Reviewer's report

Title: Utilization of PMTCT services and associated factors among pregnant women attending antenatal clinics in Addis Ababa, Ethiopia

Version: 2
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Reviewer: Rose Zulliger

Reviewer's report:

This manuscript by Deressa and colleagues utilized mixed methods to describe factors associated with utilization of HIV counseling and testing services during pregnancy in Addis Ababa, Ethiopia. Overall, this manuscript is technically sound and provides interesting evidence on PMTCT within this large urban area, but it would benefit from provision of additional details on qualitative methodology and better integration of qualitative findings. I commend the authors on their effective use of mixed methods to provide a more holistic understanding of PMTCT experiences.

- Major Compulsory Revisions

• Line 193-4: The quantitative methods are well-characterized, but there is very little detail provided on the qualitative analysis. Please expand on how data were coded and the timing of qualitative interviews were conducted relative to quantitative surveys. Also- one of the strengths of FGDs is their ability to shed light on community norms and perspectives. Was there any disagreement amongst participants about HIV knowledge or barriers? If yes, please describe in the results. Please provide additional detail on how the nature of the FGDs may have affected participant responses.

• Line 567-577: Surveys were administered by nurses and were implemented within a health center. This may have led to social desirability bias and should be noted as an additional study limitation. Also- the non-random, consecutive sampling strategy may have introduced selection bias.

• This study included some women who were HIV-positive who presumably have quite different perspectives on PMTCT. Thus, please specify the HIV status of participants with their quotes. Also- if such information exists, it would be helpful to include results and discuss how the perceived barriers to PMTCT services differ by HIV status. What barriers did HIV-positive women mention to accessing ART? Currently, the focus is more specifically on barriers to HCT rather than more comprehensively looking at barriers to PMTCT services.

- Minor Essential Revisions

• The authors should consistently use either the term ARV or ART, but not both. Also- the acronym ARV is defined twice (line 72 and 93).

• Line 210: Please define SD the first time it is used.
• Overall, the manuscript is well-written, but there are a number of awkward sentences. Please re-read the manuscript to address these issues. E.g. line 402-“In contrast to the government health facilities, most FGD participants agreed the availability of quality ANC service in private health facilities.” And line 531-535 “The qualitative findings of this study highlighted that only limited number of pregnant women convinces…”

• Please indicate whether questions about HIV knowledge and about reasons for non-testing were open-ended or close-ended.

• Please clarify if wait times and time with counselors were for all types of clinical appointments or specifically for HCT.

- Discretionary Revisions

• There appear to be some important differences between the participants attending hospitals and health centers. It would be helpful to add in a bit more detail as to why a woman would attend one service over the other in Addis.

• There are multiple places where there are a series of FGD or IDI quotes with no other text. The article would benefit from more thoughtful integration of qualitative findings.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests