Reviewer’s report

Title: 'If nurses were in our shoes would they breastfeed their own babies?' A qualitative inquiry on challenges of breastfeeding mothers on the PMTCT programme in a rural community in Zimbabwe

Version: 0 Date: 26 Nov 2018

Reviewer: Sara Nieuwoudt

Reviewer’s report:

Thank you for the opportunity to review your study of the experiences of rural mothers who are enrolled in a PMTCT programme. Qualitative exploration of their experiences was a rich and well-justified approach to identifying how to enhance PMTCT efforts. The overt mention of author positionality and efforts to address quality, such as cross-checking coding (lines 136-137) were particular strengths. Having said this, the following comments highlight ways in which this article can be revised to better leverage the rich content you had to work with, beginning with overarching comments, followed by detailed suggestions.

A. Overarching comments/suggestions related to content

1. Specify how many times each mother was interviewed during the six month period, as this is not mentioned in the design (line 65) or data collection descriptions.

2. If you know how long into the postnatal period mothers were, that would also be interesting and of great relevance to how they may have responded.

3. Given that the sample purposively selected mothers who had difficulties accepting their HIV status and adhering to Option B+ (lines 75-76), reconsider the overall framing of this study as reflecting rural women on PTMCT. This sampling approach also should be factored into how findings were interpreted given that mothers who were seemingly having an easier time with Option B+ were not purposively sampled.

4. Broadly speaking, the results section focuses too much on quantifying themes and sub-themes and too little on relationships between (sub)themes (see #5). The purpose of qualititative studies is to draw out themes and engage with complexity, in line with purposive sampling. By presenting percentages, you suggest that findings can be inferred to a larger population, which is problematic. Saying that a theme was "universal" or "strong" still has an element of quantifying, but it would be more appropriate for a qualitative paper.

5. The results section currently lacks higher-level analysis of the findings, which could be presented either visually or in narrative format. The current results are highly descriptive, while the verbatim quotations suggest dynamic (and interesting) relationships between themes and sub-themes. Prior to publication, I urge authors to go through another round of analysis or
visualization exercises to produce a more sophisticated analysis findings. See detailed comments/suggestions for ways this could be brought out.

6. The discussion needs to correspond more directly to the sampling strategy and context of interest in this study (rural Zimbabwe). Recommend that authors critically engaging with how findings from other studies may (or may not) be relevant.

7. Expand on Limitations to include consideration of transferability (based on sampling decisions)

8. Present concrete recommendations coming from your findings/discussions in the Conclusions

B. Overarching comments/suggestions related to formatting

1. Professional proofreading is recommended to address English construction, e.g. agreement of subject and verb (see line 341)

2. Ensure that you follow the section headings (and instructions) of journal

3. Present multiple references within the same brackets, e.g. line 41: [2, 3] vs [2], [3]

4. Use a consistent style for referencing quotations, e.g. 24 years (line 160) vs. Age 21 (line 164)

5. Spell out acronyms the first time they are used, see ART (line 42)

6. Ensure statements of fact are properly referenced, e.g. sentence ending on line 44 should reference the WHO guidelines

C. Detailed comments by section headings

1. Key Words: Consider adding "breastfeeding" or "infant feeding" to enhance visibility of article

2. Introduction (paragraph 2): In addition to adherence to ART, adherence to infant feeding guidelines is another PMTCT factor that should be mentioned

3. Methods: Be more specific about the qualitative design used, line 65

6. Participants: Explain what informed decision to only recruit mothers who were breastfeeding and the number of 15 interviews in this section

7. Settings: A statement about HIV stigma being strong was made in relation to the community to justify a clinic-based sampling approach, but is not referenced

8. Positionality:
a) If you believe gender was important, list the gender of all authors.

b) Trustworthiness is used incorrectly here. Change to "trust" (line 92)

c) Do not report what was "tried" but rather what actually happened (line 99)

9. Respondent characteristics: This should be moved to the Results section (including Table 1) and suggest that narrative doesn't repeat the Table but rather highlight what about the variables may or may not be relevant/transferable for the rest of the findings [NB: Broad comment about percentages features here]

10. Reorganize data collection and procedures sub-sections. Suggest renaming procedures "Ethical considerations" and moving content related only to data collection, e.g. language and length of interviews, into Data Collection

11. Data collection: Clarify if data collection tools/guides were used for data collection (line 116)

12. Data analysis: This was described well.

   a) Were any published analysis procedures followed, e.g. Creswell, that can be referenced?

   b) Did you mean subordinate vs. superordinate on line 136?

13. Results: See broad comments regarding presentation of analysis

   a) Table 2 themes and sub-themes do not match. For example, sub-theme 1.3 is not in the table. Recommendation to keep this table or replace it with a visual diagram of themes & sub-themes

   b) Sub-theme 1.2: Differentiate between institutional barriers, e.g. OI days, ART tablet packaging and separate queues, health worker attitudes and perceived power relationships in writing up this section, as they require different kinds of interventions [NB: the issue of mothers feeling disempowered to make their own decisions seems like an important issue to draw out more, as it is repeated in the family context]

   c) Sub-theme 1.3: The title and the content do not fully speak to each other. Clarify how jealousy about preferential treatment is translating into stigma and discrimination in the community?

   d) Theme 2: Distrust of clinic advice is very clear under this theme, including in the quotations. When you say they found the advice "not convincing enough" (line 194) what were mothers comparing it to? Consider making a more explicit sub-theme to explore this idea.
e) Line 195: I didn't understand how EBF could be made mandatory. Are you rather talking about the singularity of the advice provided at clinics? This statement needs clarification.

f) The second verbatim quote under 2.1 would be ideal for a sub-theme on distrust of clinic breastfeeding advice. It doesn't fit under the current sub-heading, but is powerful for inclusion in the paper

g) Theme 3: Marital status is the title, but the discussion extends well beyond husband-wife to family power dynamics. I strongly recommend revisiting this theme and developing it further in line with observations about disclosure and power relationships about PMTCT adherence (drug and infant feeding-related)

h) Sub-theme 3.2: The second quote is not about divorce.

i) Theme 4: There is no discussion of side effects in this section. Please review to align this title with the sub-themes

14) Discussion: This should be revised to align with any changes made to the findings/analysis

   a) Discussion about community participation in HIV/AIDS interventions seemed out of line with the study objective to explore mothers' PMTCT experiences

   b) Line 303: Suggest breaking up discussion of mothers' fear of transmission and relationship with health workers as related, but distinct, issues

   c) Line 321: "stigma"

While these comments are quite substantial, I hope they are read with the intent I had to improve the overall quality and coherence of an interesting piece of research. I hope to see this published in the near future!

**Are the methods appropriate and well described?**  
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**  
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**  
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal