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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Dear Editor,

Manuscript No: REPH-D-16-00017

“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

1.0 Abstract

1.1 Overall HIV status disclosure to at least one person was high [(375/507), 83.7%]. Nearly three-quarters [(285/389), 73.3%], had disclosed to their spouse by the fourth month of pregnancy.

Thank you, Editor, for this addition.

However, this study followed up HIV positive pregnant women and documented HIV status disclosure and the outcomes of disclosure at the second and fourth month of follow up post-enrollment not pregnancy.

At initial enrollment, pregnant women were enrolled into the study at different stages of pregnancy as they came for antenatal care.

Eligible women (HIV positive, pregnant, HAART-naïve or recently initiated on HAART within four weeks) were followed up for four months post-enrollment. (see page 2)

1.2 Overall, the proportion of self-reported negative outcomes (HIV-related stigma, discrimination or violence) was high (20%), but 11% lower among women who disclosed compared to those who did not (adj.PR=0.89; 95% CI: 0.56-1.42). The confidence interval here crosses 1, could you be confident in this finding?

Yes, you are right. I wouldn’t be confident in this finding. The confidence interval crosses 1 which depicts a non-statistically significant difference in the proportion of women with self-reported negative outcomes between groups (disclosed versus not disclosed).

This is acknowledged in the revised statement below.

(See page 3 of the revised manuscript)
Overall, the proportion of self-reported negative outcomes (HIV-related stigma, discrimination or violence) was high (20%). However, no significant differences were observed by HIV status disclosure (adj.PR=0.89; 95% CI: 0.56-1.42).

1.3 Dear Editor, Thank you for your concerns.

1.3.1 Please include a Plain English summary no more than 250 words, in addition to the abstract. This should be inserted immediately after the official scientific abstract within the manuscript file under the heading "Plain English summary"

The plain English summary was actually not missing in the first place. It was already included on page 4 of the main manuscript right after the scientific abstract. It is 198 words.

1.3.2 Trial Registration number

Please include your trial registration number at the end of your abstract, including the trial registry, the unique identifying number and date of registration, i.e. Trial registration: ISRCTN ISRCTN73824458. Registered 28 September 2014. Please note that if your trial was registered after the first participant was enrolled you should also include the words ‘retrospectively registered’ after the date in your abstract.

This study does not have a trial registration number. Instead, the study has a protocol number issued by Makerere University School of Public Health Institutional Review Board. I have included this protocol number (064) at the end of the abstract (in case it is needed).

Furthermore, this study was not a trial, which explains why we did not register it. We therefore do not have a trial registration number. We only have a protocol number which was issued by our institution's IRB and a registration number issued by Uganda National Council for Science and Technology. Both numbers are highlighted in the section under ethical approval.
2.0 Results

2.1 Qualitative results

Women’s experiences disclosing their HIV positive status

However, several women reported that their spouses refused to be tested even after several attempts to persuade them. In such instances, women completely refused to disclose their HIV positive status. In what instances? This link is not clearly made.

This statement has been improved for clarity. See the revised statement below:

However, some women reported that their spouses refused to be tested even after making several attempts to persuade them, which further compelled them to conceal their HIV positive status. (see page 12 of the manuscript with track changes)

3.0 Discussion

3.1 Spousal support varied between recruitment sites; this may be attributed to their different models of PMTCT service delivery. This was not reported in the results. All items in the discussion must be introduced in the results section.

Dear Editor, thank you for raising this. I agree with you completely. All items in the discussion must indeed be introduced in the results section.

To correct this, a sentence has been added on page 12 highlighting this result. The sentence which has been added reads: Spousal support varied between recruitment sites. This sentence precedes the quantitative result comparing spousal support among the 3 recruitment sites. Refer to page 12 of the manuscript with track changes.

3.2 More than half (52.2%) of the women in this cohort were young women (<24 years) who also faced the challenges of motherhood. What do you mean by this? Were all the women pregnant?
No, not all women were pregnant. Some women had given birth by the fourth month of follow up.

This phrase ‘who also faced the challenges of motherhood’ has been removed to improve on the clarity of this statement (see page 19 of the manuscript with track changes).

4.0 Recommendations

4.1 In the era 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.?

Thank you, Editor, for pointing this out.

Surely, the word ‘error’ was incorrect for this context. The correct word is ‘era’ which has replaced ‘error’ in the revised sentence below.

In the era 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. Refer to page 21 of the manuscript with track changes.