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

Response to Comments

1.0 Plain English Summary

Self-reported negative outcomes (HIV-related stigma, discrimination or violence) were generally high (20%).

Since this difference was not significant I would not report it in the abstract, unless you clearly state this difference may be due to chance.

This statement has been deleted from the plain English summary and the abstract (see page 4).

2.0 Background

As a result, Uganda’s PMTCT policy was revised to incorporate option B+ in October 2012, following efficacy studies in Malawi and Zambia.

Define PMTCT. The abbreviation ‘PMTCT’ has been defined.

See the revised statement below:

As a result, Uganda’s Prevention of Mother-To-Child Transmission (PMTCT) policy was revised to incorporate option B+ in October 2012, following efficacy studies in Malawi and Zambia.
3.0 Discussion

3.1 Spousal support varied between recruitment sites; this may be attributed to their different models of PMTCT service delivery (Table 6).

All tables need to be referenced in the results section first or removed.

See page 15 of the manuscript with track changes for a statement included to reference table 6 in the results section.

3.2 During these FSGs, women regularly met at health facilities to provide mother-to-mother peer support and discuss issues related to stigma and disclosure.

During family support groups? Does this mean meetings or events attended by FSGs? I think this is inappropriate word choice. FSGs are groups of HIV-positive pregnant and breastfeeding women on lifelong ART who meet regularly at the health facility to discuss issues related to stigma and disclosure.

See the revised statement for clarity:

This higher level of negative outcomes could be attributed to the role of family support group (FSG) meetings which are largely attended by the married (stay home) women. In these FSGs, women regularly met at health facilities to provide mother-to-mother peer support and discuss issues related to stigma and disclosure.

4.0 Conclusion

The findings of this study emphasize the major role of HIV status disclosure in enhancing access to services and ensuring retention in lifelong ART.

There are no results assessing retention in treatment, I would remove this as a conclusion.
The segment on retention has been removed from the conclusion. See the revised statement below:

The findings of this study emphasize the major role of HIV status disclosure in enhancing access to services.