Reviewer’s report

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

Version: 1 Date: 20 August 2013

Reviewer: Graham Brown

Reviewer’s report:

1. I welcome this article and its aims. The paper is well written and engaging, and is a useful and timely contribution to the literature. In particular the paper’s engagement with broader contexts of sexual health, relationships and desires as a key component of not only good health promotion, but also as a foundation to the effectiveness of programs to promote the role of treatment in prevention – as articulated in the paper’s discussion and conclusion.

2. The context and methods are explained well, drawing on unpublished data from a much larger and well described study in the literature. The coding and analysis of the open ended responses is well described and the process rigorous (taking into account comment below about limitations).

I do however, have a few minor revisions as well as some suggestions.

3. Minor Revision: The limitations of the data could be more fully discussed. While the larger study is well documented elsewhere, and the coding process is rigorous, the responses were generally very brief and potential implications of this could be highlighted in more detail than is currently provided. For example – issues of the study possibly being conducted during debates about marriage equality in the UK, and the potential for short social desirability responses.

4. Minor Revision: While the connections with the health promotion charter are implied, they are not well articulated and to some extent feel forced. Certainly taking a holistic view to engaging and promoting health (rather than just risk reduction) is important. Although the authors refer to the charter, and key applications such as Making It Count, the paper infers but does not articulate the links or implications of the results to all the Ottawa charter principles (not just social, but structural, policy, etc). The problem is that the authors have set themselves up for some large and unintended expectations with the statement “This paper aims to revisit the core principles of health promotion with regard to sexual health, in seeking to understand what MSM value in the context of their sexual lives”. The statement later in the paper: “the importance of attending to what people value and what is meaningful in their everyday lives when attempting to elicit health behaviour change” is possibly a more accurate focus of the paper’s contribution. Perhaps a better statement in the introduction might be something like “this paper aims to contribute to broader health promotion goals by seeking to understand what MSM value in the context of their sexual lives”.
This would allow the article to be focused on the key points the article makes about ensuring the increasing role of treatment in prevention does not separate itself from the reality of gay men’s lives, goals and desires, and undermine the capacity of health promotion to engage and influence.

5. Minor Revision: The term “a reasonable proportion” are not particularly useful in this context, and either percentages or better proportion descriptors (third, half, most, almost all etc) should be used

I also make the following suggestions:

6. Discretionary Revision: The interaction and correlation between the themes is only briefly engaged or discussed. I encourage the authors to consider, if not in this article then a follow up article, to take this analysis further. Given the size of the data and the effort to undertake such a systematic coding it would be useful for analysis for health promotion programs to understand the correlations of the themes to each other. Alternatively, multivariate cluster analysis may be very useful with other parts of the broader study data to assist in conceptualising ways of understanding and engaging with sub groups.

7. Discretionary Revision: Some discussion of the relationship between the themes and HIV status would be useful. Even if the proportions do not differ, this is still a useful finding in the context of negotiating desires, relationships and safety with HIV and detectable and undetectable viral load.

8. Discretionary Revision: Focusing on the UK only data is a valid decision – however there is a tendency for examples to also stay exclusive to the UK which can result in a paper for an international journal to be limited in its scope. There have been smaller studies internationally that have had similar sexual pleasure, satisfaction and relationship focus. I believe some studies have occurred in Germany and France. There was also an Australian study : PRESTAGE G, MCCANN PD, HURLEY M, BRADLEY J, DOWN I, BROWN, G (2010) Pleasure and Sexual Health: The PASH Study 2009.Monograph,National Centre In HIV Epidemiology and Clinical Research, Sydney Australia. – and one part of that study published as PRESTAGE, G., DOWN, I., BRADLEY, J., MCCANN, P., BROWN, G., JIN, F., HURLEY, M (2012) Is Optimism Enough? Gay Men's Beliefs About HIV and Their Perspectives on Risk and Pleasure, Sexually Transmitted Diseases Vol. 39; No. 3: P. 167-172

9. Discretionary Revision: My understanding is that the more accepted term for sexual positions was insertive and receptive (with the colloquial top and bottom remaining in brackets) rather than active and passive – as active and passive can imply issues of control and submission that may not be accurate (for example the colloquial ‘power bottoms’).

Level of interest: An article of importance in its field

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 that I have no competing interests