Reviewer's report

Title: Is 'Opt-Out HIV Testing' a Real Option among Pregnant Women in Rural Districts in Kenya?

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Reviewer: catrin Evans

Reviewer's report:

This paper is on an important topic. I have 3 issues with the paper however which I feel need to be addressed:

First, as it is currently written is that it is not really clear WHICH HIV testing debates the paper wishes to address. The main focus of the paper seems to be on the issue of whether or not antenatal mothers feel able to exercise informed consent during routine opt out HIV testing. The authors' conclusion is that most mothers do not articulate a strong sense of informed consent and do not particularly feel that they have a choice about HIV testing. As such, the paper needs to bring in and articulate the debates about consent and coercion in HIV testing and review some of the literature that addresses these issues. It needs to situate itself in the context of the existing evidence and policy analysis in this particular area. At the moment, the literature review section merely provides an overview of the development of HIV testing policy and is not really a literature review at all. Likewise, the conclusion/discussion veers off into a discussion on factors associated with women's perceived ability to make an informed decision about HIV testing - these are mainly social factors however and the authors do not then sufficiently connect them back to the nature HIV testing service provision (e.g. the type and quality of counselling/information giving provided) - which seems initially to be the main forucs of the paper.

Second, a major problem with the paper as it is currently written is ambiguity and confusion in some of the analysis.

If I have understood correctly, no-one out of the entire sample of 900 women declined the HIV test – i.e. there was a 100% consent (or compliance rate). There is an explicit assumption somehow that some of these women felt coerced into taking the test, and the paper seems to be determined to make this point, but I am not completely convinced that this is the case – especially when the data is based entirely on questionnaire responses rather than qualitative research. The fact that only 17% ‘knew’ that testing was optional (i.e. 83% did not realise that it was optional) is very interesting. However – I think the authors also need to consider how this figure would compare for any other kind of medical test (i.e. is this ‘normal’ for the Kenyan context? Do patients in other medical settings feel they have great choice or do they always do the tests that the doctor recommends even when they don’t fully understand them?). If the latter – how unique and or worrying really is the HIV testing issue?
I do not fully understand the question: “20% felt they would be able to make an informed choice to decline HIV testing even if they knew it was optional” – does this mean that 20% still would not have felt able to decline even if they knew it was optional (i.e. they would still have had a sense of compulsion to do the test) or does it mean that 20% would have declined the test had they realised that it was optional – this is a very critical distinction that is currently not clear in the paper.

Please be clear about which question is figure one referring to?

Likewise, please be clear about which question figure 2 is referring to and what percentage of the sample this sub-analysis applies to.

In the section on ‘factors associated with feeling able to make an informed choice to decline HIV testing (p.11), I have the following comments: -

• Please be clearer about which sub-sample the analysis presented here applies to (I am assuming it applies to the 20% of women who said they would have felt able to decline if they had realised they had a choice)

• The assumptions behind this analysis need to be clear. As per my understanding, 20% of the sample said they would have ‘felt able to decline if they knew that had a choice’. This is NOT the same as saying that they would have declined the test (just that they would have felt able to). This seems to me to be a crucial linguistic distinction. Yet, the authors seem to assume that it means that 20% of the sample would have declined the test. This is a conflation that seems to be erroneously made throughout the rest of the paper. For example, on p.11, the authors state “number of pregnancies, education levels, age and occupation were not significantly associated with the ability to make an informed choice to decline testing” – this assertion cannot be made on the basis of the findings – only that these factors were not significantly associated with women SAYING that they felt they would be able to decline testing. For example, on p.13 a statement is made that: “many more would have declined testing if information had been properly conveyed” – how do you know this? In another example, on p.13 the authors state that: “women not discussing HIV testing with the partners before visiting ANC declined testing to avoid being in a position where they were expected to convey an unfortunate diagnosis” – this statement does not relate at all to the findings as none of your sample did actually decline testing – so what is being referred to here? Likewise, the authors state that (P.13/14) “our findings show that perceived partner attitudes exert a strong influence on HIV testing” – this is simply not the case – you showed an association between perceived partner attitude and perceived ability to decline testing – no relation to actual testing behaviour however.

• On p.14, the confusion and conflation about the findings is even worse: the authors state that “our findings showed that women who did not discuss HIV testing with a partner declined testing” – but you previously said that none of the sample declined testing! – you are reporting an association between perceptions
not actual behaviour. These statements are highly misleading therefore – this misleading statements continue on p.14/15 (last sentence on p.14, 1st sentence on p.15)

Third and finally, the papers’ conclusion needs to address the ‘so what’ question. Given the public health imperative to increase HIV testing and the human and material resource constraints within the Kenyan health system, the paper needs to clearly articulate what the implications of the findings are? Is further research needed? How should programme managers or policy makers respond to these findings? The authors also need to consider that the antenatal service ‘got it right’ and managed to ensure a very ‘good’ (in public health terms) adoption rate – it might be worth considering how this was achieved.

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.