Author's response to reviews

Title: Falling through the cracks: a qualitative study of HIV risks among women who use drugs and alcohol in Northeast India

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Response to reviewers’ comments

Falling through the cracks: a qualitative study of HIV risks among women who use drugs and alcohol in Northeast India

NB: Changes in the manuscript have been highlighted in yellow

Compulsory revisions:

Reviewer’s comment: A more thorough review of the literature on alcohol and HIV in India in general and as related to women (see AIDS and Behavior supplemental issue 2010 and other examples).

Response: The authors are familiar with the excellent 2010 AIDS and Behaviour supplement and had already referenced some of the papers from that supplement in the introduction section. The main reason for not sourcing other papers from the supplement was that they reported on studies of alcohol use among men in India, whereas we were looking for reports/studies about women’s use of drugs and alcohol in India. However, in light of the reviewer’s comment we have expanded the introduction and included several other references.

Reviewer’s comment: Clearer differentiation of each of the states in the description and analysis (context is important) and explanation as to similarities and differences.

Response: These two states are indeed very different from each other and the authors had attempted to highlight these differences in the paper, but obviously not clearly enough for the reader. The paper has been further edited in the introduction, results and discussion sections to give more emphasis to the state differences. This involved the addition of text [highlighted in yellow] as well as a certain amount of re-ordering of existing text in order to make the distinctions between states clearer.

Reviewer’s comment: Clearer discussion of the three groups of users: drugs only, alcohol only and both. How are these three groups differentiated; does it matter.

Reviewer’s comment: One of the strengths of the paper is its ability to compare and contrast alcohol use and drug use in populations that use one or the other, or both, in settings in which one or both are stigmatized. The paper should highlight these differences.

Reviewer’s comment: A better explication of why illegal alcohol use, versus illegal drug use should make a difference in accessing services and treatment. Why is one type of use stigmatized more than the other in each of these locations.

Responses: This response addresses all three of the reviewers’ comments above. Given that most of the FGDs included a mixture of drug users, alcohol users, and women who used both, it was not really possible to distinguish from the transcripts the specific category of the person who was speaking in order to tease out these differences, and this was not an objective of the study as it was designed (although with hindsight it could have been). In general, the major differences for women whose main problem drug was alcohol compared with those
whose main problem drug was heroin, was access to services and willingness to self-identify as a sex worker (which directly affects ability to access HIV prevention services). There are many HIV prevention programs in operation in both states that can be accessed by women who inject drugs, and these offer a range of services. But for women who are dependent on alcohol there are really no accessible services to help them with their addiction, HIV prevention, health care, legal rights etc., despite their obvious vulnerability. This is mainly a consequence of funding and availability. There has been more investment in HIV services that can be accessed by women, and although many of these services still have short-comings from the perspective of the women, they at least exist. Women with alcohol dependence are not eligible for these services unless they self-identify as a sex worker, and many of the women from the ‘booze joints’ do not see themselves as such.

**Reviewer’s comment:** The use of alcohol and drug use (or both) and HIV exposure in the northeastern states is very important to understand, especially in the context of widespread commercial drug trade and transactions. Describing and analyzing how alcohol plays into this setting and how each of these types of substances comes to the fore depending on the context are the potential strengths of the paper. But these comparisons are not made systematically throughout. A revised version of the paper that does comparative analysis of both context (policy), context (norms through KIs) and use (through users) would be very useful. Authors are encouraged to rethink and reapply.

**Response:** The reviewers are correct that the illicit drug and alcohol trade and the policy context in these two states has important bearing on the situation these women find themselves in, as well as the interventions that are made available to assist them. However, a description and critique of the drug and alcohol trade and the policy context was beyond the scope of this particular study, which had a clear set of objectives related to the health service needs of women who use drugs and alcohol. Local HIV prevention service providers had anecdotally recognised the HIV vulnerability of these women but were unable to do much about it because they are funded only to provide services to women who inject or who identify as FSWs. The paper describing the health service needs of the women has already been published (in BMC Public Health), and the rationale for drafting the current paper is the disturbing data we uncovered in relation to the situation of women alcohol users – who currently ‘fall through the cracks’ of service providers, despite their great needs and obvious vulnerabilities. The purpose of this paper is to add to the public health conversation about the important (and relatively neglected) role that alcohol plays in HIV transmission. However, in light of the reviewer’s comment we have provided more information about the drug and alcohol use situation in the two states in the section that describes the study context.

**Minor Compulsory Revisions**

**Reviewer’s comment:** In methodology, please provide some ideas on broad themes covered in FGDs, and in-depth interviews and KIIis. Was there any difference in the type of data collected from these different methods?

**Response:** The methods section previously mentioned the thematic areas covered relative to this particular paper only; now we have edited the relevant section so that it includes all the thematic areas covered [see last paragraph under ‘data collection’ sub-heading].
Reviewer’s comment: Were the age groups mixed for FGDs? It seems that study covered a wide range of age group and it might have been useful to divide the focus groups according to the broad age categories—young and old.

Response: There were no selection criteria for participation in the FGDs according to age. The logistics of bringing these women together is challenging, and we had no a priori reason to justify separating the groups by age as most of the women were in their 20s or 30s.

Reviewer’s comment: The average age of the respondents is very high. Is alcohol use—and dependence --- likely to be an age dependent phenomena? If yes then authors must discuss the implications of ‘age’ in the study and mention it as one of the limitations.

Response: It is not possible to comment on the relationship between age and alcohol dependence based on the data we collected (most of which was qualitative except for some basic demographic information). The women in the groups spanned a range of ages, but the majority were in their 20s and 30s, and the age distribution is similar to that reported in Murthy’s large survey of women substance users in India. It was not surprising to the authors that some of the women were in their 30s as alcohol use and dependence does not only affect the young. One potential bias may be that the study participants were more likely to be located at the more chronic end of the dependence spectrum (i.e. a bit older), and therefore more conspicuous for recruitment into the study. This has now been noted in the limitations section. We have also provided more information on the spread of the age ranges in Table 1.

Reviewer’s comment: In analysis authors mention "when undertaking the data analysis and reporting the findings, the subjective perspectives of the female drug and alcohol users were privileged over those of the KIs". It is not clear what do authors mean by this? If this was the case why were other data collected? Comments from authors will be appreciated.

Response: We had two sources of qualitative data, one from the key informant interviews and the other from the FGDs with women drug and alcohol users. As the data from both sources had a lot of overlap i.e. what the key informants said tended to support what we were being told by the women, we chose to draw on the themes highlighted mainly by the women and to mention when the key informants had a different view or gave a different emphasis relative to the women. Otherwise reporting what the key informants said and what the women said separately would become repetitious for the reader. Essentially we prioritised the ‘voice’ of the women over the ‘voice’ of the key informants, except when their views diverged, rather than giving full voice to both groups.