Reviewer's report

Title: "Blood from a finger prick is to test for Malaria." A qualitative exploration of HIV testing preferences in Tanzania

Version: 1
Date: 28 April 2014
Reviewer: Allison K Groves

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Summary
The authors used in depth interviews and focus groups to identify key characteristics of HIV testing venues and subsequently, to rank these characteristics in terms of how they might affect their testing preferences. The writing is clear and easy to follow.

Introduction
1. Major revision: the authors’ entire premise of the paper is that it is characteristics of the testing venue and not other individual/relational/structural factors that influence individual testing decisions. Given this premise, I feel like there needs to be a paragraph in the introduction of the paper that builds a rationale for the focus on understanding characteristics of the testing venue as opposed to understanding other factors that influence individual testing decisions.

2. Major revision: it would be helpful if the authors would describe the context of testing in Tanzania in greater detail in the introduction. The authors tell us that there are varied options for testing. Given that the focus on the paper is on characteristics of different testing sites, it would be helpful to know up front what is currently available in this context. The authors do identify different types of testing in the second paragraph but this paragraph seems to be about what is available more generally in Sub Saharan Africa.

3. Major revision: it is not clear from the introduction how both in-depth interviews and focus group discussions are going to help the authors answer their research question. These are two distinct qualitative methods and it would be helpful if the authors set up a rationale for the use of each these methods in their introduction.

4. Minor revision: Related to point #2, it would also be helpful if the authors briefly describe the National Testing Policy in Tanzania since that might help readers to further understand how individuals are/are not being reached.

5. Discretionary revision: The first sentence of the second paragraph describes “worldwide” barriers to uptake of testing. However, all of the references cited are specific to sub-Saharan Africa. I would suggest changing the beginning of this sentence to match the literature cited.

Methods
1. Major revision: the contextual information about Moshi is limited. Can the authors tell us a little more information? Are the types of testing offered in Moshi similar/different to the rest of TZ? Are there testing statistics specific to this town?

2. Major revision: I think, though am not totally sure, that the IDI’s preceded the FGDs. This needs to be stated explicitly in the methods section. It would be helpful, too, if the authors discussed whether and how these two forms of data were analyzed together or separately.

3. Major revision: it is unclear what the purpose of the IDIs was. This can be clarified in the introduction (as suggested above) but then needs to be further expanded in the methods section. What was the purpose and value to recruiting 8 individuals for IDIs from the locations described? This is a very small sample, even for qualitative research, so how does it help to further our understanding of the authors’ research question? Why not also sample these participants based on testing history (to be consistent with the sampling for the FGDs?)

4. Major revision: I don’t understand the sentence “because the focus of the FGDs was on representation rather than representativeness, no attempts were made to identify the preferences of any specific subgroups…” The authors sampled on characteristics that they thought might affect preferences for testing venues (gender and testing history), and they say in their results and discussion whether the findings differed on these characteristics.

5. Minor revision: the authors suggest that “standard FGDs” focus on depth of information rather than eliciting breadth of information. A citation would be helpful here as I am not sure all qualitative researchers would agree with this. I think the type of information elicited tends to be specific to the RQ at hand.

6. Minor revision: in the analysis section, it would be useful if the authors discussed how they looked at differences by gender and testing preference (see note #4). Also, it would be helpful if they talked about how they reconciled any discrepant findings in their coding of the four FGDs.

Results

1. Major revision: the biggest issue I have with the conceptual framework that is presented is that I am not sure I see “confidentiality” and “quality of counseling” as separate domains. I think some researchers would argue that confidentiality is a part of ‘quality’ when it comes to counseling. Even in reading the presentation of the results section, there was overlap in these domains – for example, the participants suggested the same characteristics of the counselor to affect both domains. I get that there are some structural aspects of the facility that might affect confidentiality; however, other than that, I see these two as inextricably linked. What if the two domains of the framework instead were “accessibility and ancillary services” and “quality” and “ability to maintain confidentiality” was a box, rather than a circle? Would that work? If the authors feel that the two domains that they presented truly are distinct, then it would be helpful for them to talk about ways in which they do overlap (as I discussed above).

2. Minor revision: I am not sure that Table 1 adds much to our understanding of who the study participants are or how the demographics presented contribute to
our understanding of their testing characteristic preferences. This is particularly true for both the gender and testing history rows, since those are characteristics that the authors sampled on (therefore, I would expect them to be evenly split...and the only reason they are not is because the authors included the characteristics of those who were in the IDIs in these descriptive stats as well).

3. Major revision: There is very little time/text devoted to the results of the ranking exercise, yet it is a major component of the analysis. Is it useful for us as readers to have all three figures? Are there particular similarities/differences across the figures that the authors would like us to pay attention to across the three figures? If so, then that should be reflected in the text. Otherwise, the figure as it currently stands is pretty but a little busy.

4. Discretionary revision: I would consider putting the concept map at the beginning of the results section and then referring to that as you present the different results. It frames the organization of the results and is nice to look at as one is reading the results.

5. Discretionary revision: I am old school and printed out the article to read it. When you print the article, you cannot tell a difference in the different categories in the two figures. Is it possible to modify the bars so that some bars are striped/dotted/etc if one is looking at the article in grayscale?

Discussion/Conclusion

1. Major revision: The authors find that confidentiality, quality and accessibility matter to HIV testing. These are not new findings and yet they continue to persist as barriers to testing uptake. It would be useful if the authors reflect more in their discussion on why these issues might continue to persist after so many years of offering HIV counseling and testing. The authors can also talk in more detail about how changing approaches to HCT might address the issues participants identified. For example, I really like how the authors talk about how testing services at a hospital might be one way to address confidentiality (and quality). However, in their data, there were some participants who mentioned that the quality at hospitals was often compromised based on demand. Given such, the authors might want to reflect more on costs/benefits to different ‘new’ proposed approaches in their manuscript.

2. Major revision: one of the main finding to me, seems to be there is great variability in what people are looking for in their testing site and therefore that different sites, may be appropriate for different individuals. How does the finding build on existing literature? What might we think about moving forward in terms of research and future intervention implications given such heterogeneity?

3. Minor revision: the authors talk about how the “use of provider-initiated HIV testing” within hospital settings might constitute a new approach in Tanzania. The authors should review existing policy guidelines in TZ (as I commented on in the introduction) since it is not clear whether or not PITC would be a new strategy in this context. Also, the authors should define what they mean by the term, PITC, since it is used in many different ways in existing literature (see this paper – though it focuses on testing approaches in pregnancy, it also talks about confusion in usage of different terminology in testing approaches: Maman S.,
4. Minor revision: the authors discuss how “frequency of reference to a specific characteristic is not necessarily reflective of its importance to participants” because it appears that participants ranked different characteristics but then no further feedback was yielded on the ranking exercise. Given such (and the paragraph that follows about the limitations in terms of the informative value of attribute rankings, I am left wondering what we can learn from the rankings exercise (this comment is related to comment #3 in the results section as well).

5. Minor revision: it is very unusual for data to be presented for the first time in the discussion section. I would recommend removing the quote from the discussion.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests