Reviewer's report

Title: Community views about routine HIV testing and antiretroviral treatment in Botswana: signs of progress from a cross sectional study

Version: 4 Date: 23 December 2006

Reviewer: Sheri Weiser

Reviewer's report:

General

In view of recent recommendations to expand routine testing in many international settings, it is critical to better understand Botswana’s experiences with this policy. As this paper is one of the first to examine actual experiences with routine testing in Botswana, it provides an important contribution to the literature. Nevertheless, there are several important limitations that should be addressed to strengthen this paper, and these are outlined in detail below.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) There is much controversy in the literature over the definition of routine testing, and specifically the differences between what is meant by “opt-out testing”, “routine testing”, and “routine offer testing”. There is also significant controversy over how routine testing has been implemented in Botswana—i.e.: whether they have followed an opt-out approach (informed consent is assumed if the patient does not explicitly refuse the test) versus an “opt-in” or “routine offer” approach where a more explicit informed consent process is required. Consequently, it is critical for the authors of this paper to define what they mean by routine testing, and how they phrased the question to participants. Without a clear understanding of this, it is not clear exactly what policy respondents are in favor of.

2) The authors claim that they set out to better understand aspects of the RHT program including whether the program is coercive, is associated with partner violence, and whether it drives people away from health services. Yet, they have not clearly answered many of these questions. The authors do report data on the proportion of people “asked about testing”, and also state “a few not asked about testing thought they were tested”. They should be more clear about what this means (i.e.: were the former offered a test, and were the latter group tested without their consent), and they should specify whether they asked participants directly about informed consent. If they did not ask explicitly about informed consent, the authors need to be more careful about what to infer from this data.

While approximately half of respondents said that they had visited a government health facility over the past 12 months, it is not clear from this information how often people avoided government clinics for fear of being tested. It is possible that the other half of participants had reason to go to a health clinic but avoided it for fear of testing. Among those that had been to a health clinic, it is possible that they did not go as often as they felt they should have for fear of being tested. Yet based on the fact that approximately half of participants had simply attended a government clinic over a 12-month period, the authors conclude “we found no suggestion that people might avoid using government facilities for fear they might be coerced into being tested for HIV” (page 16). Again, the authors need to clarify their findings and should also be careful about what they conclude based on their findings.

Finally, while the authors did find that there was no association between having experienced partner violence and having been tested, this does not provide direct evidence that routine testing is not associated with partner violence. It is possible that women who have experienced violence are less likely to visit clinics in the first place, but at the same time women who are tested are more likely to later experience partner violence. If this were the case, there would be no association between violence and testing, but this does not imply that testing does not lead to increased violence. The authors did not ask directly whether participants experienced any partner violence after being tested under routine testing. My main point here is that while all of the above findings are valuable, the authors should be careful about drawing conclusions beyond their data.

3) The authors should give more details on their sampling for the quantitative survey. They describe a "last stage random" sampling process, but that is inconsistent with having selected 100 contiguous households. They therefore need to further clarify and justify (a) why they choose 100 contiguous households instead of choosing households at random and (b) if household is the lowest unit of analysis (in which case their statements about the last stage being random is incorrect) or if the last stage involves sampling participants...
at random from the 100 households. As a separate issue, they also need to clarify how they constructed the weights. If they constructed weights based on inverse probability of selection to the sample, that would follow standard practice, but given the information they provide, it is hard to know if that in fact is what they did. In addition, the authors should specify whether they selected enumeration areas from all districts of Botswana, or from a subset of districts. To help the reader better understand how representative their sampling was, they should provide detailed information on response rates at the beginning of their results (including the proportion that refused, that were not available etc.).

4) The authors should give more data on the focus groups. How many participants were in each focus group, and how were they selected? Did they use structured or unstructured questions in the focus groups, and how were the qualitative data analyzed? Did they also ask focus group participants about routine testing? If so, some of this data should be provided as well, and if not, why not?

5) The authors should provide some details on missing data and on how missing data was handled.

6) Page 6, 4th paragraph: The authors should better justify why they provide such detailed data on household socioeconomic status. Is it to demonstrate that their sampling reached vulnerable groups, since vulnerable groups may be more likely to suffer adverse consequences associated with this policy? Their rationale should be stated more explicitly. If there was not a clear reason for including this data, this data should be excluded from the manuscript.

7) The authors should provide more data on how their variables for their multivariable models were chosen, and on how their models were constructed (as relates to results bottom of page 11, and tables 4 and 7).

8) Page 15, 2nd paragraph, 2nd sentence: It is not clear what is meant by “enough information from men”. More information on sampling as discussed above would help the reader determine how representative the sample was. Based on the information provided, it is not clear whether there was truly a representative sample of men, or whether the men included in the study were more likely to be those who were unemployed, sick, or home for other reasons.

9) Page 19, 3rd paragraph: If the authors are to bring in data from focus groups on the association between ART and sexual risk-taking, they need to better contextualize the data in the literature. For example, there is data from elsewhere in Africa showing that there is no increase in risky sexual practices associated with uptake of ART, and that there may even be a decrease in risky sexual practices. (see Bunnell et al., AIDS, Jan 2006).

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Abstract:
1) Results, 2nd paragraph. In the second sentence, the authors state “nearly half were tested”, and later in the 4th sentence state that “55% had been tested for HIV.” This is confusing to the reader. In the 4th sentence, the authors should clarify that this is 55% of the entire sample, rather than just those that had visited a government clinic.

Methods:
2) page 5, 2nd paragraph, 1st sentence: What does CIET stand for?

Results:
3) Page 7, 4th paragraph: 4th sentence beginning with “The survey took place”: This information is repetitive, and belongs in the methods and not in the results. The authors can delete this sentence here.

Discussion:
4) Page 15: 1st paragraph, 4th sentence (beginning with “This figure is probably...”). This sentence is not clear. Whether people have been recently tested should not influence the “offer-rate”, but should affect only the testing rate. In addition, people who were not currently sexually active, but who have been sexually active in the past should be among those offered a test at least once. Given that this sentence does not add much, and seems incorrect, it should be deleted.

5) Page 19, 2nd paragraph. The authors are mixing results and discussion here. The last sentence of this paragraph belongs in results.

Tables:
6) Table 5: The first row and column is not clear. Is this the proportion offered a test? The authors also need to clarify here the difference between tables 5 and 6, i.e.: Table 5 shows all people tested among those that visited a government clinic, and table 6 shows all people tested among the entire sample. It may clarify things if the authors combine the data from Tables 5 and 6 into one table, since both tables provide
descriptive statistics on people’s testing experiences.

Discretionary Revisions (which the author can choose to ignore)

1) Discussion, Page 15, 2nd paragraph: While it is not surprising that women were more likely to visit government clinics based on their higher use of VCT and health services in Botswana and elsewhere, it is surprising that women were more likely to be tested once they presented to government clinics (one would think that routine testing would eliminate this gender difference among those visiting health clinics). More discussion of this interesting finding would be valuable.

2) Table 7: The finding that people who were in favor of routine HIV testing were more likely to get tested is an important finding, and worthy of more elaboration in the results and discussion sections.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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.

Declaration of competing interests:
I declare that I have no competing interests