Author’s response to reviews

Title: HIV status and treatment influence on fertility desires among women newly becoming eligible for antiretroviral therapy in western Kenya: insights from a qualitative study

Authors:

James Ayieko (jimayieko@gmail.com)
Angeline Ti (Angeline.Ti@ucsf.edu)
Jill Hagey (Jill.Hagey@ucsf.edu)
Eliud Akama (eluakama@gmail.com)
Elizabeth Bukusi (ebukusi@kemri.org)
Craig Cohen (Cohen@globalhealth.ucsf.edu)
Rena Patel (rcpatel@uw.edu)

Version: 1 Date: 21 Jun 2017

Author’s response to reviews:

Reviewer comments and responses

Thank you for the comments made. See below the point-by-point response to the comments made.

Reviewer #1

Comment 1: Plain language summary. Instead of 'fertility desires' the authors use the phrase 'desire for more children' or 'desire to have more children' throughout. This is actually a clearer statement of what the investigators asked their respondents. I find the phrase 'fertility desires' vague, and anyway refers to the ability to conceive, but one of several key steps in the process of successful child bearing and child rearing.
An important item of information missing from the Plain English Summary is that none of the respondents had ever taken any ARV medication ("ART-naïve women" in the Abstract).

Response: Thank you for identifying that omission, we have now included this in the revised draft (see line 4 on the plain English summary section “We conducted interviews with HIV-infected women in Kenya who had previously never been on HIV treatment …”).

Comment 2: On close reading of the Methods section, it appears that only women with CD4 counts in the range 350 - 500 cells/mm who became newly eligible for treatment under new national guidelines introduced in 2014 were the subject of the study. The narratives and examples provided in the Results section of the paper, particularly sections 3 and 4, appear to be very specific to the context of waiting to initiate treatment. The respondents are clearly a group of informed women who are aware of and had reflected carefully on their HIV status and the implications for their personal and family lives and social position. It is not clear whether the women themselves were aware of the policy change, nor what influence the new policy had on their attitudes and opinions.

Response: Thank you for raising this important point that we had not initially included in the manuscript. Indeed, we did explicitly ask the women about their knowledge of this policy change. Overwhelmingly, the women were not aware of the policy change at the time of conducting the interviews. We have now included this in the methods section for clarity, as second to last sentence of the second paragraph of the methods section: “Since the policy change in CD4 count threshold for ART initiation had changed in Kenya the same month of our study initiation, study participants were not aware of this newly changed treatment policy at the time of conducting the interviews.”

Comment 3: I think the Title and the Abstract must be very clear that the women interviewed are but one of several important groups whose attitudes to child bearing may or may not change as universal treatment for HIV-infection transitions from policy to reality and leads to changes in social attitudes of and to people living with HIV, including the question of child bearing.

Response: This is an important point, highlighted by this reviewer, that the women we interviewed are a select subgroup of women living HIV. We have attempted to make this clearer in the title as well as the abstract now by clarifying the group we sampled for this analysis; the
title has been revised to read “HIV status and treatment influence on fertility desires among women newly becoming eligible for antiretroviral therapy in western Kenya: insights from a qualitative study.”

The abstract has been revised to read as follows: “Semi-structured in-depth interviews were conducted with a select subgroup of 20 HIV-infected ART-naïve women attending one of 13 HIV facilities in western Kenya between July and August 2014 who would soon newly become eligible to initiate ART based on the latest national policy recommendations.”

Comment 4: Page 7, lines 6-11: "As access to ART becomes universal, it is imperative to understand the fertility desires among HIV-infected individuals so that HIV treatment programs can meet their patients' reproductive health needs." I wonder what the authors think HIV treatment programs should be doing to "meet their patients’ reproductive health needs”? It would be worth spelling this out. We know that HIV+ve patients' subfertility is restored by successful ART, there is almost no risk of transmission to the HIV-ve partner and almost no risk of vertical transmission during pregnancy, delivery and breastfeeding. What more can/should be done?

Response: Indeed, it has been shown that effective use of ART markedly reduces risk of horizontal or vertical HIV transmission, as the reviewer indicates. Nonetheless, HIV treatment programs still lag behind in providing more comprehensive sexual and reproductive health services for their patients. Based on the knowledge gaps identified with our study participants, treatment programs in these settings should start actively engaging HIV-affected patients in conversations around their desire for more children and plan with patients on how to realize their desires. Such a suggestion has been more clearly articulated in the second to last paragraph in the discussion section now: “Practically this requires HIV treatment programs to integrate reproductive health services into their mainstream HIV care and systematically and proactively inquire about HIV-infected individuals’ fertility desires, so that the appropriate services can be provided to those individuals.”
Reviewer #2

Comment 1: It is a well conducted study, however, there is some repetition in data recording. Overall making the paper crisper and shorter will improve its readability.

Response: The article has been now been shortened to enhance its readability. We have also revised the article to deal with data repetition. For example, we have removed extensive text in the second subsection of the results section, “Role of children in the community” to more succinctly present our data.

Reviewer #3

Comment 1: Generally, "HIV status and ART influence on fertility desires among women in western Kenya: insights from a qualitative study" is an interesting topic, however, the authors are not focused on their results. They tried to address a lot of socio-cultural and economic and behavioral issues rather to focus on HIV and ART issues (disease specific and long term treatment effects) in relation to fertility desires. The study lacks clear objective. This is not an evaluation study rather a qualitative study to generate hypothesis that need to be proven in the future. The conclusion section does not attempted to show such conceptualizations. Authors should address these things before proceed for publication.

Response: We appreciate the overall comment about articulating a clearer study objective and conducting a higher order of data synthesis to better conceptualize our study findings. In addressing the specific comments below, and those raised by the other reviewers, we believe the manuscript now articulates a clearer study objective and conceptualization of study findings.

Comment 2: What does it mean "Initiating ART may not affect the fertility desires…. in the conclusion section of the abstract section?"
Response: The conclusion section of the abstract has been revised to clarify this sentence and now reads as follows: “Initiating ART may not be the leading factor influencing fertility desires among previously ART-naïve HIV-infected women. Instead, individual and societal factors appear to be the major determinants of fertility desires among these women.”

Comment 3: Does the authors applied a qualitative analysis software? If so please, clearly mention about it. If not, how the authors able to analyze the 20 individualized data into such results.

Response: No, we did not use a qualitative analysis software to analyze our study data. We have further elucidated our methods of analysis in the Methods section. For example, we clarify that the “Transcripts were coded manually using a word processor, and the coded text was further organized into themes and subthemes in separate documents.”

Comment 4: What is the need to have Plain English Summary section?

Response: This is a journal requirement, and as such, we have attempted to meet all journal requirements.

Comment 5: In the result section participants' characteristics, I don't see the importance of calculating percentages, mean, median and others. Even the table should be removed. It is by far better to state using actual counts.

Response: We appreciate the reviewer’s intent about not focusing on quantitative numbers for a qualitative study. Nonetheless, some summary of descriptive variables, such as age, marital status, etc. are helpful in better understanding the underlying context of who are study participants were and where they may be coming from. That being said, we have now streamlined Table 1 so that we only report absolute counts (and have removed percentages) and have removed less important variables (such as ethnicity, religious affiliation, and occupation).
Comment 6: The "Role of children in the community" section created a burden for this manuscript and better to remove. Similarly, the discussion section should focus on HIV and ART issues.

Response: We have now markedly shortened this subsection in the results section to improve readability and focus and reduce the length of the article, but we feel strongly feel that providing an overall context to why children are desired in the first place is important to understand overall fertility desires in this group of women living with HIV. While we appreciate the comment about removing related comments from the discussion section, we have strived to now improve the focus on HIV and ART while balancing the need to provide some context to understanding overall fertility desires in this setting. Ultimately, we hope that the reviewer appreciates that our data suggests that larger socioeconomic and cultural factors appear to influence fertility desires more strongly than HIV status or use of ART among the women living with HIV who we sampled for this study. This is the ultimate conclusion in our manuscript and, hence, some discussion of these additional non-HIV factors is merited and appropriate in the discussion.

Comment 7: The present conclusion section is not a conclusion, it should be rewritten again. The recommendations and limitation of the study shall be clearly addressed with aligned to this section

Response: We have now revised the discussion to better align with the rest of the article, and have more explicitly delineated our recommendations and limitations of our study. We have also revised the conclusion section to more clearly articulate our recommendations for HIV programs coming out of this work: “HIV-infected women should be better supported to realize their reproductive health goals, through integration of such services into HIV care, systematic inquiry of fertility desires, and lastly the use of safer conception options, including ART, or effective contraception for pregnancy prevention.” We have also shortened the summation of our findings in the conclusion paragraph so that there is greater room for discussing our recommendations, as was suggested by the next reviewer.
Reviewer #4

Comment 1: Abstract: Abstract is well written. While the study aims to evaluate how access to early ART influences fertility desires among HIV-infected ART-naïve women; the results sections lacks inference and presents very generalized findings. E.g. one of the finding is that individual factors, such as age, parity, current health status, and number of surviving or HIV-infected children, played a crucial role in decisions about future fertility. It is imperative to highlight here whether these factors had positive or negative influence on fertility desires among HIV-infected ART-naïve women.

Response: Indicating the directionality of influence these factors may have on fertility desires is an important point raised by this reviewer. The factors that we mention, that arose from our analysis indicated impact in either direction, and occasionally in both directions based on specific circumstances. Given that these factors are generally well-known in the literature to be associated with fertility desires, e.g. higher parity is strongly correlated with lower fertility desires, we chose to not focus on them in our presentation of the data. That being said, in the results section of the manuscript, we have better clarified the directionality of some of these factors, such as in the last paragraph: “Generally, other factors, such as increasing parity and age, appeared to more strongly and negatively influence the women’s fertility desires.”

Comment 2: This is mentioned in the 'Plain English Summary'- pointing out negative influences of HIV-positive status for having more children. This must be included in the results section of the abstract.

Response: This is an important point, and indeed the first sentence of our results section in the abstract already mentions HIV-positive status negatively influencing these women’s fertility desires: “The women indicated their HIV-positive status did influence—largely negatively—their fertility desires.”

Comment 3: Background section is well documented. It talks about the rationale, purpose of the study and literature review on impact of HIV infection on fertility desires.
Methods section talks about participants, reasons for purposive sampling, sampling method, methods of data collection, information on discussion guide, and method for data analysis. All of them are sufficiently and scientifically written. Results and Discussion. Findings of previous and current contraceptive use are important and must be documented in the narrative (in row no. 16). There should be more commentary in this section.

Response: We greatly appreciate the emphasis this reviewer places on contraceptive use, as that is indeed part of the spectrum of reproductive health services and fertility desires when not desired. The third sentence of the participant characteristics subsection of the results section already mentions that “the majority (17) of the women were currently using a contraceptive method…” and Table 1 documents both prior and current contraceptive use. Contraceptive use is a key part of reproductive health services, and we have chosen to mention provision of contraception services as a key component of meeting the reproductive health needs of these women in the discussion section. However, given the word limits and need to focus even more clearly on future fertility desires in this group of women living with HIV, we have chosen to not currently further discuss contraceptive use in the discussion section.

Comment 4: Moreover, there is too much information in the table such as 'Religious Affiliation' which shall be deleted (primarily to avoid busy table).

Response: We have streamlined the information provided in Table 1, e.g. by removing the religious affiliations, as suggested by this reviewer.

Comment 5: Row no 25 & 26. 'Most women perceived the community …….for three major reasons'. This is a quiet key finding and missed out in the abstract. It is suggested to add this key finding in the abstract.

Response: We appreciate the importance the reviewer finds in this finding from our study; however, due to word limits, we have chosen to briefly highlight this finding in the abstract itself, as indicated by the last sentence in the results section of the abstract: “In addition, societal influences, such as community norms and health providers’ expectations of their fertility desires,
played an equally important role in determining fertility desires.” Nonetheless, we hope that readers will find it sufficiently highlighted and discussed in the actual body of the manuscript.

Comment 6: Row 27 & 28: Limited finances though identified by few, is another impeding factor for HIV infected pregnant mothers. All key factors identified in the results section can be captured in the abstract. This will enable readers to identify key factors which impede fertility desires. These factors are well captured rows 46-55.

Response: We have added “financial resources” in the abstract now, in the results section: “Instead, individual factors, such as age, parity, current health status, financial resources and number of surviving or HIV-infected children, played a crucial role in decisions about future fertility.”

Comment 7: Findings are well triangulated with the available evidence in the discussion section. One of the limitation of the study is the design of the study itself. It is a qualitative study with no quantitative element and lacks random sampling (from a certain frame of HIV infected mothers). Therefore, finds cannot be generalized to the larger population. External validity of the study is debatable.

Response: Thank you for this comment. Arguably, qualitative studies—by design—do not aim for generalizability like quantitative studies. Indeed, we would agree that our findings cannot be generalizable to larger populations, such as all women living with HIV. We would like to posit that transferability rather be the goal of a qualitative study. In other words, we think it is more important for readers to think about whether our study findings can be “transferable” or applicable to the population that the readers may have in mind. Of note, we already point out in the last paragraph of our discussion that though we believe that our study findings may be transferable to other settings, readers must carefully consider any limitations on transferability based on the readers’ settings/context.

Comment 8: Conclusion: Few recommendations are documented in the last sentence of conclusion section. This needs to be strengthened. E.g. authors must deliberate how better HIV positive mother can be supported to realize their reproductive health goals? What modes, communications, system is available to support them to achieve this goal. This must be added.
Response: Indeed, this suggestion is well-taken. As indicated in our response to Comment 4 by Reviewer #1, we have now better articulated our recommendations for how to better meet the reproductive health goals for this population, both in the second to last paragraph in the discussion section and the last line of the conclusion section. These sentences now read: “Practically this requires HIV treatment programs to integrate reproductive health services into their mainstream HIV care and systematically and proactively inquire about HIV-infected individuals’ fertility desires, so that the appropriate services can be provided to those individuals,” and “HIV-infected women should be better supported to realize their reproductive health goals, through integration of such services into HIV care, systematic inquiry of fertility desires, and lastly the use of safer conception options, including ART, or effective contraception for pregnancy prevention.”

Comment 9: Conclusion section is weak and talks more about findings which must be edited.

Response: We have revised the conclusion section markedly to prevent simple repetition of our findings and instead to help shift the paragraph more towards our recommendations, by more succinctly summarizing our findings and further expanding on our recommendations: “While a few HIV-specific factors, such as perceived immune suppression from pregnancy or already having perinatally-infected children, may influence fertility desires, it is individual and societal factors, such as social norms and community expectations, that appear to be the major determinants of fertility desires among ART-naïve HIV-infected women. Ultimately, HIV-infected women should be better supported to realize their reproductive health goals, through integration of such services into HIV care, systematic inquiry of fertility desires, and lastly the use of safer conception options, including ART, or effective contraception for pregnancy prevention.”