Author’s response to reviews

Title: Role of HIV in the desire of procreation and motherhood in women living with HIV in Spain: a qualitative approach

Authors:

Debora Alvarez-del Arco (dalvarez@isciii.es; dalvarezdelarco@gmail.com)
Sabela Rodríguez (p_sabela@yahoo.es)
Mª Jesús Pérez-Elías (mjperez90@gmail.com)
Jose Ramón Blanco (jrblanco@riojasalud.es)
Sandra Cuellar (sancutov@gmail.com)
Jorge del Romero (jorgedelromero@gmail.com)
Ignacio Santos (isantosg@hotmail.com)
Vicente Boix (boix_vic@gva.es)
Mar Masia (marmasiac@gmail.com)
Lydia Pascual (lydiapascc@gmail.com)
Victoria Hernando (VHERNANDO@isciii.es)
Cohort CoRIS (In Memoriam: Alicia Llacer) (dalvarezdelarco@gmail.com)

Version: 1 Date: 11 Apr 2017

Author’s response to reviews:

BMWH-D-16-00083

Role of HIV in the desire of procreation and motherhood in women living with HIV in Spain: a qualitative approach Debora Alvarez-del Arco; Sabela Rodríguez; Mª Jesús Pérez-Elías; Jose Ramón Blanco; Sandra Cuellar; Jorge del Romero; Ignacio Santos; Vicente Boix; Mar Masia; Lydia Pascual; Victoria Hernando; Cohort CoRIS (In Memoriam: Alicia Llacer) BMC Women's Health
Dear PhD Alvarez-del Arco,

Your manuscript "Role of HIV in the desire of procreation and motherhood in women living with HIV in Spain: a qualitative approach" (BMWH-D-16-00083) has been assessed by our reviewers. They have raised a number of points which we believe would improve the manuscript and may allow a revised version to be published in BMC Women's Health.

Their reports, together with any other comments, are below. Please also take a moment to check our website at http://bmwh.edmgr.com/ for any additional comments that were saved as attachments. Please note that as BMC Women's Health has a policy of open peer review, you will be able to see the names of the reviewers.

If you are able to fully address these points, we would encourage you to submit a revised manuscript to BMC Women's Health.

Once you have made the necessary corrections, please submit online at:

http://bmwh.edmgr.com/

If you have forgotten your username or password please use the "Send Login Details" link to get your login information. For security reasons, your password will be reset.

Please include a cover letter with a point-by-point response to the comments, describing any additional experiments that were carried out and including a detailed rebuttal of any criticisms or requested revisions that you disagreed with. Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes.

Please also ensure that your revised manuscript conforms to the journal style, which can be found in the Instructions for Authors on the journal homepage.

A decision will be made once we have received your revised manuscript, which we expect by 14 Apr 2017.

Please note that you will not be able to add, remove, or change the order of authors once the editor has accepted your manuscript for publication. Any proposed changes to the authorship must be requested during peer-review, and adhere to our criteria for authorship as outlined in BioMed Central's policies. To request a change in authorship, please download the 'Request for change in authorship form' which can be found here - http://www.biomedcentral.com/about/editorialpolicies#authorship. Please note that incomplete forms will be rejected. Your request will be taken into consideration by the editor, and you will be advised whether any changes will be permitted. Please be aware that we may investigate, or ask your institute to investigate, any unauthorized attempts to change authorship or discrepancies in authorship between the submitted and revised versions of your manuscript.
I look forward to receiving your revised manuscript and please do not hesitate to contact us if you have any questions.

Best wishes,

Tovah Honor Aronin, Ph.D.

BMC Women's Health

https://bmcwomenshealth.biomedcentral.com/

Editor Comments:

Reviewer reports:

Cynthia Fair (Reviewer 1): Role of HIV in the desire of procreation and motherhood in women living with HIV in Spain: a qualitative approach

Thank you for the opportunity to review your manuscript on this vital subject. Understanding the ways that HIV influences women's views of motherhood is an important topic. However, I am uncertain that this article, as it currently stands, makes significant contributions to the literature. It may be possible to more clearly articulate the gap that is being addressed by the authors. It may be better suited for a regional or more narrowly focused venue.

**Response: We would like to thank Reviewer 1 for reviewing our article and giving us his/her comments that will substantially improve the article quality. Even if the article is performed in Spain, we think it is suitable for European publication since there is not larger research on women living with HIV in our context.**

Abstract:

More information about the methods in the abstract would be helpful. Were interviews recorded and transcribed? It does not appear that the authors used grounded theory as they applied an a priori theoretical framework. Grounded theory is based upon the premise that meaning emerges from the data. Data are plural.
Response: We apologize about it since it was a mistake in the abstract. We rephrased abstract’s content:

“Interviews were recorded and transcribed. A content analysis was performed.”

Introduction:

The topic of HIV and motherhood has been studied extensively. Can the authors include some of the literature that notes the positive aspects of motherhood for women living with HIV? As it stands the introduction is entirely focused on barriers and fears.

Response: Thanks a lot for this comment. Reasons of desire for procreation are rarely described in the literature. However, we added the following sentence:

“Therefore, more and more women diagnosed with HIV consider having children:. pregnancy should be perceived by women living with HIV as a “way to regain their sense of womanhood and sexuality” after HIV diagnosis [3] . Recently, a cross-sectional study on HIV positive women in childbearing age from the Spanish AIDS Research Network Cohort (CoRIS) revealed that the desire for children in these women was frequent (49%)[4] and pregnancy after HIV diagnosis was also common (39%) [5]. This study also showed that the main reason for desiring to have children was that women liked children or wanted to start a family[4].”

Also, please more clearly articulate your gap or question. Is there little research on women in Spain? Is the approach you're taking unique?

Response: We added the following sentence:

“Despite of the study performed by Hernando et al. little research has been carried out on factors related to sexuality and the desire of procreation in these women in our context. Furthermore, this study was quantitative and failed to analyse these issues in detail, which led to the realization of a qualitative research whose results are presented in this article. To our knowledge, this study is the first in our setting aimed to in-depth know HIV positive women’s motherhood expectations”.

Methods:

Below are some questions designed to further strengthen the methods section.

* It would be helpful to know how many were approached? How many agreed to participate?
**Response: We included the following sentence:**

“A subsample of 28 women was randomly selected among women that participated in the previous quantitative survey and 20 of them agreed to participate in this qualitative survey and signed the specific informed consent”

* Much more detail is needed on the kinds of questions asked as I found the theoretical framework somewhat confusing. Were participants asked about their changes in speech pre-post HIV? How did aspirational elements shape the questions? I doubt that women frequently think about their "social identity." What is the etiology of this framework? Please cite.

**Response: We included the interview script at the end of the article (Annex 1). We reworded the sentence:**

“To develop the interview an open script was preferred, and was based on the literature review done previously. The script is showed in Annex 1 and contained the following areas (…)”

* Please provide more detail about data analysis. Grounded theory is mentioned in the abstract and not addressed in the methods section. Did researchers come to consensus about codes?

**Response: We included the following information:**

“Interviews were recorded and a literal transcription was developed. Two researchers independently encoded data using the “Open Code” program” [17] that allows us to organize the retrieved data within transcriptions. Codes were discussed between both researchers and agreements were reached among them. The analytical dimensions were generated from the code list and were generated and the rest of the research team revised and discussed with the help of the rest of the team with experience in qualitative analysis”.

* It would be helpful to know mean years since diagnosis.

**Response: We included this information in the article in the following sentence:**

Mean of years since HIV diagnosis among these women was 7.8 years.

* Results are typically written in past tense. I found this section rich with information, but difficult to follow at times.
**Response:** We changed the verbs’ tense in all the results section.

* Please consider starting each section with a paragraph that frames the primary findings.

**Response:** We included a brief paragraph in each section summarizing all the findings.

* The application of the "maternity ideal" is intriguing. Was this a finding that emerged from the results or was this part of the original framework? Did women actually talk about their aspirational ideals of motherhood?

**Response:** To clarify this point we included the following paragraph:

“The idea of an “Aspirational” dimension of the maternity that included social representations on this topic was counted within the original framework. However, interviews shown that it was a culture-specific dimension and allowed to better understanding how women built this aspiration in their minds across the idea of femininity and the opportunity to feel a “completed women”.”

* The third dimension "decision on motherhood" assumes that women make an intentional and conscious decision about procreating. It’s been well documented that women living with HIV have high rates of unintentional pregnancies and relatively low rates of contraceptive use. In that context, decisions on motherhood would occur after pregnancy and not before.

**Response:** You are absolutely right. We rephrased the section:

“Motherhood could be a complex decision or an unplanned event. In the cases of unwanted pregnancies, decision on motherhood was taken after pregnancy. In these situations, pregnancy is the result of a careless use of contraceptive methods. In fact, some women explain how at some point in their lives they underwent abortion:”

* Page 8 lines 25-29 note that the idea of motherhood is "more related to a notion specific to the society in which these women live….so no changes happen after HIV diagnosis." I find this somewhat confusing since it would appear ideal concepts of motherhood were brought into sharper focus following their diagnosis.

**Response:** To clarify it we have rewritten this part:
“This dimension was more linked to a specific social notion about what is motherhood than to women’s personal situation. Because of this, this dimension did not change after HIV diagnosis. HIV diagnosis had not an impact on “Motherhood ideal.”

* Page 9 line 4: "Women found it complex to verbalize….arguments in favor of procreations were initially unclear.” Unclear to whom? Or was it the women had difficulty articulating reasons in support for procreation.

**Response: We rephrased the paragraph:

Women found complex to verbalize the reasons for wanting to become mothers. They had difficulty articulating reasons in support for procreation and based the arguments on “maternal instinct”, “liking children” or even in a metaphysical sense of “destiny”.

* Consider organizing the barriers section more tightly. Again, an introductory paragraph framing the findings would help.

**Response: We reorganized the section and included the introductory paragraph.

* Page 10 line 31: "HIV is not consciously considered an obstacle to motherhood…” How would the researchers know this? And this seems to be contradicted by earlier sections focused on barriers.

**Response: We changed the formulation:

HIV is not explicitly expressed as an obstacle to motherhood: women were healthy and perceived that medical improvements would protect their children from infection. HIV appeared unconsciously in speeches, manifested itself in a latent fear of infecting the baby and the fear of becoming ill and unable to take care of the child.

* Page 10 line 55: "Some foreign women demonstrate their religious belief.." Was this only true for non-Spanish women?

**Response: We clarify this point:

“Some foreign women showed their religious belief, by considering that God would protect them and their babies from the effects of HIV. This role of religion has not been found among natives”.
* Consider using the term "intentional" motherhood, rather than "conscious motherhood."

**Response: We changed the word. Thanks for the touch.

The findings related to the use of assisted reproductive technology was quite fascinating. In fact, this is the strongest set of findings and the most unique as much of the previous results have been found in other studies. Their struggles with conception might be the most significant findings.

**Response: Thanks for this comment. We will highlight it throughout the discussion.

Discussion

Please either indent paragraphs or use a space between paragraphs. It appears to be a 2.5 page single paragraph.

**Response: We added the space between paragraphs and now discussion is more easy reading.

The discussion makes linkages between study findings and existing literature. It would be helpful to have a more explicit implications for women with HIV in Spain as that appears to be the most significant aspect of the authors' gap or question.

**Response: We highlighted it in the discussion and the conclusions.

Best of luck with your work!

Saara Greene (Reviewer 2):

1. Understanding and supporting the fertility and mothering desires of women living with HIV is an important area of research, specifically in order to ensure that women living with HIV know that they can have a healthy pregnancy and baby. I would like to offer a number of suggestions that could strengthen this paper in order that it can be published. One concern I have in my own reading is regarding the language barrier - it may be that some of my concerns are due to my own lack of understanding or interpretation of the arguments that the authors were attempting to get across.
**Response:** We would like to thank Reviewer 2 for her/his comments since we think had substantially improved the article.

2. The background should include a more comprehensive review of scholarship in the area. For example, please include Loutfy, Hart, Mohammed et al (2009) paper on fertility desires. Although it is quantitative, it does provide important background information.

**Response:** Thanks a lot for this suggestion. We had included in the Background section the important findings about gaps in information provided by clinicians.

3. Theoretical Framework - This should come before the methods section and what is currently there, should go under the METHODS. I suggest moving the section on concepts of motherhood to your theoretical framework section and elucidate how the four dimensions shape your analysis and understanding of the women's experiences in your study.

**Response:** We think this suggestion is very interesting. We have changed the position of theoretical position but maintained the section on concepts about motherhood in the results section, to avpreventoid confusion.

4. Methods - in this order - recruitment and participant information; method of data collection (in-depth interviews drawing on who?; method of analysis - thematic? How did you code? Etc…your analysis section must be much clearer and in-depth. You suggest content analysis but do not explain what this is and how you are doing it. Ethics approval?

**Response:** We have reorganized all the section following Reviewer 2 instructions. We also included more information on analysis performed.

5. Results - participant info should be in methods section. Start with a paragraph on what you asked and some of the main themes we can expect to see moving forward from this point.

**Response:** We have changed this part and placed the section on participants’ characteristics in the Methods section. We also started the section describing the results we will show.

I would omit impact of diagnosis and start from the point of this paper by giving us your analysis of how the women conceptualized motherhood in the context of HIV - this would be in line with your theoretical framework.
**Response: We will maintain the section on HIV diagnosis impact since we consider that it is necessary to show these findings because it allows to contextualize the rest of the findings and to fully understand women’s infection assimilation process.

I would separate out desires to become a mother (maybe procreation is a bit too clinical a term given the emphasis on motherhood identity in this paper) from the barriers. Provide a deeper and more cohesive analysis of how women living with HIV make decisions to become or not become mothers.

**Response: We have reorganized this section and now we show barriers and drivers separately.

6. Discussion - must be in line with the theoretical framework and provide a clear discussion of how women make decisions to become mothers or not - and what health care providers etc can do to support women in making these decisions.

**Response: We changed this section and reorganized all our findings.

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

---------------------

Editorial Policies

---------------------

Please read the following information and revise your manuscript as necessary. If your manuscript does not adhere to our editorial requirements, this may cause a delay while this is addressed. Failure to adhere to our policies may result in rejection of your manuscript.
In accordance with BioMed Central editorial policies and formatting guidelines, all manuscript submissions to BMC Women's Health must contain a Declarations section which includes the mandatory sub-sections listed below. Please refer to the journal's Submission Guidelines web page for information regarding the criteria for each sub-section (https://bmcwomenshealth.biomedcentral.com/).

Where a mandatory Declarations section is not relevant to your study design or article type, please write "Not applicable" in these sections.

For the 'Availability of data and materials' section, please provide information about where the data supporting your findings can be found. We encourage authors to deposit their datasets in publicly available repositories (where available and appropriate), or to be presented within the manuscript and/or additional supporting files. Please note that identifying/confidential patient data should not be shared. Authors who do not wish to share their data must confirm this under this sub-heading and also provide their reasons. For further guidance on how to format this section, please refer to BioMed Central's editorial policies page (see links below).

Declarations
- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' contributions
- Acknowledgements

Further information about our editorial policies can be found at the following links:

Ethical approval and consent:
http://www.biomedcentral.com/about/editorialpolicies#Ethics

Availability of data and materials section:
http://www.biomedcentral.com/submissions/editorial-policies#availability+of+data+and+materials