Author’s response to reviews

Title: HIV status disclosure and associated outcomes among pregnant women enrolled in antiretroviral therapy in Uganda: a mixed methods study

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Author’s response to reviews:

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Dear Editor,

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‘HIV status disclosure and associated outcomes among pregnant women enrolled on lifelong antiretroviral therapy in Uganda: a mixed methods study’

Thank you for this opportunity to revise and resubmit our manuscript. The revisions have been made in line with the comments received. Below is a point-by-point response to all the comments.
Sincerely,
Rose Naigino

Response to reviewers’ comments

S.No Specific Comments Response

1.0 Plain English Summary
We examined 507 pregnant women with HIV who began treatment in Uganda and were followed for four months.

Avoid using first person perspective in publications Thank you Editor for this comment. This statement has been rephrased below.

This study examined 507 pregnant women with HIV who began treatment in Uganda and were followed for four months (see page 4)

2.0 Background
UNAIDS estimates that 260,000 children in low- and middle-income countries were newly infected with HIV in 2012 (35% lower than in 2009). The reduction in new infections among children was largely attributed to increased access to services to prevent mother-to-child transmission (PMTCT) which averted more than 670,000 infections from 2009 to 2012. Most of the new HIV infections among children arise from 21 high burden countries in sub-Saharan Africa which include Uganda. Is this necessary? The focus of this paper is on maternal HIV and disclosure and not PMTCT.

Dear Editor, your concern is valid.

The highlighted section in the background has been improved to include more relevant literature focused on maternal HIV and disclosure and not necessarily PMTCT. (See revised statement below on page 5)
Despite the considerable efforts made in recent decades to improve access to antiretroviral regimens, HIV status disclosure remains central to improving both maternal and child health outcomes.

3.0 Methods

Related codes were merged, which later formed themes.

I thought the themes were predetermined.

Yes, the themes were pre-determined.

This statement has been deleted for clarity purposes.

4.0 Results

Qualitative results

4.1 Among non-disclosing women, the reasons included fear of breach of confidentiality (n=49, 72.0%), feelings of shame (n=46, 67.6%), and fears of violence or divorce (n=17, 25.0%). There are up to 49 responses for non-disclosing women, yet the previous sentence states that only 11 women did not disclose.

Thank you Editor,

In the prior statement, the 11 women only refer to those who did not disclose at visit 2 while the 49 includes those who did not disclose at visit 1 as well.

4.2 I time when he has gone to bathe, after preparing water for him, that’s when I swallow it. By the time he returns from outside [bathroom], I would have already finished swallowing.--Poor ART adherer (Katikamu HCIII):?
The word time has been replaced with the word target for clarity purposes.

I target when he has gone to bathe, after preparing water for him, that’s when I swallow it. By the time he returns from outside [bathroom], I would have already finished swallowing.

4.3 Women with no reported negative outcomes indicated the following coping mechanisms; ignore ..what? shift to a new location…for what purpose?

This statement has been rephrased for clarity purposes. See the revised statement below on page 15.

Women with no reported negative outcomes indicated the following coping mechanisms; ignore the actions of those who potentially stigmatize them (60.6%), stay strong and continue taking their drugs (22.9%), seek counsel from health workers (8.3%), shift to a new location to live within communities where her HIV positive status is barely known to anyone (6.1%)

4.4 HIV status disclosure to at least one person adjusting for age, education level, marital status, employment status, type of visit, enrolment at health facility and alcohol or drug use.

The variable for ‘type of visit’ has been further described within the brackets to help the reader understand what ‘type of visit’ meant within the context of this manuscript. See page 16 of the manuscript with track changes

HIV status disclosure to at least one person adjusting for age, education level, marital status, employment status, type of visit (antenatal or postnatal), enrolment at health facility and alcohol or drug use.

5.0 Discussion

5.1 Spousal reminders in the first two months of ART treatment may enhance adherence to the extent that by the fourth month, the need for a reminder may be limited once adherence picks up.
What is the evidence for this? No support for this was provided in the results, did participants describe a decreased need for support over time due to improved adherence?

Yes, from the data, there was evidence of decreasing spousal reminders to take ART medication on time from 85.3% to 46.3% at the first and second follow up (see Table 3). However, much as the data provided in this study does not necessarily attribute this to improved ART adherence, evidence from previous studies have demonstrated the effect of reminders on medication adherence, which in turn makes such reminders irrelevant once adherence has picked. Refer to the reference highlighted on page 19.

5.2 This higher level of negative outcomes could be attributed to the role of family support groups (FSGs) which are largely attended by the married (stay home) women. unemployed?

The words ‘stay home’ have been replaced by ‘unemployed’ to improve on the clarity of this statement. Thank you Editor for your suggestion.

See the revised statement below.

This higher level of negative outcomes could be attributed to the role of family support groups (FSGs) which are largely attended by the married unemployed women. (see page 20)

6.0 Study Limitations

What are the limitations of using prior themes?

A sentence has been added to include a disadvantage of using prior themes. See statement below on page 21.

Analysis of qualitative data was limited to predetermined themes which made it difficult to explore/analyze themes emerging from the data.
7.0 Recommendations

Further research that can relate the outcome of adverse events, to their cause will be needed to inform the design of interventions that can prevent these causes.

This message is not clearly expressed. This statement has been re-worked as indicated on page 21:

In the error of lifelong ART for women living with HIV, more research is needed to characterize the perpetuators of HIV-related negative outcomes of HIV status disclosure.