Reviewer’s report

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

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Reviewer: Tim Farley

Reviewer's report:

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).

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.

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.

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?

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