Author’s response to reviews

Title: Understanding the Social and Structural Context of High HIV Transmission in Kasensero Fishing Community, South Western Uganda. A qualitative Study

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Author’s response to reviews: see over
Thank you editor
We are indeed grateful to all the reviewers for their detailed analysis of our paper.
Please find here in attached appoint by point response to reviewer comments, advise and concern as tracked in red.

Reviewer’s response

-- Reviewer's report
Title: Understanding the Social and Structural Context of High HIV Transmission in Kasensero Fishing Community, South Western Uganda. A qualitative Study
Reviewer:
Janet Seeley
Reviewer's report: This is an interesting and valuable paper.
Response; We are grateful to the reviewer for finding the paper interesting

Major compulsory revisions
My main suggestion is to undertake some restructuring of the paper. I think this will bring out the findings more effectively. At the moment the results section seems to be rather akin to a clinical or epidemiological paper format where tables are presented, with limited discussion of what the findings may mean in that section. The quotes in the present version of this paper I presented in this way -- without the benefit of much interpretation by the authors. I think the ‘results’ and discussion' need to be treated rather differently. There are a number of pieces of information that are ‘results' in the discussion -- on pages 14 and 15 for example where background and additional information on the findings are given (i.e. information on where the barmaids
come from). I suggest that each section in the results is expanded to provide discussion of the findings including any additional information (currently in the discussion) which allows the reader to understand the findings better. It might also be helpful to know if opinions expressed in the quotes were commonly held views among the respondents. There are also, it appears, findings from participants on what should be done about the situation in Kasensero -- currently in the discussion. These should also be in the results rather than the discussion.

I suggest that some thought is given to the theme headings. I know the headings have been taken from literal translations (I assume) of what people said but `HIV Bank' is not immediately clear as a term to the reader. The heading `provocative dressing' may be interpreted as derogatory -- the quote from the woman who talks about the way they dress could be viewed as the uniform they wear to work to attract their customers! Perhaps the theme is `Clothing'? I am not sure why the section on clothing is coupled with parental behaviour? In the revised version where each theme is discussed in more detail these can be divided up (and similarly other themes divided). The abstract currently includes the terms mentioned above, which are not immediately clear to a reader scanning an abstract to see if the paper is of interest. But it also includes a long section in the conclusion which suggests what needs to be done. It seems a little odd that this section is longer than the results I would condense. I suggest that local terms like `beach manager' which are not explained in the abstract are not used. Use a more general term. I am curious about the use of the word `fisherfolk' in some places this seems to be used as if it is synonymous with fishermen/boat owners. The point of adopting the word fisherfolk was to provide a term which embraces all those who are engaged in fisheries including fish processors and traders. See Kissling et al. 2005 page 1940. In terms of supporting literature the paper seems to be rather heavily reliant on internet review sources: KMCC paper, McPherson and Ann Gordon's reviews. I suggest the authors go back to the peer reviewed journals the reviews
are drawn from to find material to engage with. The bibliography needs careful reformatting so that the authors names include initials etc.

Response; We thank the reviewer for the observations and advise. We have accordingly under responses 1 and 2 to reviewer 1, restructured the paper to give more meaning to our results and their interpretation. We have also added expressions to show that most of the opinions given were commonly held views and moved all results attributed to the interviews from the discussion to the results section. We have also rethought out themes as advised and separated them both in results and the discussion to make them stand alone and more understood. Words such as bank have been changed to HIV depository to allow readers to understand better rather than quote it from the informants views. We have as well revised our conclusion section and the abstract to avoid unexplained terms so an early abstract reader can understand it as suggested by the reviewer. We have also revised the literature and relayed it mostly on articles other than internet sources as advised by the reviewer. We have also accordingly revised our English to the level that we believe is acceptable

Reviewer's report 2
Reviewer: Dominic Bukenya yiga
Reviewer's report:

Major revisions;
1. Abstract:
   (i) It is not clear how the suggested recommendations differ from the current combination HIV Prevention strategies (CHP) being implemented as a national response for the key populations in Uganda. It is also not clear how the recommended routine counselling about the effectiveness of services against HIV will differ from what is already being done in these fishing communities by the Rakia Health Sciences Program. It is better to suggest ways on how to improve on what is already being
done than suggesting new approaches altogether/dressing them differently. Also, the recommendations don't seem to be supported by the findings especially when it mentions "migrants". This is because this study participants were selected based on prior participation other studies eg the Rakai Community Cohort Study (RCCS). These oversights also do flow into the end of the discussion section under the 'conclusions/recommendation.

Response 2; we sincerely appreciate the observation by the reviewer. We have accordingly re-defined our conclusions and recommendations to emphasize that what RHSP is currently doing just needs emphasis and more community involvement though popular peers and government involvement to ensure sustainable supply of the services (Response 1 to reviewer 2)

Background
1. The current study aim need to be revised to thyme well with the stated research gap. As it now, it seems to give less recognition to the achievements/successes of the current prevention efforts. It ought to be stated in a way that would make the findings from this study to contribute to better CHP implantation, success or adjustment. Evaluation studies about CHP could be helpful here.

Response; We thank the reviewer for the observation. We have slightly redefined our background to appreciate the efforts by the RHSP and accordingly redefined our aim to show that the study was aimed at generating new approaches to providing CHP in Kasensero. We however request not to be comfortable using words such as adjustment or evaluation in this qualitative paper as a reader could easily be taken to think it was quantitative (response 2 to reviewer 2)

2. I find the background section quite brief.

Response; Thank you for the observation. We also equally appreciate the background is brief but are limited by the limit of article words accepted for this journal. We have, however, added a few lines to give enough guiding background for a reader to get into and understand the basic concepts for the study.
Methods
Study design
1. What study design did the current study take? This was a cross sectional study. This is implied but not stated.
Response; Thank you for the observation. We however under collection methods and tools state that this was a qualitative study design. We would not feel comfortable calling it a cross sectional sectional design especially given that it was qualitative in nature (response 3 to reviewer 2)
Study area and population
1. The study title only mentions "Kasensero" fishing community. Later on in the methods section, one realizes that there were other fishing communities too. These are not mentioned. The reader is left wondering what proportion of the study population and sample do they contribute. Also it not stated whether the population in these other fishing communities have similar characteristics save for nationality.
2. Do these study findings refer only to Kasensero or even other five "smaller" fishing communities?
Response; We are grateful for the observation. For clarity of study population, we have deleted the sentence relating to the other nearby five fishing communities meaning this study was purely based at kasensero fishing community and its findings like in many qualitative studies cannot be easily applied to the other fishing communities. (Response 4 to reviewer 2)

Results
1. Expand on all the results sub sections. There is less explanation of what was found with the hope that the quotes would do the missing parts.
Response; We appreciate the advice. We have now expanded all our results including separating the themes and offered what was found in our results under Response 5 to reviewer 2
2. Line 104, How were the ART and circumcision services provided/organized at these facilities?
Response; We have now substantiated on mode of delivery for ART and circumcision under the study setting in response 6 to reviewer 2.

3. Under the frequent protected sex, line 146, did this apply to all respondents.
Response: Not all but as redefined under response 7 to reviewer 2 it was often mentioned as one of the reasons for the high HIV transmission.

5. What did respondents mean by "irresponsible parenting"? Let the quotes be an additional explanation to yours.
Thank you for the critic. We have now accordingly elaborated on this and further made it a theme on its own under response 8 to reviewer 2.

6. How do you account for no condom use among children still under their parents' care? Do the boy children also get into sex activities after being sent away to stay with friends when their parents are having sex?
Thank you for the question. Under parenting, the cases reported including sending out girls at night and no boy was mentioned.

7. Lines 184-6, go ahead and explain how sex trade is organized. How does the sex trade organization exposes some women to HIV infection?
The explanation in now explained under response 9 to reviewer 2.

Discussion
1. Line, 208-210, there are no results to support this. Mentioning the different components of CHP and how HIV services are organized in the fishing communities could helpful here.
Response; Thank you for the observations. These have now been addressed under response 6 to reviewer 2.

2. Lines 214-217 seem to contradict what was stated in lines 209-212.
Thank you for the observation. In our assessment the two don’t actually contradict. It is just the fact there was demand for the services but that also unfortunately, many people believed that because they had gotten these services they were immune to
acquiring HIV. This is the behavioral disinhibition that we try to explain.

3. Lines 231-235 is double edged. On one hand it promotes what the authors stated. On the other, it promotes a sense of control and abstinence though is likely to be short lived. This has been slightly redefined to clear the ambiguity under response 10 to reviewer 2.

4. Lines 245 explains none condom use among women but among men. What explains low condom use among men? Grateful for the comment. This has now been regulated under response 11 to reviewer 2.

5. Lines, 261-5, more justification why the authors had to show how sex trade was organized in these fishing communities. Clarified now.

Recommendations
1. See comments on abstract.

Background

1. Minor revisions
   (i). Line 4-5, comparing the HIV incidence in this fishing community to other fishing communities/none fishing communities would further give the reader a picture how big the HIV transmissions have failed to fall/decline in Kasensero fishing community.

   We have accordingly given the comparisons to the national average and fishing community HIV prevalence (under response 12 to reviewer 2).

   (ii). Line 8-9, provides an opportunity to inform the reader what constitutes the CHP strategies. This would further provide a foundation for introducing a conceptual framework.

   We have now added what constitutes CHP under response 13 to reviewer 2.

Methods
1. The current study drew participants from the RCCS. One would expect the RCCS descriptions to come before this study specific ones.
Thank you for the advice. We have now briefly described the RCCS before the specific descriptions

2. How much time did each of the in-depth interviews last?
   Thanks we have now added the timeline
3. How was data managed, coded and who were involved in the analysis?
   We have under response 14 to reviewer 2 elaborated on the coding process and who did it.

Results
1. Consider rephrasing the first results themes to: "service availability driven HIV acquisition"
2. Lines 103-4, was this similar to 15-19 group?
   Thank you for the observation. The informant is actually HIV negative and has been corrected.
3. Lines 136-7, did everyone report multiple partners? which people reported this? See comments major revision under results. Corrected by adding most informants
4. Line 147, insert cost/money after the word more.
   Noted and words added

Reviewer's report (3)
Reviewer: Alexander Kintu
Reviewer's report:
A well-written manuscript on the social and cultural dynamics of a high HIV transmission region in a setting with existing treatment and prevention services.
A few comments: Background:
1. Please provide more detail on the mentioned CHP services, and their implementation in this community
   Response: Thank you for the advise we have with in the limits of words outlined CHP under response 1 to reviewer 3
Methods:
1. Under data and collection tools (page 6): A good description on the sampling process for FGDs but none provided for the In-depth interviews. Provide more detail on purposeful sampling for this data collection process.
Thank you we have under response 2 to reviewer 3 described the sampling.

2. Under data analysis: Provide more details on coding process, the number of people involved, how consensus was achieved in the event of discordance and reliability targets if any.

We have now elaborated that under response 3 to reviewer 3

Discussion:

1. Page 12” Please clarify the meaning of positive attitudes. Are these truths as in the case of “circumcision reduces HIV acquisition” or some form of untruths with risk compensation e.g. the assumption that circumcision altogether protects someone from HIV acquisition?

We have now restructured the paragraphs in there to reflect what the informants actually meant

2. Page 13: If available, provide some detail on met and unmet demand, as well as coverage of circumcision in this community over the past few years.

We are grateful for the concern. Unfortunately because of the migratory nature of the community, its hard and we don’t have the unmet demand or coverage in numbers. What is known though is that whoever the services are available many people turn up for the circumcision

3. Page 13: The behavioral disinhibition seems to refer to risk-compensation, which would be an interesting factor in the context that this has not been described in other settings. If, so please provide more detail on this and whether it was a recurring theme in the FGDs and in-depth interviews.

We have now reformatted the paragraph to bring out the idea of risk compensation under response 4 to reviewer 3

4. On unprotected sex and cross-generation sex: There have been several efforts by to target these behaviors in this and other Ugandan settings. Is the consensus that these efforts are not effective in this community because of the described social context?
The themes we generated from this study seem to suggest that the lack of behavioral change is actually a function of predisposing culture, misconceptions and risky social-contextual norms of this population.

Conclusion:

1. From the results and discussion, it seems necessary counseling services are available ongoing but aren’t effective because of the existing social and cultural context. Should more emphasis instead be put on community led programs (described in last sentence of conclusion) as opposed to routine counseling? If so, briefly highlight any existing community programs that are targeting these social norms in the discussion section.

We are grateful for the observation. We however think that the kanesro context actually requires a multifunction approach ie provide the services optimally since they have been found to scientifically reduce incidence but as well take on the longer journey to change individual and group risky behaviors.