Author's response to reviews

Title: Provider attitudes about childbearing and knowledge of safer conception at two HIV clinics in Malawi

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Author's response to reviews: see over
9th December 2014

RE: Revised Submission ID, MS: 4195658491265710

Dear Dr. Pilar Valanzasca:

Thank you for your consideration of our manuscript entitled “Provider attitudes about childbearing and knowledge of safer conception at two HIV clinics in Malawi” in Reproductive Health. We were encouraged by the generally positive and generous review of the work and appreciate the reviewers’ critiques. Please find our responses to the specific questions and suggestions raised by the correspondence dated 22nd September 2014.

REVIEWER #1: Amos Laar

Major Essential Revisions: None

Minor Essential Revisions:
Authors should proofread and correct grammatical errors on pages...

Response: We have reviewed the manuscript and corrected grammatical errors. These are reflected in track changes in the revised manuscript.

Comment #1. ABSTRACT. The FOURTH sentence under this section needs to be rephrased. Sentence is quoted below
“...They raised concerns about HIV-infected individuals having children, and in certain cases expressed judgment that people with HIV should not have children because of these risks”.
The phrase "these risks" does not communicate with the rest of the sentence or preceding text of the abstract.

Response: We deleted “these risks” and rephrased the sentence to read: “They raised concerns about HIV-infected individuals having children, and in certain cases expressed judgment that people with HIV should not have children because of these..."
Comment #2. METHODS: The sixth sentence of this section requires a citation. Authors might have attempted citing with difficulty. Authors need to address the citation error in the manuscript.

Response: We apologize for the problem with the way citations came through in the submitted draft. The citation was actually a reference to a Table. That error has been changed to read “Table 2 shows key questions from the FGD guide.”

Comment #2. METHODS: The 12th sentence of the METHODS section has an abbreviation, which should be spelt out. UCLA should be spelt out on first use.

Response: The abbreviation has been spelt out to “University of California Los Angeles”.

Comment #2. METHODS: Authors indicate under the METHODS section that "only two FGDs" were conducted. It will be useful to provide a justification for conducting just two FGDs

Response: This was an error and we actually completed 4 focus group discussions. We realize this is a very small sample size. The project was originally conducted as a quality improvement exercise to understand provider views of HIV-infected clients having children. Our goal was to gather preliminary data for a larger study with more focus groups discussions. We have added this information to the Limitations section.

Comment #3. LIMITATIONS: Authors warn reader about their sample not large enough to differentiate results by site so as to evaluate differences in provider attitudes in the urban versus rural setting. I am wondering if this could not have been addressed by estimating the appropriate qualitative sample size -- -- prior to the initiation of the study.

Response: The project was originally conducted as a quality improvement exercise to understand provider views of HIV-infected clients having children at two clinics where we were performing a survey about HIV-infected clients fertility desires. Our goal was to gather preliminary data for a larger study with more focus groups discussions. Therefore we did not perform any sample size estimations. We have added this explanation to the limitations section.

DISCRETIONARY REVISIONS: There are a number of discretionary revisions capable of improving the readability of the manuscript. My comments are embedded in actual manuscript.

Response: We have made revisions and these are reflected in track changes in the revised manuscript.

REVIEWER #2: Diane Cooper

Title and abstract: One minor essential revision, I would suggest is to add a few more details to the methods section of the abstract. This should include that this was a qualitative study in which 2 FGDs comprising a total of 12 providers were conducted. Adding these additional details would enable researchers conducting literature searches in this area to determine the relevance of this article for their specific area of study more easily.
Response: We have changed the methods section of the abstract to read “Twenty-five providers were interviewed in four focus group discussions about their attitudes regarding childbearing by HIV-infected clients, reproductive health and HIV knowledge, and views and knowledge of safer conception.” We have also detailed the types of providers included in the focus groups. Because the study was initially done as a pilot project to gain more information on provider views about HIV-infected clients having children and providers’ knowledge of safer conception, we did not document the exact types of providers in each group but we did structure the groups so that they either consisted of higher level providers (clinical officers, medical assistants, and nurses) or lower level providers (pharmacy, ward clerks, patient attendants, lab technicians, and HIV test counsellors). We have added this detail to the methods section.

Methods: Two minor essential revisions/corrections are needed to the text:

- There is a typo that has appears at the end of paragraph two that needs to be removed. It reads: (Error! Reference source not found).
- The sentence towards the bottom of page 4 that currently reads: “These concepts have been summarised and reported in this final manuscript” is confusing. I would suggest rephrasing it as follows: “These concepts are summarised in an addendum at the end of this paper.”

Response:

- We apologize for the error message. The citation was meant to be a reference to a Table. We have replaced the error message with the sentence: “Table 2 shows key questions from the FGD guide.”
- We have rephrased the sentence to read: “After several re-readings, higher order concepts were developed and are reflected in the results section of this manuscript.”

Results: I would suggest a few minor essential revisions so that a few of the statements made are clearer:

- on page 5, line 3, I suggest adding the word “commonly’ or ‘typically’ before the words “arise in discussions…” for the authors to indicate that this was a comment typical of providers, unless this was not in fact the case.
- on page 7, line 1: Did all providers express this opinion that HIV-infected clients should not be having children or was this only some providers? Clarification would be worthwhile.
- On page 8, last line: Once again, can the authors clarify whether all providers reported this or was it some providers, with others not holding this view?

Response:

We have rephrased the sentence to read: “A provider explained how fertility options typically arise in discussions with a client who has just been diagnosed with HIV”

We have rephrased the sentence to read: “Another provider also expressed opinions that HIV-infected clients should not be having children, particularly among couples who already have children”

We have reviewed the tape recordings and written transcripts and are not able to differentiate all of the individual FGD participants and therefore not able to confirm the exact number of providers who stated this view. We have edited this to clarify that this specific statement came from one provider. We have rephrased the sentence to read: “One provider reported that HIV-infected individuals should not have children because of the risk of transmission and did not appear familiar with the effectiveness
of antiretrovirals for PMTCT.”

**Discussion:** One minor discretionary revision I would suggest is for the authors to move the comment regarding providers’ views on clients’ right to reproductive choice (currently on page 12, lines 3 & 4) to the discussion section’s opening paragraph and elaborate on it briefly a little more: i.e. that although providers in theory supported reproductive choice for their clients, in practice they appeared to discourage most clients living with HIV from considering having children. This is evidenced in the comments made by a number of providers who seemed to dissuade discourage clients living with HIV from having children, rather than providing them information on the pros and cons of having children in a more open manner and allowing them to reach their own decisions on the basis of the information provided.

Response: The sentence “Providers believe in reproductive choices and recognize that they cannot make these decisions for their clients” has been moved to the third sentence of the paragraph. A brief elaboration has been added the last sentence of the paragraph, which reads: “Although providers in theory supported reproductive choice for their clients, on balance, providers in our study were more influenced by the potential risks of childbearing, leading them to discourage pregnancy, with few exceptions.”

**Limitations:** One minor essential revision I would suggest is that rather than stating that the sample was too small to generalise the study results, it would be better to highlight that as the research design for this study was qualitative, the aim was not to generalise results but instead to generate deeper insights into provider attitudes to childbearing in the context of HIV and their knowledge of safer conception methods.

Response: The limitations section has been revised to read: “This was a small pilot study designed to gain preliminary data on provider attitudes in our program, and we did not have a large enough sample to differentiate results by site or to evaluate differences in provider attitudes in the urban versus rural setting. The research design for this study was qualitative and our aim was not to develop generalizable results, but rather to generate deeper insights into provider attitudes about childbearing in the context of HIV and their knowledge of safer conception methods.”

**REVIEWER #3: Sarah Finocchario**

**Major compulsory revision 1.** The current presentation of data in the results doesn’t give a sense of who provided quotes... did quotes come from 3-4 very vocal participants in FG or did the quotes represent many different voices. The way it is currently written, one cannot determine this. When presenting participant quotes, associate them with an ID number that indicates a unique numeric assignment (e.g. 1,2,3,4, etc) and the type of provider they are (e.g. P, N, etc).

Response: We re-reviewed both written transcripts and tape recordings and were not able to assign the quotes to specific providers from these transcripts or recordings. We have, however, specified the type of provider associated with each quote (higher level versus lower-level provider). We have also further described the participants of the FGDs in the methods section as follows: “Twenty-five providers were recruited via announcements at staff meetings describing the study and requesting participants. We held two separate focus group discussions (FGDs) in English by trained local research assistants with twelve higher-level trained providers that included clinical officers, medical assistants, and nurses; and an additional two FGDs
with thirteen lower-level trained providers that included HIV test counsellors, pharmacy workers, patient attendants, laboratory technician and ward clerk. Table 1 shows the number and type of participants interviewed in each of the four focus groups. FGDs lasted an average of one hour and no compensation was given for participation.

**Major compulsory revision 2.** The manner in which these data are presented does not give the reader confidence in how relevant the expressed themes were for the sample of providers. More specificity is needed, e.g. A majority of providers (9/12) expressed an appreciation for the cultural importance of childbearing for couples. Or something to that effect. Statistics in this context are not for the purpose of statistical significance, but can provide a sense of how representative the selected quotes were.

Response: We re-reviewed both written transcripts and tape recordings and were not able to assign quotes to specific providers from transcripts or recordings and therefore are not able to provide information on the representativeness of selected quotes. We realize this is an important limitation of our study. We initially performed this work as a pilot to develop preliminary data for a larger study. After reviewing and analyzing the results, we felt that they were significant and would be a contribution to the literature, despite the limitations. We have expanded the limitations section to acknowledge this important information.

**Major compulsory revision 3.** The manuscript needs a Table 1 to describe the participant characteristics...what kind of providers where these? Gender? Age? How many participated in each focus group.

Response: A table 1 has been added with number and type of participants in each focus group. However, because this was done as a pilot project, we did not collect demographic data on participants and cannot provide further information. We have added this to the limitations section.

**Major compulsory revision 4.** The method of focus groups (only two) are not ideal or adequate to assess knowledge of a content area. Semi-structured or quantitative survey would be better to assess attitudes and knowledge.

Response: We have added in the limitations the statement: “Our results require validation with a larger sample of providers and more rigorous methods to understand provider knowledge, such as in-depth or semi-structured individual interviews.”

**Major compulsory revision 4.** Authors provide no information on informed consent. Did providers provide oral or written informed consent?

Response: We have added in the methods section the statement: “After obtaining oral consent, providers were asked about their perception of clients’ fertility desires as well as barriers and facilitators to the provision of effective reproductive health services at their facility, with specific attention to knowledge and views on safer conception methods for people living with HIV (PLHIV).”

**Minor essential revision 1.** Details regarding recruitment of providers, length of focus groups and amount of remuneration (if any) were not included in the methods section.

Response: We have added in the methods the sentences: “Interviews lasted an
average of one hour and no compensation was provided for participation."

**Minor essential revision 2.** The limitation section acknowledges that FG discussions were not an ideal method to elicit provider perspectives on these topics, a follow up sentence should be added indicating these themes require validation with a larger sample of providers and more appropriate/rigorous methods such as in depth or semi-structured interviews.

Response: We have added in the limitations the statement: “Our results require validation with a larger sample of providers and more rigorous methods to understand provider knowledge, such as in-depth or semi-structured individual interviews.”

**Minor essential revision 3.** Authors report the use of grounded theory, however, the structure of the interview guide and responses provided suggest a thematic or content analysis.

Response: Although we used interview guides for the FGDs, the format facilitated open ended discussion so that the coding, though certainly shaped by the themes of the interview guides also ensured that new themes and subthemes emerged in the process of coding. The coding scheme was developed using a grounded approach rather than using thematic or content analysis approach to coding the data. We have revised the description of our analysis to reflect this process more accurately: “Qualitative data were coded with Atlas.ti (version 6.2, Berlin, Germany) using a grounded approach [18]. Themes developed for the interview guides shaped the dominant themes that emerged in the coding process. The open ended questions posed in the FGDs also enabled new themes and subthemes to emerge in the grounded approach to coding.”

We hope that these responses and the associated edits to the manuscript will make our paper suitable for publication. Thank you for your time and consideration.

Sincerely,

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