Reviewer’s report

**Title:** MANAGEMENT OF SEXUAL PARTNERS OF PREGNANT WOMEN WITH SYphilIS IN NORTHEASTERN BRAZIL - A QUALITATIVE STUDY

**Version:** 0 **Date:** 31 Mar 2018

**Reviewer:** Ritah Tweheyo

**Reviewer's report:**

Management of sexual partners of pregnant women with syphilis in Northeastern brazil- a qualitative study

Thank you for allowing me to review this piece of research. It was interesting to read and provides important aspects for improvement of service development in Brazil and similar contexts looking to provide quality integrated services for couples in pregnancy. I hope the suggestions herein will enable the team to present this work in a more coherent and robust way.

Keywords: Would be better to add: male-partner involvement or couples' health and congenital syphilis/ syphilis in pregnancy (instead of e.g men's health).

General comments:

It is very difficult to follow arguments with use of they or them where authors refer to several different possible persons being referred to. Also need to write so that its clear what is being referred to. I have highlighted specific edits to ensure reader coherence.

Introduction

Lines 62: ….Caribbean countries WERE goals of national…… are they not anymore? If they are still in effect, should be ARE…
Line 66: Should specify where you are getting this information from and add a reference. For example:
In Brazil, national policy guides that pregnant women should be tested ….  

Lines 69/70 and lines 71/72 edit to:
….CS [7] and remains challenging for health professionals.
… only 12.7% partners of syphilis seropositive women were treated.
…to improve on timely and adequate treatment…

Lines 77-79. You mention delicate situations. Give examples of these situations from the quoted papers.

Lines 82: should edit to:
As these women often live with the fathers of their babies and maintain a link with…

Methods
Lines 96/97. Be consistent and edit to: …using a logic model that describes the theory….
Lines 98/99 the use of the word interesting (how is it interesting?) do you mean:
…model is important as recommended by WHO….? If not, state clearly why it is interesting.

Lines 100-102. Who developed the model? Needs to be reworded to state what or who developed the model and what specific items were changed or adapted if using the model by Domingues and team.

You refer to Fig 01 throughout but have not seen any figure in the paper. Be consistent to have caption of the figure at the end of the paper.

I am particularly intrigued why you chose to use a systems/health-facility focussed model and not a patient focussed model to evaluate service provision. This is especially as your writing is silent about the role of MoH on systems (service commissioning, operation, oversight and development).

It is not clear on the model (Page 28)

- Direction of actions or relationships between different tenets

- No statements on follow-up, with worrying assumption that partner identification should rely on the pregnant woman. If you are evaluating a model/service, there should not be this assumption from a systems point- rather, there should be highlights steps /options in how partners are identified and brought in for testing and follow-up. This assumption inadvertently affects how services respond to care and management.

- Lines 96-100 describe that you utilise this logic model as it shows how actions should be operationalised. I am unable to work out how this model is utilised in the present study. Is it a conceptualisation of what is currently on the ground/research findings or was the service evaluated on how the different aspects of this model are implemented. If the later, then this model is flawed on its assumptions (without giving justifications why) for example the MoH guidelines on identification and partner follow up are not stated in the model.

- What would be the pathway for multiple partners?

- How does the healthcare infrastructure fit in this model? How do the workings of different levels of healthcare fit in this model? Would be good to give context in how for example ACS, hospitals, etc fit in this model- specific roles/actions.
- It appears that the team utilised the model to fit within what is available on the ground and not to what a good service would like that. As a result, this biases in regard to issues that may not be captured. For example, on personnel, issues of task shifting- nurses instead of lab technicians;

Lines 103-107 describes the components of the model. Educational materials- only folders and flip charts are stated. Are these health professional (HP) educational materials or both HP and patient materials? Should be broader to include flyers, posters, information leaflets as commonly used in BCC/ health promotion strategies.

Lines 114-125. In this section you have narrowed down to the policy role of the system. Would be good to describe how the hierarchy of MoH operates to understand and contextualise the bottlenecks in service provision and access. And reference these statements to signpost reader to further information.

Line 126. …objective is quality care. Delete the last part as this is subjective.

Lines 130-132. How was observation done. Please specify what exactly was done and documented and how long for in each facility or clinic.

Lines 141-142: What do you mean by training in management of sexual partners? Do you mean training on new policy / guidelines, or on treatment protocols? Is it not knowing the policy/protocols or? Because there is not anything "new" on management of sexual partners that is different from provision of routine healthcare.

Table 1 and subsequent sections. What is the difference between health professionals and coordinators? Do you mean health professionals to mean frontline health providers and coordinators as supervisory? Be specific.

It would be good to discuss within the wider Brazil health service on the picture of high turnover. In your small sample, you have 15 staff at a facility for less than 3years. This in itself may have an impact on service provision and continuity. Also, what is the operational difference in cadres of say specialist and a master, and a doctor. In terms on roles how do they differ? What are the characteristics of the staff who declined to participate? This may be important to explore biases in opinions.

Lines 152-154: …the pregnant women were asked to talk to their partners…. What is the justification of the research team recruiting men through their wives? Why did you not explore alternative avenues and how can recruitment of men through their wives potentially exposed women to intimate partner violence re: gender roles and patriarchy?

Line 156: …accepted by the researcher- who is the researcher in this case?

Table 02: Variable: Age. Do you want to say that one woman >30 years had 03 sexual partners? If not, then the title for this section should read as men participants.
Lines 159: Data collection- what do you mean by highly experienced? Experienced in what? Research methodology or in management of syphilis in antenatal care settings? What his nurse male or female, were they locally known or not? Are they part of the research team? All these need to be known to access bias in study conduct.

Ethics:

Please add a statement on how ethics was obtained in your methods section. This is important as the conduct of your research has specific potential harms for the women in exposing them to intimate partner violence and your ethics statement needs to be clear if these were considered at ethics approval. (I have seen the end declaration on ethics and on its own is not sufficient).

Results:

You state that you carried out thematic analysis but your results have only themed at one level only. As a result, it is incredibly difficult to follow through the arguments without a consistent structure. I suggest for this section to present findings under each theme as a process, from start to finish. Looking as your model is system-based, you start with HP voices and practices and then the implication of this on patients and outcomes and challenges.

This whole section would benefit from a further sub-theming into for example:

Lack of knowledge about and non-adherence to strategies for partner notification

- HPs lack knowledge on MoH protocols and local guidance
- Uncertainty on follow-up and use of ACS
- We do not follow up non-attendance and out of catchment cases
- Fear and burden of disclosure rests on women
Obstacles to testing and treatment
- Lack of training on staff in testing and counselling
- HPs lack skills and confidence to administer treatment
- Hit and miss care and treatment for women and partners etc

Lines 171-175. Rephrase as very unclear. Also, reconsider the meaning and use of the word "discourses".
Lines 182-183 edit to:
…Coordinators and frontline health providers. Notification was limited to HPs telling the pregnant women….

Lines 211: …unaware of the existence of MoH protocols and guidelines which provide…
Lines 213-214: …or report any need to change current practice. There were suggestions to involve ACS…

Line 232: edit to: ...materials in use providing… (see next comment)
Lines 239-240: This quote shows materials may be available but are not utilised and therefore it is not just the absence of educational materials as argued in line 232.

Lines 242-263: What are the implication on this approach putting women at risk of domestic violence /IPV?

Lines 271-275: reconsider the use of "demands' and also poorly written sentence. Not sure what you are trying to communicate.

Lines 284 (all interviewees) do you mean all HPs, coordinators, women and their partners? Be specific on the category you are referring to.

This section lines 277-300 lacks HPs voices which would be important to understand why tests were not carried out on days women were told to return to the health facility.

Lines 301- 321. According to MoH guidelines whose role is it to administer syphilis treatment and are staff at that level only providing preventive services and no curative? Lines 319-321 what do you mean? Please provide quote or better explanation to bring out the divergent views.

Lines 322- edit to: Inability to provide treatment at point of diagnosis means that the pregnant …

Lines 343: The interviewees -who specifically?
Lines 343-349- Very good, needs to be discussed further and how referrals /pathways are handled and how they can be improved to syphilis management!

Quote lines 363-365 means that systems are unprepared for syphilis management at lower levels. But there appears no description of the role of MoH other than to give directives!

Lines 404-405: How are quotes studies different from current study? Provide references as well.

Lines 415: Were these women's voices or are these the researcher views? If the former, provide in quotes.

Lines 420-421: …convince them …. only- they feel…. Who is them and they? Be specific.

Lines 423-424: What is that study regarding and in what settings/context?
Lines 430-432. Good, but please explain these aspects in relation to the study!

Lines 448: add: …compromise the uptake and confidentiality…

Lines 451: ...member of the team (what team?).. Lines 452-453 edit to: … training to improve confidentiality and ethical care practices/ attitudes. Lines 454-456. Good argument, but does this mean that far hospitals are best for treatment of syphilis among men vs health facilities near their homes?

Line 459: compromise the counselling, care and follow-up…. Lines 461-471 should be re-arranged for coherence: Start with line 467, then to line 461

Quality care for pregnant women with syphilis…..[30] and patients. It is therefore vital that healthcare professionals provide (461-) quality counselling involving listening, …. Lines 473- 476. Improper use of 'that' after 'avoids'

Lines 480 edit to: …the need for timely testing during pregnancy.

Lines 481-491. State what needs to be done since treatment isn't happening? All listed agencies seem to be giving directives/ guidelines but not following up with training and supervisory support!

Lines 492: (add lack of and non-utilisation of education materials). How does this compromise contact with pregnancy women? Do you mean reduces HPs confidence to provide care and treatment? Be specific.

Conclusion:
Lines 503-504: should be guidelines for syphilis management in pregnancy. You however have not discussed why they were not adequate to meet guidelines. What are the underlying issues?

The role of MoH in this paper is unclear and appears to only stop and dishing out guidance and no support. Can you discuss the failures of the Brazil health service in ensuring this policy is operational at the grassroots?

Authors contributions
Specify who did what exactly, in regard to study conceptualisation, tools development, data collection, analysis and write up.

References:
This is an English article and therefore would expect provision in [brackets] a translation of reference titles into English!
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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.

Yes

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

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