Author’s response to reviews

Title: Challenges with seeking HIV care services: Perspectives of older adults infected with HIV in western Kenya

Authors:

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Author’s response to reviews:

Dear editor,

BMC Public Health

Ref: Revised manuscript submission for publication PUBH-D-18-02558

We wish to thank the reviewers and the Editor for the comments and suggestions. We believe that after incorporating the suggestions and responding to the raised comments our manuscript is stronger than when it was submitted. Please find below a point-by-point response to each comment.

Reviewer 1 Comments

The authors have submitted a much stronger paper, particularly in terms of the introduction and conclusion. They now also include additional literature on older persons living with HIV in sub-Saharan Africa that is relevant to the manuscript. While the authors have added a paragraph to the conclusion about the conceptual framework on which they draw, I remain concerned that there is no mention of it prior to the presentation of the results, and thus there is no grounding for the results. The results remain a list of headers/themes with information and quotes under each as
to why it is a barrier or facilitator of care seeking for older persons living HIV. The authors need to add a discussion of the conceptual framework (socio-ecological model) prior to presenting the results and discuss how each of the themes fits into a specific circle/level of this model to be able to declare in the discussion that the factors/levels interact with one another. Each sub-section of the results should connect back to the conceptual framework, which could be written about in a summary paragraph at the end of the section (only a few of the sub-sections even have this, many end after a quote with no contextualization, and one remains a listing of quotes with very little interpretation at all.)

Response: We have revised various sections of the results to reflect the comments and suggestions from the reviewers. Additionally, the methods section (data management and analysis) has been revised to include the socio-ecological model concepts used for analysis (Line 211-227).

There are three remaining substantive issues that were adequately addressed in the response to reviewers, but not in the text itself.

(1) The authors claim in the response to reviewers the importance of reporting on the health seeking experiences of discordant couples because of the gendered nature of the responses (as the sero-negative partner: women being understanding and supportive, men being violent and unsupportive). Yet in the text, the authors say that in discordant couples there are "mixed results" - my understanding from the quotes provided and the reviewer response is that the importance of this section is not that the results are mixed, but that they are gendered.

Response: We note the reviewer comment and suggestions. We have revised the results section to include gendered results of discordant couples. (Line 486-490)

(2) The discussion of the peer group under social support still feels out of place. The authors did a better job clarifying why they chose to keep this section in the social support section in the reviewer response text than in the paper. They need to outline explicitly in the paper how and why peer groups serve as social support and not just allude to it as 'helpful' or 'important to encourage one another'.

Response: We have revisited the data on this theme, and also re-read the reviewer’s original comments on this subsection. We have now moved the paragraph on peer groups to the section
on stigma and integrated it into our argument. We hope that the reviewer finds this presentation convincing. (Line 554-573)

The following 2 papers are directly relevant to this work as the focus on health seeking behavior of older Africans, including those living with HIV. They should be cited in numerous places, particularly in the conclusion:


Response: We appreciate the reviewer’s suggestions. The two papers are relevant to the findings of our study and have been cited in the appropriate sections within the manuscript.

Small issues: In the Abstract, "Of key" does not make sense, maybe "Of key importance"?

Response: We have corrected the abstract to read ‘of key importance’ (Line 40)

I think it is more appropriate to refer to the work in papers 46 & 12 as work by researchers at the Uganda Virus Research Institute, especially if the two papers above are added into this collection of papers on older Ugandans living with HIV.

Response: We have referenced the work by Kuteesa and team together with the two papers suggested as work by researchers at the Uganda Virus Research Institute (MRC/UVRI).

Editors Comments

1- Under the heading "Funding", please declare the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.
Response: The manuscript has been revised to reflect the role of funding body. (Line 713-715)

2- We noticed that there are two different emails for Susann Huschke on the Editorial Submission System and the title page, please change on so they are both identical.

Response: Susann’s email address has been changed on the submission system. Thank you for this correction.

3- During our editorial assessment it has come to our attention that a section of your manuscript have been copied from a previously published paper from your group: (HIV testing and counselling experiences: a qualitative study of older adults living with HIV in western Kenya, Jepchirchir Kiplagat et al, 2018). As such, we require that you provide us with a clarification to the points below.

1. Please describe the advance that your current submission to BMC Public Health represents over this previous study.

Response: This manuscript is one of the three manuscripts required of a PhD that the lead author Kiplagat J is undertaking. The first paper that utilized clinical records compares older and younger adults’ characteristics at enrolment to care and their outcomes over time (retention and mortality) found that older adults present late in care compared to their younger counterparts. We sought to understand the reasons why older adults are diagnosed late in their HIV infection and in the second paper we determine that testing services do not target older adults. With the information collected from IDIs and FGD described in the methods section, we sought to also understand the challenges faced by older adults living with HIV that impact their continuous engagement in care. This is what the current paper describes and adds to the limited literature on older adults. It focuses on the challenges and the needs of older adults living with HIV. The challenges and the needs described in this paper were not described in the previous paper. The two papers published from the larger PhD are listed below.


2. Please confirm whether the data in your current submission are drawn from the same study as your previous study.

Response: Yes, the data used in this submission is part of the data collected for the PhD and is the same as that in the previous submission. However, data utilized for previous publication focused on the testing experiences (Question 4 of IDI and Question 3 of FGD tool) while the challenges described in this paper utilized information from Questions 5 & 6 of the IDI tool and questions 4 & 5 of FGD tool.

3. Please clarify whether there is any overlap in data between these two manuscripts.

Response: The two manuscript utilized data collected at the same time. However, data analyzed for BMC Geriatrics paper focus specifically on data collected on Question 4 of the IDI and Question 3 of FGD that described experiences with HIV testing. For this paper, the data used to describe the challenges and needs of older adults were obtained from data collected from Questions 5 & 6 of the IDI tool and questions 4 & 5 of FGD tool.

4. Please clarify why you have chosen to prepare two separate manuscripts based on this study.

Response: This work is part of the larger PhD study titled ‘Characteristics, outcomes and experiences of older adults living with HIV in western Kenya’. The PhD has 4 objectives; i) to compare clinical, demographic, laboratory characteristics of older and younger adults ii) to compare the outcomes (retention and mortality) between older and younger adults iii) to explore the experiences of older adults living with HIV iv) to describe facilitators and barriers to care for older adults living with HIV. The University requires at least 3 publications for one to graduate. Based on the PhD objectives we planned to describe older adults’ characteristics and experiences as follows: Objective (i) and (ii) led to the first paper (listed in response to comment 1 above), objective (iii) led to the second paper (also listed in response to comment 1 above) and objective (iv) is what is described in the current paper. Though the two papers are related, they each focus on a specific issue that we believe is important for audience and the scholars to understand when working with older adults living with HIV.

We are unable to proceed with your manuscript until we have received clarification on the above points and the sections of text in question have been reformulated

Response: We have provided responses that we believe provide clarifications on the current paper in relation to the paper published in BMC Geriatrics. The text in question – similar text on
the methods section and a few areas in the paper have been revised and paraphrased to limit self-plagiarism.

Once again, we wish to convey our sincere appreciation to the Editors and reviewers for taking time to review our manuscript and providing the critical comments and input.

Yours Sincerely,

Jepchirchir Kiplagat (Corresponding author on behalf of the authors)

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