Author’s response to reviews

Title: Challenges and Support for Quality of Life of Youths Living With HIV/AIDS in Schools and Larger Community in East Africa: A Systematic Review

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Author’s response to reviews:

Reviewer 1

Comments to Author:
The authors have responded adequately to the initial reviewer comments, improving their reporting of methods and giving a rationale for their approach to analysis, and they have further developed their themes. I think this paper provides valuable information for those developing interventions to support youth living with HIV/AIDS in East Africa. My main comment has to do with the need for a few adaptations to reflect the change to theme structure in the abstract and introduction to the findings, and a few other minor points.

Response
We thank you for your critical review that has enabled us to make adjustments for the improvement of the manuscript.
Comment
Line 309
I found this sentence confusing, I've suggested an adaption.
Suggested change:"stigma linked to challenges identified across the themes of psychosocial
wellbeing, disclosure of HIV status and treatment and health as shown in figure 2 below."
Response
Thank you for this suggestion to clarify the sentence. We have made this change in the revised
manuscript line 309-311.

Comment
In the Discussion you address the need to consider stigma in relation to any intervention, but in
looking back at the abstract the central nature of stigma in relation to the challenges, and the
implications of this for any interventions for support, is not obvious. This seems an important
finding and could be added to the abstract conclusion.
Response
We have included a statement in the abstract to highlight stigma and its implication on possible
interventions to address challenges and support needs of YLWHA. Lines 68-71.

Comment
You state 'Two overarching themes based on study objectives were the basis for analysis' - did
you mean 'the two study objectives of challenges and supports were the basis for analysis'? I
wondered if the description of themes reflected the first manuscript version and not the second,
isn't the current thematic structure 'Three overarching themes: Psychosocial wellbeing;
disclosure of HIV status; and treatment and health; with a sub-theme of stigma that was
important across the three overarching themes'
Response
Thank you very much for pointing out this. It was an omission on our side to adapt the results in
the abstract to the revised result section. This has now been done in the abstract. Lines 55-60

Comment
Line 406
"The challenge is … they still have no partner. They are not like a couple. So, for them to freely
come and say that "me I'm practicing sex" is still an issue" (male nursing officer, health center)
408 [54, p3].
I found this discussion and supportive extract a little confusing - the youth are not having sex?
They are? Is their desire for contraception for the time in the future they might be having sex?
Or, are they having sex, but avoid seeking contraception to prevent being discovered? In the
extract, the male nurse states 'they are not like a couple' - yet the youths are having sex, so is this
referring to sex between people who don't have a formal relationship, eg outside of marriage?
Maybe the text just needs to be framed a little differently - is it that access to contraceptives is
ideal whether the youths are or are not sexually active, but youth commonly avoided seeking
contraception for fear of stigma around being sexually active
Response
Access to contraceptives is ideal for youth but the stigma associated with adolescent sex and sex outside marriage in the African context keeps adolescent youths from seeking contraceptives. Seeking contraceptives would portray them as having sex when they are still adolescents and as prostitutes because they are not expected to be married at that age. We have maintained the quote from the primary study but we have adjusted the discussion prior to the quote in order for the quote to be well understood. Line 400-404

Comment
Line 436
Have you referred to this finding about SRH under 'psychosocial support' because SRH is supported within an emotionally supportive service? I appreciate addressing findings that link to more than one theme is difficult, but it is odd to see it without reference/link to the section above on SRH, where the finding was not mentioned. A cross-reference between sections would help, or you could move the paragraph to the section on SRH and cross reference psychosocial support
Response
We have included a cross-reference to the subtheme of psychosocial support under the subtheme of Sexual and Reproductive Health challenge. Line 409-410

Comment
Health treatments theme
Wondered if the section on health treatments would be better reported higher up in the findings section, as the other themes refer to medication and this prepares the reader to better understand.
Response
We appreciate the suggestion to reorder the themes and report health and treatment higher up in the findings but our arrangement proved to create more coherence and minimal repetitions in reporting findings. We chose to start with a theme that had more breadth within the data and end with one that had less. Due to the interrelatedness of the main themes we also provided cross references where necessary to ease the understanding of the findings.

Reviewer 2
Authors have substantially changed their manuscript to improve quality of the manuscript. However, the following minor points need to be addressed by authors;

Comment 1
I could not see PROSPERO registration number with this review. Please add a statement with number to the method section. I hope that this review should have been registered with PROSPERO.
Response
We realized the need to register our review protocol with PROSPERO to avoid duplication and bias when conducting the review but we did not undertake this since we did not meet the second inclusion criterion of PROSPERO that requires the review to have at least “one outcome directly related to human health”. Although our results directly relate to human health, they are not results of measures or tests and therefore do not qualify as “outcomes” However, we searched PROSPERO and did not find any ongoing or complete review similar to ours.
Comment 2
I could not find adherence statement and reference to PRISMA.
Response
We had not included a statement of adherence to the PRISMA statement but we followed the PRISMA guidelines and included a PRISMA checklist as additional file to our submission. With this revision, we have added this statement at the start of the methods section (lines 145-147) and we have updated the PRISMA checklist to cater for the changes in page numbers.

Comment 3
In table 1, it would be better to add mean age with range if available to participants' details. I also think the 'Data collection method' word should be replaced with the 'study design' [it is up the authors, not compulsory].
Response
The reporting of mean age is not consistent in all the studies and therefore we opted not to include it. We have changed ‘Data collection methods’ to ‘study design’ in the table 1 as you suggested

Editor's comments:
Your manuscript has improved substantially in response to reviewers comments. Reviewers have indicated that additional points should be addressed. Additionally, Reviewer #2 have raised a key issue regarding registration (PROSPERO) and PRISMA Guidance. PROSPERO is a recommended database to register systematic reviews. In response to Reviewer #2 comment, you need to state if this registration was done or not, and if this is the case, to provide the registration number. If your review was not registered in advance, we ask the authors to explicitly state the review was not registered in PROSPERO and provide a brief explanation.
Response
We realized the need to register our review protocol with PROSPERO to avoid duplication and bias when conducting the review but we did not undertake this since we did not meet the second inclusion criterion of PROSPERO that requires the review to have at least “one outcome directly related to human health”. Although our results directly relate to human health, they are not results of measures or tests and therefore do not qualify as “outcomes” However, we searched PROSPERO and did not find any ongoing or complete review similar to ours.

Comment
Regarding PRISMA guidance, we suggest authors to explicitly follow the PRISMA statement, citing it on the methods section and following all the recommendations of the PRISMA statement through the manuscript.
Response
We had not included a statement of adherence to the PRISMA statement but we followed the PRISMA guidelines and included a PRISMA checklist as additional file to our submission. With this revision, we have added this statement at the start of the methods section (lines 145-147) and we have updated the PRISMA checklist (additional file 6) to cater for the changes in page numbers.