordant, serodiscordant and polygynous unions. I don’t know how common the last type of union is in South Africa.

Response: In our study, we only explored specific attitudes to seroconcordant and serodiscordant unions for safer conception. We found that health care providers had minimal knowledge of safer conception methods in general, and it was difficult to relate attitudes to seroconcordance/serodiscordance. We agree with the reviewer that it would have been interesting to explore the attitudes of health workers about pregnancy, childbirth and adoption in seroconcordant and serodiscordant unions, and will take this into consideration in future studies. Polygynous unions are uncommon in South Africa.

**Discussion**

Discuss the likely effects of health care worker’s gender, HIV status, marital status and cultural background on their views about pregnancy, childbirth and adoption among HIV positive people. Also, discuss how the background of the researchers or their assistants (HCWs, involvement in ART treatment etc) affect the synthesis of the views and opinions expressed by the health workers?
Response: The Discussion Section has been revised to include comments on the likely effects of the health care workers’ background on their views as well as likely effects of the researchers’ background.

Revisions to Discussion Section,

Addition to end of paragraph 2: “Nevertheless, even in qualitative interviews in which rapport is nurtured, reported attitudes and behavior may differ from reality and health care providers may have narrated their responses in support of expectations of the researchers. As the majority of providers were female, we were unable to explore gender differences in attitudes and how gender affected health care providers’ attitudes. However, some of the views expressed by providers related to norms of womanhood, such as the desire to bear a child, and may have been related to the largely female population of providers.”

Paragraph 5, the following sentence has been added: “The majority of providers interviewed were from a Xhosa cultural background. Cultural insights and understandings about difficulties of formal adoption in Xhosa culture and views of safer conception methods might relate to health care providers’ own cultural background.”

New paragraph added. “Unlike quantitative research, qualitative research allows and encourages the process of self-reflexivity and acknowledges the researchers’ relationship and possible influence on the research process. In conducting this research, the researchers reflected on the divergence between their own backgrounds as researchers and those of the participants. Possible ways in which researcher perceptions impacted on roles and interpretations in the research process were discussed and taken into account in the data analysis and interpretation.”

The following was added to the last paragraph in the Discussion Section: “While it is possible that health care provider’s HIV status could have influenced their views on pregnancy, childbirth and adoption among HIV-positive people, we are unable to comment on this as provider HIV status data were not collected. This is an important issue to explore in future studies.”

The recommendations should be clearly directed at those that can take action-policy makers, health service managers, health workers etc.

Response: The recommendations made apply to a number of different levels and so have been presented as overall recommendations.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract: Replace the first ‘limited’ with ‘inadequate’ knowledge. This is to avoid using limited twice in the same sentence.
Response: The sentence has been revised and now reads as follows “Limited knowledge of safer conception methods constrained their ability to counsel and support clients in realizing fertility desires.”

Why was there a time lag between the interviews and its reporting (2007-2008 and 2014)? HIV is a rapidly evolving field and data could soon be out of date!
Response: We agree with the reviewers that there has been a time lag between the conduct and reporting of research findings. Despite the evolving field, issues related to safer conception are still not adequately addressed. Findings are still likely to be highly relevant and we hope that the results will be published soon.

REVIEWER 2
Minor Essential Revisions:
Please explain the role of nurses in the healthcare system. Most of the interviewees were nurses. Do these people counsel patients regarding SRH? For example, in the U.S. this would not be the role of nurses but the role of doctors/nurse practitioners. Therefore, their lack of knowledge may not be reflective of the actual counseling that is going on. Did you find that the doctors were more knowledgeable than nurses?

Response: Nurses are the ‘backbone’ of the South African health care system, with much of primary health care service provision relying on nurses. There were only 4 doctors in the study sample, making it difficult to comment meaningfully on differences in knowledge between doctors and nurses.

Sincerely,
Jennifer Moodley