Author’s response to reviews

Title: Patient- and delivery-system factors related to acceptance of HIV counseling and testing services among TB patients in South Africa: A qualitative study with community health workers and program managers

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Author’s response to reviews: see over
December 14, 2010

Professor Bridie Kent, RN, PhD, FCNA (NZ)
Associate Editor
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Deakin University
Faculty of Health, Medicine, Nursing and Behavioral Sciences

To: Professor Bridie Kent
   Associate Editor, Implementation Science

Re: Revise and resubmit for MS: 1185463701437650, “Patient- and delivery-system factors related to acceptance of HIV counseling and testing services among TB patients in South Africa: A qualitative study with community health workers and program managers”

Dear Dr. Kent:

Thank you for the opportunity to revise and resubmit our manuscript, “Patient- and delivery-system factors related to acceptance of HIV counseling and testing services among TB patients in South Africa: A qualitative study with community health workers and program managers.” We realize that Implementation Science receives a high volume of submissions, and greatly appreciate this opportunity, as well as the time and effort you and the reviewers have expended.

As requested, we have revised the manuscript in response to comments from the two reviewers (i.e., Reviewer #1: Audrey Post and Reviewer #2: Ione Lewis). In the section that follows, we detail the reviewers’ comments (i.e., Minor Essential Revisions, Major Compulsory Revisions, and Discretionary Revisions, as applicable) and how they were addressed in the revised manuscript. Because we have made substantial changes in the manuscript, we decided not to use the ‘tracked changes’ function because the notations were distracting and increasingly difficult to read. Note, however, that we have provided the revised text verbatim in the pages that follow. We feel that our incorporation of the reviewers’ suggestions has made for a stronger manuscript.

Please let me know if any of our responses require additional clarification or if there are any other issues that we need to address.

Thank you for your consideration.

Sincerely,

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Reviewer #1 Comments (Audrey Prost) and Authors’ Responses

A. Minor Essential Revisions

1. p.5 line: ‘implement HCT’ rather than ‘implement of HCT’, or change to ‘implementation’

   Response:

   *The sentence has been excluded in the revision of the manuscript.*

2. p.5 Were CHWs and program managers ever NOT viewed as an important part of healthcare delivery? Consider revising this sentence.

   Response:

   *The sentence has been changed as follows:*

   “Such information is especially important in resource-limited settings where both community health workers and program managers are an integral part of the health care delivery system.”

3. p.5 By definition, CHWs deliver services in the community, not only in clinical settings. Consider changing the final sentence in first paragraph to ‘clinical and community care settings’?

   Response:

   *The sentence has been changed as follows:*

   “Each of these groups represents different levers of change for potentially increasing TB patients’ participation in HCT services by improving or altering the implementation of such services in clinical and community care settings.”

4. p.12 Delete ‘extra full stop’

   Response:

   *Done.*

5. p.13 Remove ‘were’ and editorial content!

   Response:

   *Done.*

6. p.18 the patient-level factors hindering HCT uptake (fear of HIV and of HIV stigma) mentioned in the results section and here in the discussion reflect those mentioned in
qualitative studies with patients in South Africa and elsewhere. It is worth stating this here and adding some references to earlier studies.

Response:

The following sentences and references were added:

“These patient-level factors hindering HCT uptake have also been identified in previous studies in South Africa [28], Nigeria [31], Burkina Faso [10] and the United Kingdom [9]. Fear of stigmatization as reason for TB patients’ non-uptake of HIV testing featured prominently in the findings of a qualitative study in Durban, South Africa [28].”

B. Major Compulsory Revision

7. p.20
The discussion section is currently very generic and makes several statements that might seem self-evidence to readers of Implementation Science. Might it help to focus the discussion section more specifically on the findings and discuss (a) how similar findings are between qualitative studies on barriers and facilitators to HCT with patients and those with lay counselors and program managers when it comes to patient-level barriers; (b) the need to plan service content and delivery with context and patient population in mind; give example of other services in SA and elsewhere (for example HIV testing in maternity settings for PMTCT). You might also highlight practical ways to address patient and service-level barriers to HCT in this context.

Response:

Both the findings and discussion sections have been revised in line with comment B7 (Reviewer 1) and comments B1-B3 (Reviewer 2). The findings section is now structured in terms of emerging themes rather than structurally differentiating between the two sample populations (Reviewer 2). The discussion section also now reflects on similarities between the patient-level factors as identified in the current study and not only the studies mentioned in response to Reviewer 1’s comment A6, but also two previously published studies in the same context among respectively TB patients [3] and primary health care nurses [14]. Unfortunately our study was not designed to highlight practical ways to address patient and service-level barriers to HCT in this context. We thus maintain the objective of only reporting and discussing community health workers and program managers’ views of barrier and facilitating factors. However, in line with Reviewer 1’s suggestion, this is now done in a more balanced way with much more reflection on previous research, some of it our own work in the same context in the Free State Province.

Reviewer #2 Comments (Ione Lewis) and Authors’ Responses

A. Minor Essential Revisions

1. 1st paragraph: ‘few TB patients’—‘recent estimates suggest that only 46%...’; it would be more accurate to say ‘less than half’ or ‘a minority’ instead of ‘few’. 4th paragraph 2nd last sentence: remove ‘in’ before Rachier et al. (2004).
Response:

The sentence has been changed as follows:

“Although integrated treatment and care is critical for improving the health of TB-HIV co-infected patients, as well as reducing transmission of both diseases to un-infected others, less than half (46%) of TB patients accept HIV counseling and testing (HCT) in the Free State Province [2].”

2. Terms used in the article need definitions from the literature. This is an area of weakness throughout the article. Research literature should be used to reference your methodology—e.g., definitions needed for the terms stigma, qualitative, focus group, semi-structure interviews, peri-urban and peri-rural, key informants, validity, content analysis, grounded theory, coding.

Response:

Among these terms, we agree that ‘stigma’ requires definition/contextualizing. In the discussion section ‘stigma’ is now discussed against the backdrop of Daftary et al.’s qualitative study of HIV testing and disclosure in Durban, South Africa, drawing a distinction between “felt” and “enacted” stigma.

Because we believe these terms are self-evident and well-known to readers of Implementation Science, and because the recommendation from this Reviewer was a minor revision, we opted not to define the terms ‘qualitative,’ ‘focus group’ and ‘semi-structured interviews’.

Our original wording mistakenly attempted to denote “almost” or “semi” with the prefix “peri” as in “peri-urban” and “peri-rural”. We have now observed that some recent articles use “peri-urban” to variably refer to settlements within certain distances from the city perimeter, or the transit area where urban and rural areas are juxtaposed, or to indicate an area immediately joining an urban area between the suburbs and the countryside. Thus, we agree with the reviewer’s suggestion that the terms “peri-urban” and “peri-rural” require definition. However, in actual fact, our purposive sampling only drew a distinction between urban/large town areas on the one hand and rural/small town sub-districts on the other hand. As such, the concerned text now reads as follows:

“In an effort to reflect the mix of urban/large town and rural/small town sub-districts in both the Thabo Mofutsanyana and Lejweleputswa Districts, participants in each district were recruited from a variety of purposefully selected clinics and district and regional hospitals across the two districts. A total of 19 health care delivery facilities were selected for participation in the present study (Table 1). These included 13 primary health care clinics, five district hospitals and one regional hospital. A heterogeneous mix of facilities was thus selected to provide an as representative as possible set of finding.”

We also believe the meaning of the term “key informants” is clear in the following sentence from the participants section:
“Managers were selected as key informants because they are responsible for the overall management of the TB, HIV/AIDS or (integrated) TB-HIV/AIDS program activities in their areas of jurisdiction.”

The section, ‘Group discussions and individual interviews’, now makes clear the meaning of ‘validity’ in our study, juxtaposing the term against “practicality”:

“The face validity (i.e., whether the questions make sense as a measure of a construct in the judgment of others) and practicality (i.e., likelihood to be successfully understood) of the two open-ended questions were pre-tested prior to the fieldwork.”

The terms “content analysis” and “grounded theory” are no longer featured. We now clarify that data were subjected to “recurrent thematic analysis” following a method described by Yawn (2003) [27].

3. Group discussions and individual interviews:
   - 1st paragraph 1st sentence: commence with ‘The’ or ‘An’. The first paragraph should commence with the sentence: ‘Both open- and closed-ended questions…’ as this is a more logical structure for the paragraph.

Response:

The first two sentences have been changed as follows:

“Both open- and closed-ended questions were used both during the group discussions with lay counselors and DOT supporters, and the semi-structured interviews with the managers. The open-ended question format provides a mechanism through which respondents can use their own words to express their ideas.”

4. Data analysis:
   - 1st paragraph: Explain what you mean by semi-quantified and why this approach was used.

Response:

We agree with Reviewer 2 that this is a confusing concept and have removed the statement that the data was “semi-quantified”.

5. Findings:
   - Use of indents to display quotes from participants means you don’t also need to use inverted commas. Delete commas.

Response:

The inverted commas and reference to “semi-quantified” have been removed.

6. Community health worker exploration:
   - Paragraph commencing ‘The second most prominent theme’ is expressed poorly—e.g., remove ‘with respect to’.
Response:

This paragraph is now expressed as follows:

“Another prominent barrier to TB patients’ acceptance of HCT mentioned by community health workers was fear of experiencing HIV-related stigma and/or discrimination if they tested positive:

When people are ill they are rejected from the community so people rather not test. They are afraid of what people will say about them - the stigma associated with AIDS. People think that HIV/AIDS is a punishment and a shame, so we try to encourage them otherwise.”

7. Paragraph commencing ‘similar to the views of’. 2nd sentence remove a, b & c so sentence reads more smoothly and remove ‘that’ so it is a complete sentence.

Response:

The sentence has been changed as follows:

“Specifically, program managers noted the lack of appropriately-trained staff members, high workloads and time constraints experienced by professional and lay health workers:”

8. Program manager exploration

- Paragraph commencing: ‘The second most…’ needs ‘the’ in front of ‘lack’.

Response:

This sentence now appears in the paragraph titled, “Alleviation of health worker shortages” and was changed as follows:

“Likewise, the second most prominent factor suggested by the program managers to influence acceptance of HCT among TB patients concerned the lack of available, health care delivery personnel and professionals.”

9. Discussion

- Paragraph 2 needs some corrections: qualitative work should be qualitative study; both respondents groups should be both groups of respondents; lack of trust of maintaining confidentiality should be lack of trust in staff maintaining confidentiality;

Response:

We replaced “qualitative study” with “qualitative study” and “respondent groups” with “groups of respondents”
• Paragraph 3: Final sentence replace ‘impact’ with ‘improve’; the 2nd last sentence in the 4th paragraph is difficult to understand. ‘Model person’? Do you mean ideal model for practice? Needs to be clarified. Remove a) and b) from this sentence. This sentence is also found in the abstract.

Response:

In the structural revision of the paper this section has been removed entirely.

10. Limitations (final paragraph in discussion) should include patients not being included in the data collection, especially the views of people living with HIV and AIDS which is quite a strong policy focus in most countries due to the stigma described as a barrier to testing in this article. We have professionals’ views about patient preferences—and we know from other studies these can be incorrect.

Response:

We agree with the reviewer that the patient perspective is imperative. Rather than point out non-inclusion of patients as a limitation, we have referenced our previous publications regarding the patient perspective in several instances in the background and discussion sections, i.e. Kigozi et al. (2010) [3] and Heunis et al. (2009) [11].

B. Major Compulsory Revisions

1. Findings should be displayed in themes as this is described as a grounded theory method rather than reporting on each sub-sample separately. The themes and codes should have overlapped across the categories and the sub-samples are then examined within each theme. In the discussion differences between the sub-samples should be unpacked and discussed. As it is, the sampling is driving the display of findings, not the methodology.

Response:

We concede that unpacking the findings by emerging theme rather than by respondent group improves the article. The findings are now presented according to the following themes four each relating to the two research questions:

**Barrier factors:**
- Fear of HIV/AIDS, TB-HIV co-infection, death and stigma
- Perceived lack of confidentiality
- Staff shortages and high workload
- Poor infrastructure to encourage, monitor and deliver HCT

**Facilitating factors:**
- Encouragement and motivation by health workers
- Alleviation of health worker shortages
- Improved HCT training of professional and lay health workers
- Community outreach activities

2. The discussion needs to be located in the context of other research on patient preferences—if not in TB and HIV because of insufficient research to review, then more
generally looking at the health consumer research. Does this study confirm or disconfirm the findings of previous studies? What does other research say about how to reduce stigma of being HIV+ (something not yet addressed in the article).

Response:

*Both the background and discussion sections have been substantially strengthened by contextualizing the study in a wide range of our own previous and other existing research.*

3. The data displayed in Table 1 was not linked to discussion of the findings so it doesn’t seem useful to have collected it. How did gender influence practice and whether practitioners were lay or managers? All data gathered should be used in the analysis or it’s not useful to include.

Response:

*We agree with the reviewer that the data presented in Table 1 is not relevant if not included in the findings and discussion sections. Also, because similar tables were not included for the program manager data, we have excluded all tables in the revised version and rather opted to present all data in the narrative. The only exception is the inclusion of a table requested by the reviewer to explain the sample (Table 1).*

C. Discretionary Revisions

1. I wonder why patients themselves were not asked about barriers and facilitators to testing for HIV—did you consider sampling patients with TB? Would be good to put in a rationale for not interviewing.

Response:

*Please kindly see our response to comment A10.*

2. Background 3rd paragraph last sentence commencing, ‘Such information is especially important…’ needs rewriting into 2 separate sentences as it is too long. 4th paragraph add ‘to’ in front of ‘improve’. Avoid the use of ‘improve’ twice in the one sentence—use ‘to enhance patient health’ for example instead.

Response:

*The concerned sentences have been changed as follows:*

> “Such information is especially important in resource-limited settings where both community health workers and program managers are an integral part of the health care delivery system. Each of these groups represents different levers of change for potentially increasing TB patients’ participation in HCT services by improving or altering the implementation of such services in clinical and community care settings.”

> “Compared to other health care providers, community health workers are uniquely positioned to understand and influence patients’ behaviors, as well as to improve the delivery of effective health services and programs to enhance patient health.”
3. Method: Use tables to display the selected health care delivery facilities by type and for sample of health care workers.

Response:

Done – Table 1.

4. Participants: Use of written consent: are there any literacy issues which affect use of written consent? E.g., the lay counselors.

Response:

In the paragraph titled, “Participants” the following statement makes it clear that written consent was possible because all respondents in both sample groups were literate:

“Participation in the study was voluntary and, all being literate, participants provided written informed consent.”

5. Program managers: you allude to power here (through the use of the term hierarchy)—this could be more openly acknowledged.

Response:

The concerned sentence has been changed as follows:

“Also, because the managers formed part of a hierarchy of positions subordinate to one another, and thus to obtained information not biased by the power exerted by some over others, the group interview was not an appropriate approach for data collection.”

6. Discussion of findings: I started to wonder how the symptoms of being physically ill with TB might remove motivation for HIV testing e.g., tiredness etc., as I didn’t see this mentioned by health workers you might like to add the illness process of TB to your discussion of results.

Response:

This being a discretionary suggested revision, and because it was not an emerging theme in the actual data, we have opted not to include reflection on how illness might remove motivation to test for HIV. While we agree with the reviewer’s suggestion, it might also be reasoned that being very ill physically might actually motivate rather than remove motivation to test for HIV; in this study, however, we do not have data to support either claim.