Author’s response to reviews

Title: Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: A longitudinal observational study

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Author’s response to reviews: see over
Dear Dr. Padam Simkhada,

We thank the reviewers for their comments. We have responded to their concerns and revised the manuscript based on their suggestions. Below, you will find our point-by-point response to comments.

We have also ensured that our revised manuscript conforms to the journal style.

Reviewer 1:

I have reviewed the above-mentioned manuscript. It is on an important topic and is timely. Responses to criteria are shown in italics below.
1. Is the question posed by the authors well defined? Yes it is well defined.
2. Are the methods appropriate and well described? Yes they are appropriate and well described.
3. Are the data sound? Yes the data are sound.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes it does adhere to the relevant standards for reporting and data deposition.
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes the discussion and conclusions well balanced and adequately supported by the data.
6. Are limitations of the work clearly stated? Yes they are.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes they do.
8. Do the title and abstract accurately convey what has been found? Yes they do.
9. Is the writing acceptable? Yes it is well written.

Overall, the manuscript is excellent and warrants being published without any corrections.

Level of interest: An article of outstanding merit and interest in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
I declare that I have no competing interests

Reviewer 2:

1. In abstract, methods section (line 2), the authors mentioned eight antenatal clinics but in later participants section (line 1) the authors written as women recruited from nine antenatal care clinics. Why this difference?
Originally, participants were recruited from 9 clinics (sites). However, one of the clinics did not provide any follow-up data and therefore was excluded from current analyses. We revised the manuscript clarifying this issue (p. 6, first paragraph of “Participants”).

2. In participants section (line 1) authors wrote women are recruited from nine antenatal care clinics and in the same section, 598 women were selected from eight of the study sites. There is no consistency about the number of sites or clinics.

Please see our response to comment #1 above.

3. Brief explanation about selection of baseline sample would be beneficial? And when and where they were interviewed? In the previous publication which used same dataset mentioned that baseline interview was taken prior to ANC visit (Please see: Turan et al. (2012) second paragraph of study design section in ‘The role of HIV-related stigma in utilization of skilled childbirth service in rural Kenya) but in this article, baseline interviews were taken before their ANC visit? Can the authors make clear that the baseline interviews were taken at the time of their first ANC visit or before their ANC visit?

The baseline interviews were conducted at the ANC clinics, right before the woman’s first ANC visit. All women attending a first ANC visit at the study clinics during the study period were approached and, if they met eligibility criteria, were asked if they would like to participate in the study. We have now stated this more clearly in the revised manuscript (p. 14, last paragraph of Discussion, and p. 6, first paragraph of “Participants”).

4. The frequency and percentage of study participants at baseline was published elsewhere (Please see: Cuca et al. 2012 in ‘Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya’ Table 1) showed that HIV-positive participants: 257; Refused HIV-testing: 99 which showed that 356 participants should be automatically selected for follow-up. However, the authors (in first paragraph of participants section) listed follow-up sample: 226 HIV-positive, 145 HIV status unknown. It needs further clarification and justifications why there was variation of number of HIV-pregnant women when using the same dataset. The number of HIV-pregnant women in this article did not match with the data published earlier using same baseline data (please see: table 1 for number of HIV-pregnant women and refused testing HIV). The following articles found and which was used same dataset, for example: Cuca et al. (2012); Turan et al. (2012) and Onono et al. (2014) described that a total number of 1777 pregnant women interviewed at baseline and they included all women who tested HIV-positive (i.e n = 257) or refused testing HIV (n = 99) and a random sample of HIV negative (n = 598).
How these number of cases were different when using the same database and the authors should make clear about this issue.
Initially, 257 HIV-positive participants were selected for follow-up. However, location information was missing for 31 of those 257 participants. Therefore, the final intended follow-up sample size for HIV-positive participants was 226. The Cuca et al. article also had 226 participants in the follow-up sample (154 actually located, which was 68.1% of 226). We clarified the sample size in the 2nd paragraph of “Participants” on page 6.

5. In participants section, in relation to number of follow-up samples and number of HIV-positive samples, from the above data mentioned in comment 4, the follow-up HIV-positive women (70% could be located) will be 180 (70% of 257) not 159 (70% of 226). The authors (Maricianah Onono, Elizabeth Bukusi and Janet M Turan) of this article also appeared as co-authors of the article (Maricianah Onono, Elizabeth Bukusi and Janet M. Turan) “Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya” published in AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV Vol 24, Issue 9, page: 1173-1180. The authors need to clarify why you included only 226 HIV-positive pregnant women in your follow-up.

Please see our response to comment #5 above.

6. The authors are not mentioned the parts of the data were already published in somewhere else (Please see: Table 1 in Factors associated with pregnant women’s anticipations and experiences of HIV-related stigma in rural Kenya by Cuca et al. (2012)).

In the revised manuscript, we have now referred to the Cuca et al. article for the baseline characteristics of the sample (p. 6, last sentence of the first paragraph of “Participants”).

7. In results section, the presentation of the results is not uniform for example: second paragraph of linking to HIV care and postpartum depression; second paragraph of the mediating role of stigma: the authors mentioned odds ratios and in first paragraph of section the role of ART, authors mentioned only p-value. This showed that there is no consistency of interpretation of the results. If the authors used binary logistic regression model, then the authors should include the output of the model with odds ratio. This will make the reader more clear.

In the original article, we had presented results for depression as the dependent variable using depression first as a continuous variable and then as a dichotomized variable. We had followed this pattern for all results except for the analyses on the role of ART, where we had presented only results using continuous depression scores. Therefore, we had not reported odds ratios in the original article. Following the reviewer’s suggestion, in the revision we added analyses using depression as a dichotomized variable to the section “The role of ART” as well, and included odds ratios.