Author's response to reviews

Title: What constitutes the best sex life for gay and bisexual men? Implications for HIV prevention

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Author's response to reviews: see over
We thank the reviewers for their very positive comments and their reflection that this paper makes a timely contribution to the literature. We welcome the opportunity to revise the paper in light of their feedback and have made a series of changes, which are outlined below.

**RESPONSE TO PAUL FLOWERS**

“Much of the references and UK context need to be reworked for an international audience”

We accept your suggestion (similarly made by Graham Brown) and have attempted to reflect a more diverse range of international research and intervention examples. In the introduction we have referred to the pleasure and sexual health study in Australia. We have significantly revised our discussion of the findings and now consider the themes in light of current or recent interventions in Australia, the US, Canada and a pan-European intervention. We hope this makes the findings more interesting and relevant to a wider audience. On page 5 of the revised paper we have cited examples of policy or operational frameworks that guide intervention design for charities or other HIV community based organisations in non-UK settings (before then describing the notion of the ‘best sex with the least harm’ contained within the *Making it Count* national framework for England).

“I think the paper suffers from a lack of analysis highlighting best sex descriptors with HIV risk behaviours.”

We appreciate that there is much to be learnt about the relationship between what men seek in their sex lives and sexual HIV exposure. It seems likely that differing values (or weight) placed on the range of features in a sex life is related to risk practices. However, we do not think this data is best placed to investigate that relationship. The themes we have identified arise from many short qualitative responses to an open-ended question. The purpose was to delineate the field of what men consider the best sex, not to measure the value they place on each of the potential features. That a respondent did not mention a theme does not indicate that theme is unimportant to him. As mentioned in the paper, we believe the current findings can assist in the construction of quantitative measures that will be much better suited to quantitative analysis of the relationship between sexual values and risk.

“Could the authors provide a context for this specific sample? How does it compare to other UK and international samples?”

We have added the following paragraph to the results section, which follows a description of our sample:

“Our sample, like all opportunistic samples of MSM in England, was predominantly gay identified, well-educated and employed. With a mean age of 37 years, they are somewhat older than samples recruited in gay scene venues (e.g. 32 years in a 2003/4 sample by Dodds, Johnson, Parry & Mercey, 2007) but similar to other samples recruited online (e.g. 35 years in a 2007/8 sample by Elford et al.,
2012; 37 years in a 2008 sample by Hickson et al., 2013). Perhaps because the current sample was predominantly recruited through gay dating sites, the proportion of men currently in a regular relationship was lower (at 36.0%) than in other convenience samples (e.g. 43.8% in a 2007 sample recruited though diverse sources by Hickson et al., 2008). It is possible that this may have biased the balance of descriptions of the best sex life by over-emphasising the relationships which men do not have (and are looking for).

“I was surprised that the analytic approach was not named as framework analysis. It may improve the paper to do this clearly.”

We have amended the method section to state that we drew upon the principles of Framework analysis (as described by Ritchie & Spencer, 1994) in the analysis of this data.

“Could the authors provide a clearer indication of the relevance of this analysis for intervention development for gay men and other MSM?”

In the original version of the paper, the discussion section already explored the meaning of this data in light of health promotion concepts, social marketing theory, emerging medical HIV prevention technologies, and existing interventions that attend to certain aspects of the dominant themes that we identified. We have sought to expand this further by adding the following paragraph:

“Public health interventions for HIV prevention emphasise risk reduction but pay little attention to pleasure promotion. This is clearly at odds with what men themselves are aiming for in their sex lives. The purpose of safer sex has always been to continue to have an adequate sexual life in the presence of potential harms by reducing the probability of those harms. The current study suggests that the kind of sex lives MSM aspire to are varied and multifaceted. Interventions should therefore not presuppose what a good sex life is, but instead endeavour to equip men with the skills, awareness and resources to enable them to move towards better sex with less harm.”

“Discretionary revision: I would like to see a much more social scientific engagement with the data. Clear articulation of its links with theory.”

We agree that there is much to be drawn from these data that link to existing social science theory, particularly those relating to consumerism. Indeed, we have alluded to this in the third paragraph where we summarise findings about a desire for meaningful and emotional connection to another person in light of common media and community perceptions of gay men as always promiscuous and obsessed with anal sex. However, given the public health focus of this journal, and to ensure the paper is accessible to a diverse audience of health and social care professionals who deliver HIV prevention interventions for gay and bisexual men, we are hesitant to prioritise social theoretical literature within the discussion section. We hope that this paper may encourage debate among both health professional and academics, who may draw upon diverse literatures in their engagement with the findings.
“Can you give some sense of the missing data for the variable?”

We have revised this section of the results to clarify the missing data, including those who were excluded from the analysis due to inconsistencies in their survey responses as a whole, and those who answered this particular question in a non-English language (despite completing the English language version of the survey).

“This paper use data from men living in the UK at the time of survey completion who answered the question, “What’s your idea of the best sex life?” in English. A total of 18,435 men living in the UK completed the survey, although to increase data quality we excluded 676 men who gave two or more inconsistent answers across the survey (see Weatherburn et al., 2013 for a description of this procedure), leaving 17,759 men. Of these, 12,942 provided an English language response to the question “What’s your idea of the best sex life?” (missing = 4817, of whom 3985 did not answer the question at all and a further 832 gave an answer to this specific question in a language other than English).”

I think the discussion about biomedical prevention could be strengthened. The implications of this data and analysis are, I feel, understated.

We have sought to strengthen the section of the discussion relating to biomedical prevention by describing the numerous researchers who have highlighted the need to maintain a focus on the psychological and socio-cultural dimensions of sexual health and HIV prevention. We go on to discuss how particular elements of our findings may have direct implications for the role out of treatment as prevention and pre-exposure prophylaxis (see page 20).

RESPONSE TO GRAHAM BROWN

Point 3. We have revised the opening paragraph of the discussion to be clearer about the limitations of the data, including issues relating to socially desirable responses. Regarding your point about marriage equality – we performed a brief analysis of media content during the period in which the EMIS survey was open for completion and there is nothing to indicate that conversation was any more vocal than it had been for some years previously. Debate and discussion around gay marriage became much more pronounced in the 2-3 months preceding the announcement of a government consultation in September of 2011.

Point 4. We entirely accept your feedback on this issue and have replaced the wording at the end of the introduction with exactly that you suggested.

Point 5. We have revised each theme description so that it begins with a more definitive proportion (one third, one in six etc.) and/or an exact percentage of people of gave a response that was coded to that theme.
Point 6. We agree that the interaction and correlation between themes would be interesting to understand. However, we feel that to statistically explore correlations between thematic clusters that were established by the coding of qualitative data in this fashion may be reaching too far. We fully appreciate the benefit in understanding if and how themes are correlated, but we would advocate doing this with more robust, quantitative measures of the best sex that might be developed using this formative qualitative data.

Point 7. We have included the following sentence relating to relationship between the themes and HIV status:

“The rank order of the eight themes was almost identical across the three testing history groups, suggesting no major group differences in sexual values. However, relationship formulation was significantly more commonly cited by men who had tested negative than those who had never tested or tested positive, as were emotional and sexual connection with a partner, and freedom from physical harm. Conversely, men who had tested HIV positive were significantly (if marginally) more likely to cite overcoming psychological and social barriers and idealised physical attributes than men who had not tested positive. We cannot say whether these differences preceded and perhaps contributed to men staying HIV negative or becoming HIV positive, or whether the differences are a consequence of diagnoses. On the other hand men who had never tested were most likely to be unsure of what their best sex life might contain, perhaps reflecting a broader ambivalence about the world.”

Point 8. Many thanks for highlighting this international literature on pleasure and sexual health. Please refer to our first response to Paul Flowers, who similarly asked for integration of a more diverse, international literature.

Point 9. We have revised necessary text to say, ‘insertive’ and ‘receptive’, rather than active and passive (with the exception of direct quotes from respondents, of course).

RESPONSE TO MARTIN HOLT

1. In the final paragraph of page 6 we have included, “The mean number of words per response was 11.5.”

2. We have added several sentences to the results section that comment on the association been HIV status and wanting sex to be free from harm and overcoming psychological and social barriers. – refer to point 7 in the response to Graham Brown (who similarly asked for comment on associations by HIV status).

3. We have included some additional interpretation of the age related patterns in the data. The following sentences have been added in the discussion:

“Conversely, that relationships featured more strongly in younger men’s responses may reflect maturation effects (whereby younger men have always been more interested in relationships and
that this interest declines, or broadens, with age) or changing generational values (with older men who were part of the liberation movement placing less emphasis on relationships and younger men, being more socially integrated, valuing heteronormative relationships). The current study is unable to unpick these maturational and chronological processes (but see Weeks, 2007).”

4. Please accept our apologies for the jumbled citations. These have been corrected and double-checked prior to re-submission.

5. We have clarified the wording of the final paragraph in the results section to read:

“Men whose response related to relationship formulation were also likely to mention some element of emotional and sexual connection (for example, “Regular sex in a steady, loving relationship”). Almost two thirds (62.1%) of responses were coded and included in either ‘Relationship formulation’ or ‘emotional and sexual connection’. A total of 15.6% of responses were included in both of these themes.”