PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<u>see an example</u>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Understanding the role of embarrassment in gynecologic screening:
	A qualitative study from the ASPIRE cervical cancer screening
	project in Uganda
AUTHORS	Teng, Flora; Mitchell, Sheon; Sekikubo, Musa; Biryabarema,
	Christine; Byamugisha, Josaphat; Steinberg, Malcolm; Money,
	Deborah; Ogilvie, Gina

VERSION 1 - REVIEW

REVIEWER	Brenda Quincy
	Elon University
REVIEW RETURNED	16-Feb-2014

GENERAL COMMENTS	2. The abstract says inclusion criteria age 30-65, whereas the Methods section says 30-69. 10. Table 2 is very helpful 15. The written English is good but there are a number of typographical, spelling and grammatical errors that require correction prior to publication.
	Because embarrassment is a barrier to screening that has been reported frequently in the literature, the finding that "embarrassment is not a static emotion" is really interesting. If the authors have more information on which aspects (community vs. personal, for example) of embarrassment were particularly dissipated through education and experience, it would be nice to include those data. If not, quantitative measures of change in level of embarrassment after educational campaign or after performing the self-collection would be a great future contribution to the literature on HPV self-collection. The only other revisions recommended are the needed spelling, grammar and typographical corrections.

REVIEWER	Jo Waller
	University College London, UK
REVIEW RETURNED	28-Feb-2014

GENERAL COMMENTS	This is a very interesting paper addressing the issue of embarrassment as a barrier to participation in cervical screening using self-collected samples for HPV testing in Uganda. The study is small, involving 16 women and 6 key informants, but given its novelty, I think it makes a worthwhile contribution to the literature.
	The Introduction gives a clear background to the study and clearly explains the context, rationale and aims.

I have a few comments on the Methods section:

- 1) I found the reference to 3 focus groups confusing, as there were, in fact, 2 groups of 8 women (and a third discussion involving all of them). I think it would be better to make it clear from the beginning that the sample was structured like this (although it is described further down the section).
- 2) I did not quite understand how the stakeholder interviews were analysed and whether this analysis formed part of the Results described, or whether these interviews simply informed the development of the focus group materials. Perhaps this could be clarified a bit more.

The Results section is clearly written with appropriate use of illustrative quotes. I have a few specific comments:

- 1) Given the small number of participants, I would be inclined to present just the n (not the %) in Table 1.
- 2) I found it difficult to match up the framework described in Table 2 with the results described in the text (e.g. 'the gender perspective' is a theme in the text but doesn't appear in the table). Given that the explicit focus of the study was embarrassment (and these are the only themes described in the Abstract), I was surprised to see all the other themes described in the Results. Having said that, many of the themes listed in Table 2 are not described in any detail, and the order of the table is different from the order in the text. From my reading of the paper, I did not get a strong sense that the theme of embarrassment emerged any more strongly than other themes from the HBM (and in the text, it is not presented as a sub-theme under 'Barriers' which is where it fits theoretically).

I'm not sure what the answer is – the authors could consider presenting other themes more briefly with an explicit acknowledgement that the analysis focused on embarrassment because that is what the study set out to explore.

3) Please provide identifiers for the quotes – I would suggest an ID number and a few key demographic factors like age and perhaps previous experience with the ASPIRE project? The quote at the bottom of p. 8 refers to 'they' and I wasn't sure whether this came from a stakeholder interview or from a focus group.

I thought the Discussion was very interesting, particularly the sections linking this study with the literature on embarrassment in colorectal screening. Again, though, the focus is very much on embarrassment and other aspects of the findings are discussed in much less detail.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. The abstract says inclusion criteria age 30-65, whereas the Methods section says 30-69.

This has been corrected to ages 30-69 in both the abstract and methods.

2. "The written English is good but there are a number of typographical, spelling and grammatical

errors that require correction prior to publication."

The manuscript was reviewed and these have been corrected.

3. "Because embarrassment is a barrier to screening that has been reported frequently in the literature, the finding that "embarrassment is not a static emotion" is really interesting. If the authors have more information on which aspects (community vs. personal, for example) of embarrassment were particularly dissipated through education and experience, it would be nice to include those data. If not, quantitative measures of change in level of embarrassment after educational campaign or after performing the self-collection would be a great future contribution to the literature on HPV self-collection."

Thank you for these thoughtful comments, in the future we do hope to quantify levels of embarrassment after engagement in educational and awareness campaigns.

Reviewer 2

1. "I found the reference to 3 focus groups confusing, as there were, in fact, 2 groups of 8 women (and a third discussion involving all of them). I think it would be better to make it clear from the beginning that the sample was structured like this (although it is described further down the section)."

This has been clarified at the beginning of the Methods section.

2. "I did not quite understand how the stakeholder interviews were analysed and whether this analysis formed part of the Results described, or whether these interviews simply informed the development of the focus group materials. Perhaps this could be clarified a bit more."

The stakeholder interviews were analyzed as part of the Results however they were also used to form aspects of the discussion guide. This explanation has been added to the Methods section.

3. "Given the small number of participants, I would be inclined to present just the n (not the %) in Table 1."

This has been adjusted accordingly.

4. "I found it difficult to match up the framework described in Table 2 with the results described in the text (e.g. 'the gender perspective' is a theme in the text but doesn't appear in the table). Given that the explicit focus of the study was embarrassment (and these are the only themes described in the Abstract), I was surprised to see all the other themes described in the Results. Having said that, many of the themes listed in Table 2 are not described in any detail, and the order of the table is different from the order in the text. From my reading of the paper, I did not get a strong sense that the theme of embarrassment emerged any more strongly than other themes from the HBM (and in the text, it is not presented as a sub-theme under 'Barriers' which is where it fits theoretically)."

Our study fits into the context overall of the Health Belief Model and it is true that many themes emerged during the process however we chose to focus specifically on embarrassment. Although several themes emerged embarrassment had been previous identified in pilot studies in the target community, thus the main focus of the focus groups was to explore this factor specifically. We have clarified this in the text.

5. "Please provide identifiers for the quotes – I would suggest an ID number and a few key

demographic factors like age and perhaps previous experience with the ASPIRE project? The quote at the bottom of p. 8 refers to 'they' and I wasn't sure whether this came from a stakeholder interview or from a focus group. "

More detail has been added to the quotes in the manuscript to provide more information about whether these were from the stakeholder interviews or the focus groups.

6. "I thought the Discussion was very interesting, particularly the sections linking this study with the literature on embarrassment in colorectal screening. Again, though, the focus is very much on embarrassment and other aspects of the findings are discussed in much less detail."

Please see response to comment number 4 addressing our focus on embarrassment.