Reviewer's report

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

Version: 0 Date: 14 Jun 2018

Reviewer: Dionne Gesink

Reviewer's report:

Review of BHSR-D-18-00060

This is a very interesting qualitative study on syphilis testing and treatment of pregnant women and their partners in northeastern Brazil. The results are compelling that the health services process needs significant revision and support. The results suggest the current system imposes significant burden (e.g. disease) and responsibility (e.g. partner notification, travel to distant hospitals for treatment) on pregnant women who test positive for syphilis during prenatal examinations. It would be good to elevate the voice of the women interviewed and add the voice of the partners (methods says partners were interviewed but these results are not presented). The results are rich and complex and this complexity should be reflected in the discussion and conclusions.

Abstract

1. Presentation of results can afford revision and more direct reflection of syphilis testing and treatment as described by all three groups interviewed - health care providers, pregnant women and their partners. The researchers spoke with these three groups to get a much more rounded 360 degree perspective on syphilis testing and treatment, but the results presented focus only on health services: "Institutional weaknesses compromising the management of sexual partners were found, such as lack of knowledge about and non-adherence to strategies for partner notification and obstacles to testing and treatment in primary care." This result sounds very much like the introduction statement: "The non-treatment of sexual partners is one of the main factors hindering the control of CS [7] and it has been shown to be a challenging action for health professionals." The evidence presented suggests syphilis testing and treatment is much more complex than the results presented in the abstract.

a. Additionally, based on the results presented, the entire weight of the problem falls on healthcare providers, which assumes men are accessing healthcare; however, in the introduction it is stated that men do not like to go to healthcare facilities, which they perceive as feminine spaces. So how can it be solely a problem with the healthcare providers if men aren't even going to healthcare providers in the first place? There are compelling results about the notification being placed on the pregnant women who don't know what disease they have because the health
care providers don't have resources to explain it to them, plus the women are very nervous to tell their partners because they cannot explain the disease or may not be believed or may face a violent reaction. Somehow this complexity should be reflected in the abstract results.

Introduction

1. Page 3 lines 77-79: "These strategies can certainly help health professionals, but it is necessary to consider that the diagnosis of an STI brings to light some delicate situations that may compromise the partner's treatment" This statement is cryptic. Please be more direct and transparent about the delicate situations that compromise a partner's treatment.

2. Figure 1: please define the grey dashed line.

Methods

3. Page 6 lines 135 - 137: "A total of 49 professionals worked in the selected centers and all of them were invited to participate in the study, but only 27 (seven physicians, 14 nurses and six UAPS coordinators) were interviewed." Please replace the words "but only" with "and". 27 interviews is a laudable number of interviews for a qualitative study. The sample size for a qualitative study is determined by saturation so it is more important to report whether thematic saturation was reached (ie you had enough content from the interviews to properly define your themes) or if interviews were conducted until no new information emerged. Was some level of saturation reached? Please add this information.

4. Tables 1 and 2: Please provide the units for the numbers in tables 1 and 2 - are these straight frequencies or proportions - they should be proportions/percentages with the total number in each column provided with the column heading. Also, proportions/percentages should sum to 100%. Tables 1 and 2 should also be merged and presented in the results section. Please refer to any table 1 characterizing study participants in other publications for examples.

Results

5. Page 8, line 170: "Institutional weaknesses that compromise the management of sexual partners" this thematic heading should follow the first paragraph of the results and this theme should be summarized and presented.
6. In the methods it is stated, (Page 7, line 145-146) "The study also included nine women who were diagnosed with syphilis during antenatal care and four sexual partners (Table 02)." However, there are no results presented from the interviews with partners. Please incorporate the results of those interviews.

Discussion

7. Page 17, lines 397-398: "There are many challenges to be overcome in the primary health care system so that sexual partners of pregnant women with syphilis can be properly treated." Based on the results, pregnant women also face and need to overcome significant challenges and barriers to syphilis treatment. This should be reflected in the open statement and paragraph.

8. Page 18, lines 400-401: "...find alternatives that favor the access of these men to treatment in primary health care facilities..." Please clarify what is meant by alternatives - alternatives to what? Also, please replace "these men" with "couples" or some other term that better reflects the result that both pregnant women and their partners need easier access to syphilis treatment.

9. Page 18, lines 405-406: "Given these circumstances, it is believed that the treatment of sexual partners is feasible at this level of care..." Please state the level of care referred to here.

10. Page 18, lines 411-413: "The partners who had ended their relationships may be more vulnerable to get re-infected, infect new partners, and acquire other STIs." This sentence does not make sense - how can the partner be more vulnerable to reinfection if they have not been notified and thus have not been treated for syphilis? Please correct/clarify.

11. Page 18, lines 413-415: "It should be noted, however, that there were exhaustive attempts to contact other partners, but some women refused to identify them either because they were having an extramarital relationship with them or because they were involved in drug trafficking." This should be presented in the results. Currently, the results suggest the pregnant women are partnered with the fathers of their babies only. This complexity of relationships should be presented in the results before being discussed in the discussion.
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?
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No

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