Author's response to reviews

Title: Prevention and care of paediatric HIV infection in Ouagadougou, Burkina Faso: knowledge, attitudes and practices of the caregivers

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Author's response to reviews: see over
Response to reviewers

Title: Prevention and Care of paediatric HIV infection in Ouagadougou, Burkina Faso: knowledge, attitudes and practices of the caregivers
Version:1 Date:9 November 2015
Reviewer: Laura Sauve
Reviewer's report:
1. Better justification / description of sample size is needed: I have a concern about the sample size; the authors report using an information saturation method to calculate sample size, which would be appropriate for a qualitative study, but I am surprised that one could reach saturation with such small groups, including two with less than 10 participants.

We thank the reviewer for drawing our attention with respect to the sample size calculation method. In our study design we planned to use the information saturation method which was fully achieved with the group 1 and 4. But the group 2 and 3 were less represented and in the study hospitals and we could not reach our desire goal by the time of the survey. We propose to cancel this part in the method section in the revived version of the manuscript, as in qualitative studies, we are not obliged to justify the sample size (page 8, line 174).

2. I would expect that understanding of the concepts discussed might vary with HIV status; and also that respondents with differing relationships would have different perspectives on some of the questions. What proportion were parents (vs grandparents, aunties, other caregivers)? The interpretation of some of the questions would be quite different if it was a parent or a grandmother giving the information – for example, of the 1/3 of caregivers who felt that testing should only be based on clinical illness in the child, was that mothers (or fathers) known to have HIV? Or HIV negative family members / parents?

We appreciate the idea of better discussing concepts with respect to caregivers’ HIV status. Unfortunately, in our study design, we did not specially inquiry about the respondents’ HIV status. As for respondent relationship, 8 (21%) were fathers, 28 (76%) mothers and 1(3%) aunt. Among the 10 (27%) respondents who said that the infant diagnostic should be based clinical illness, 4 were fathers and 6 were mothers. We added these details in the result section page 8 lines 179-180 and page 10 line 214.

3. Was speaking either French or Mooré an inclusion criteria? Would that systematically bias the results? For example, for those speaking only minority languages, perhaps those who do speak French are more likely to have received some education than those who spoke neither French or Mooré.

We thank the reviewer for allowing us to better specify our inclusion criteria. Speaking French or Mooré was not an inclusion criterion. As we explained in our method section, we included all the caregivers of children less than five years old who attending the hospital at the time of the survey. In Ouagadougou, almost everybody speaks either French or Mooré, and sometimes both languages.
4. One distinctive difference between group 4 (the caregivers attending the paediatric ward where the child had not been tested) and the other three groups (caregivers of children who had already been tested for HIV, including those who are positive and those who’s results were not back) which was not discussed, and may change interpretation: the level of education amongst group 4 is strikingly elevated and could account for any of the differences seen between the two groups; it is striking and may have explained why the general knowledge wasn’t different between families affected by HIV (as in groups 1-3) and much more educated families not affected by HIV, who’s general knowledge might be expected to be higher.

We are pleased that the reviewer helps us better discuss our results and we take into consideration her comment in our discussion section, as followed: “But, the lack of difference in terms of knowledge of the group 4 versus the groups 1+2+3 can also be related to the level of education: the level of education amongst group 4 is greatly elevated and could account for any of the differences seen between the two groups” page 12, line 275-277.

5. The authors reported using written consent; how is this possible in a setting with such limited rates of literacy? 27% of respondents had no schooling at all – a mention of how informed consent was obtained, and the ethical considerations of written consent in illiterate populations would be important in the Burkinabé context.

The sociologist translated the informed consent sheet to the caregivers who were illiterate and they gave their consent verbally, and affixed their fingerprint as signature. We replaced the word “written” by “verbal” in the revised manuscript in page 8, line 173.

Minor:
1. Methods: Please add further details on the survey - the authors describe a qualitative cross sectional survey, but they don’t inform the reader whether the interviews were semi-structured, structured, or how long they took. The analysis seems to use dichotomous variables and I am left wondering if the interviewers gave “yes / no” questions.

The interviews were guided by a semi-structured questionnaire which allowed the sociologist to record parents’ comments. Some relevant comments were cited in the manuscript. The “semi-structured questionnaire” is already mentioned in page 8, line 160 and we do insert additional details for the sake of brevity.

2. I agree with the authors stated study limitations (in addition with what is discussed here); the discussion of limits might best be later in the discussion.

We are grateful to the reviewer for her suggestion to underscore the study limitations later in the discussion and we take it into consideration in the revised manuscript in pages 13-14, lines 304-310.

3. Table 1 – it would be more comparable to see how many pediatric beds in each hospital (difficult to compare a huge general hospital like CHU-Yalgado to CHU-Charles de Gaulle. There are typos in this table, including a bed occupancy rate of 0.7 at one hospital. There is a long paragraph from line 136-143 which might better
be written in part of the table, as the information is important when examining the table, but doesn’t flow well with the remainder of the introduction.

We integrated the reviewer’s remark in our revised manuscript by adding the number of beds in the pediatric ward, by hospitals. We also cancelled the bed occupancy rate calculation method in page 7, and added this information under the table 1 in page 20, lines 476-480. However the bed occupancy rate of Nongr-Masson hospital is low (0.7) because of the limited number of days in which each patient occupied a bed over the year 2011. Most of the time, patients were referred at the University hospitals (Yalgado Ouedraogo or Charles De Gaulle).

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: 'I declare that I have no competing interests'
Reviewer: Dipesalema Joel
Reviewer’s report: Major Compulsory Revision

Abstract
The abstract reads well. I am well cognisant of the fact that this was a qualitative study and therefore a total number of 37 participants interviewed may not be way too low for qualitative research. However, I have reservations on the way the figures were reported as percentages. Given that only 37 participants took part in the study, I would advise the authors to report the absolute values of the respondents and include percentages in brackets. For example; A total of 27(73%) caregivers had primary or high level of education, and 15(41%) described their occupation as “housewife”

We thank the reviewer for underscoring the fact that introducing the absolute number might be more pertinent in the case of our qualitative study and we revise the abstract accordingly in page 3.

INTRODUCTION
Line 114 “The use of condom as a mean of HIV prevention was known for 78.0%”…..can be changed to “The use of condom as a means of HIV prevention was known in 78.0%”

We change the sentence in page 6, line 114, according to reviewer’s suggestion and we are grateful for improving the quality of our written English.

METHOD
OK
RESULTS
Line 184-186, include the absolute numbers and percentages as well
Line 195; “…thirty eight percent…..” Include the absolute numbers.
Line 210; “Fifty four percent..” Include absolute number
Line 212; Include absolute figure
Line 214; Include absolute figure
Line 215; include absolute figure
Line 218; include absolute figure
Line 221; include absolute figure
Line 229; Include absolute figure

We included the absolute numbers in our result section in pages 8-10, as suggested by the reviewer.

Discussion
OK
Conclusion