



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International STD Research & Reviews
Manuscript Number:	Ms_I-SRR_29202
Title of the Manuscript:	Preventing mother-to-child transmission of HIV: The perception and experiences of HIV positive mothers in Benin City, Edo State, Nigeria
Type of Article:	Original Research Article

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
<p>The aim of study: the verb "Explore" may be correct instead of "Describe"</p> <p>The sample size needs to be justified. In qualitative study, the saturation and negative case could be the two ways to reach any sample size. For reason of trustworthiness, the sample needs to be justified on how it was reached. What type of sample have you use? Is it purposive or theoretical or convenience sample? The participants were vulnerable populations, how did you gain informed consent from the participants? Please it should be described, as well as how anonymity and confidentiality of subjects were guaranteed</p> <p>The methodology remains not clear and difficult to follow or replicate it. How the data was collected, why the use of FGD mixed with In-depth-interview. Were they audio-recorded or noted, transcribed?? Video-recorded? Observation note during IDI? How have you done? The method of recording, eg, audio or video recording, should be noted, along with procedures used for transcribing the data. A description of how the data were analyzed also should be included. Was computer-aided qualitative data analysis software such as NVivo used? Arrival at "data saturation" or the end of data collection should then be described and justified.</p> <p>Description of how the themes and concepts were derived from the data also should be included. Was an inductive or deductive process used?</p> <p>Study findings</p> <p>The study findings have not been re-organised in line with the recommendations from the reviewer.</p> <p>The author highlighted to identify recurrent themes on patients' perception and experience of the PMTCT programme at the sites.</p> <p>The interpretation should usually be grounded in interviewees or respondents' contributions and may be semi-quantified, if this is possible or appropriate, for example, "Half of the respondents said..." "The majority said..." "Three said..." Readers should be presented with data that enable them to "see what the researcher is talking about."</p> <p>The findings should be presented in the context of any similar previous research and or theories. A discussion of the existing literature and how this present research contributes to the area should be included. A consideration must also be made about how transferrable the research would be to other settings. Any particular strengths and limitations of the research also should be discussed.</p>	<p>The aim of study: the verb "Describe" has been replaced with the verb "Explore"</p> <p>A convenience sampling method was use to recruit the mothers that participated in this study. The mothers were recruited from sites where they normally gathered to access care for themselves or for their children free from fear of discrimination and stigmatisation. Such sites included the support group meetings from HIV positive mothers, early infant diagnosis clinic and paediatric antiretroviral therapy clinics. At these various sites within the health facilities, the researcher approached the HIV positive mothers with the permission of the attending health workers. The researcher explained the purpose of the study to the mothers. The mothers who agreed to participate in the study were then recruited into the study. Prior to each focus group discussion session or in-depth interview session, permission was obtained for audio recording of each session.</p> <p>In order, to ensure confidentiality, the focus group discussion and the in-depth interview sessions were held in quiet rooms within the health facilities away from the health workers at the sites. In addition, ground rules were set before the commencement of each focus group discussion session and each in-depth interview session. The study participants agreed that details of the discussions would be kept confidential and not disclosed to anyone outside the group.</p> <p>The focus group discussions and in-depth interviews used in this study are both qualitative methods of data collection. A focus group discussion session is usually conducted with between 7-14 participants in order to allow for adequate interactions among the study participants which may give rise to some new ideas which the researchers may not have considered.</p> <p>In contrast, in-depth interviews are conducted when a smaller group of participants are to be studied. The in-depth interviews provide an opportunity for each study participant to share their experience in detail. In order to minimise bias, the same study instrument was used to conduct the focus group discussion sessions and the in-depth interview sessions in this study.</p> <p>In a qualitative study such as this, the emphasis was to highlight the experience and the perspective of each study participant on the topic of interest. This study did not seek to quantify the experience or the perspectives of the study participants. Rather, the aim of the study was to explore the experience each HIV positive mother had of the PMTCT programme and to describe how they felt about the programme having had the first-hand experience of going through various aspects of the PMTCT programme.</p>



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	<p>A quantitative study such as a cross-sectional study would be more apt for quantifying various aspects of the patients' experience of the PMTCT programme. However, this was not the purpose of this study.</p> <p>The author has organised the study findings in line with the recommendations of the reviewer and further edited same to avoid duplication of results.</p>
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