Reviewer’s report

Title: Patterns of HIV Testing Practices among Young Gay and Bisexual Men Living in Scotland: A Qualitative Study

Version: 0 Date: 15 Feb 2017

Reviewer: Steven Philpot

Reviewer’s report:

Thank you to the authors for this paper on HIV-testing practice among young Gay and Bisexual Men (GBM) living in Scotland. The argument is clear; GBM with more involvement in and access to gay community tend to have more regular testing patterns than those with less involvement or access. It is also novel given that it is the only paper available that researches young GBM's testing patterns in Scotland. My concerns and suggestions are outlined below.

MAJOR ESSENTIAL REVISIONS

1. The authors should make it clear whether this is a sample of GBM or Men who have Sex with Men (MSM). In the methods, the authors explain that gay men, bisexual men, and MSM were invited to participate in the study. However, they do not quantify how many of each group of men were part of the sample. The authors may find that there were no men who identified as MSM, and the entire sample was in fact GBM. If this is the case, the authors should be consistent across the whole paper in their use of the acronym best suiting this sample. For example, the title of the paper states it is about GBM, yet in much of the introduction uses MSM. I would suggest including in the methods how many gay, bisexual or MSM participated in the study along with the other demographic data you have already included, and then changing the acronyms in the paper to reflect which sample it really is - either GBM or MSM, but not both.

2. Some of the statements made in the findings about reactive testing practices and ad hoc testing practices should be supported by evidence/examples. Sometimes, the use of quotes may be needed to justify a particular statement or argument made by the authors. A few examples are listed below.

a. Page 11, lines 223-228: It is explained that HIV was distant from the everyday experiences of the men who tested reactively, and an issue they rarely discussed with sex partners or friends due in part to stigma associated with the condition. The authors might consider offering an example of a participant explaining that they were removed from HIV, or explaining that they might find it difficult to discuss HIV. More broadly, my interpretation of this section of the findings is that men who felt less attached to gay community networks had less experience with HIV and therefore had less opportunity/desire to access HIV testing. As such, their testing habits were reactive rather than habitual. Perhaps the authors could find an example that clarifies this?
b. Page 13, lines 278-283: It is explained that the men with ad hoc testing practices knew their online connections did not necessarily support them to develop regular HIV testing. It is also explained that living in a rural area made it physically harder to access testing venues. The authors might consider offering an example of a participant describing how their rural location made it difficult to test regularly, or an example where a participant felt their online networks did not offer them active encouragement to test regularly.

c. Page 10, line 198-201: The authors explain that there were a number of motivations for reactive testing, including episodes of condomless sex, symptoms of infection, and others. The authors provide an example of a situation where a participant tested as a reaction to exiting a relationship (lines 208-212). Perhaps the authors could provide another example of a participant who tested in reaction to one of the other factors that motivated them to access testing.

d. The authors may consider looking through their findings to find other cases where a statement made about the opinions or actions of their participants might need to be justified/explained with a quote.

3. On page 11, lines 217-221, the authors use a quote about Ed who expressed the view that less emphasis should be placed on HIV as a gay issue only, as it affects broader society too. I think this quote should be placed within the context of reactive testing: How does it relate to reactive testing habits and why is it important that Ed feels less emphasis should be placed on gay men? I would suggest removing this quote, or spending another sentence or two justifying why this quote is relevant to the argument about reactive testing.

4. On page 12, line 247, there is a grammatical error in the explanation of 'Ad hoc' testing practices that confused the point of the sentence slightly. It currently says 'described proactively seeking opportunities to test out with the context of a risk event, but they differed…' Am I correct in assuming it should read 'described proactively seeking opportunities to test OUTSIDE of the context of a risk event, AND they differed…?' The authors may want to clarify how this sentence should read.

5. My interpretation of the men who practiced 'Ad hoc' testing is that they knew they should test, but they were inhibited in doing so because they had little community support to do so (except for online spaces) and/or because they lived in rural areas where there were few testing spaces, and if there were testing spaces, they were uncomfortable with them. Is this correct? To me, the point of this section is to explain that the reason their testing practices were Ad Hoc were directly related to the barriers of lack of community support and rural living. I think this argument becomes a little lost due to a lack of evidence through quotes (as I explained in point 2b) and because of the explanation of the 'push' and 'pull' factors. To resolve this, I suggest removing the 'push' and 'pull' explanation and simply replacing it with enablers/catalysts and inhibitors/barriers. I also suggest adding a quote relating to living in a rural area and how this made regular testing more difficult for some participants, or a quote explaining that participants wanted to test, but felt limited by a lack of access.
6. On page 12, line 268 the authors write 'and perhaps also for others.' I would suggest editing this part of the sentence out or stating explicitly whether this was in fact a 'pull' factor for others too, or whether this was specific to Quentin.

7. In the list of abbreviations, the authors should add LGBT as they use it on page 13, line 277.

8. On page 15, lines 332-334, the authors clarify that it is important men are encouraged to have open conversations about HIV testing and re-testing, and the value of knowing one's own status. Globally (including in Scotland), many HIV organisations already promote these factors regarding testing. I think the authors could seek to add more to what is already currently promoted by the HIV sector. What else do the author's findings suggest about open conversations, peer support, and knowing one's own status, apart from that they are important and can be made difficult by certain barriers?

9. It is well established, at least in Australian literature, that men who are less attached to gay community are less likely to test regularly. As this applied to some of those men in the author's sample who tested reactively, perhaps they could include another reference in the discussion about attachment to gay community and its relationship with HIV testing. I also suggest the authors discuss how this reference relates to their own sample in the discussion. A possible article to consider is: Holt, M. et. al. (2012) HIV-testing, gay community involvement and internet use: social and behavioural correlates of HIV testing among Australian men who have sex with men, AIDS Behav. I recognise that in the introduction the authors already use a reference from the Australian context, but that reference is related to young men and testing rather than community attachment and testing.

10. In the limitations (page 17, lines 364-368), the authors state that generalising their findings from the study to other populations is not possible. In the next sentence, however, they conversely state that findings may be transferable to those with similar populations and social contexts. I think this is slightly conflicting and that the authors should remove the second sentence (lines 366-367).

11. The authors use the acronym 'UAI,' and also use 'unprotected sex.' It is now more common in research to use the term 'condomless sex.' I recommend where UAI or unprotected sex are currently used, they should be replaced with condomless sex.

SUGGESTED STYLE REVISIONS

1. The first three pseudonyms used in the findings all begin with the letter T (Theo, Tom, Tiernan). It may be better for readability if participants are assumed pseudonyms that do not look or sound the same.

2. There are some words and phrases that are used within 'inverted commas,' but may not need to be. I recommend reconsidering whether these words and phrases need inverted commas. Some examples are below, but I suggest having a look through the whole paper.
a. 'Risk events' (page 9, line 188)

b. 'Social' (page 9, lines 172 and 173)

c. 'Habitual,' 'reactive' and 'ad hoc' (page 7, line 127). These words are also italicised which perhaps they do not need to be.

d. 'Physical' 'gay community' (page 13, line 275-276). Gay community is a well-established phrase and a real-world space (as well as an intangible one) and as such probably does not need to be within inverted commas.

3. For readability, the authors could consider revising the way they describe the men. In referring to the sample, the authors often use the phrase 'of the men.' For example, page 5, line 97, the authors write 'nine of the men reported' when they could simply write 'nine men reported.' Another example is on page 6, line 135, where the authors write 'the majority of the men within this group' when they could write 'the majority of this group.' A few other examples are listed below that might assist in making the paper more readable, but I suggest that the authors re-read the whole paper and see where they might be able to make other changes.

a. The authors could consider changing page 5, lines 94-95 from 'Two of the men were from Ireland and two men were from outside the UK, however, all had been residents…' to 'Two men were from Ireland, and two men were from outside the UK. However, all had been residents…'

b. The authors could consider changing page 5, lines 97-99 from 'Nine of the men reported being in a relationship with another man at the time of the interview. The length of the relationships ranged from 3 months to 5 year 1 month' to 'Nine men were in coupled relationships, and reported relationship lengths between three months and just over five years.'

c. Page 4, line 69 currently says 'less well equipped' but could be changed to 'less equipped.'

d. Page 13, line 284 currently says 'these group's' but could instead read as 'this group's.'

4. On page 9, the authors use David as an example of the social dimension of HIV testing. After the quote (line 182), the authors write 'The social support these men received from friends around testing.' I think the authors could bring David into this sentence to give him a stronger voice. The authors could change the sentence to 'The social support David and his friends received from each other…' or 'The social support David received from his friends…' The authors could look for other examples where participants can be given stronger voices by bringing them into sentences of the text.

5. The section on Ad Hoc testing practices finishes with a relatively long quote. As it currently stands, I feel as if the reader is left without a 'wrap-up' of the findings. The authors might consider shortening this quote and adding a sentence after it that encapsulates what it says about Ad Hoc testing practices. The authors could then consider a sentence that succinctly sums up the point of this section and brings the findings to an end.
REVIEWER'S PERSONAL SUGGESTIONS

There are some issues that I think could be included into the discussion to situate it more clearly within current research and within the social world. However, these are only personal suggestions.

1. In contemporary society, health is generally considered a private and individual affair, yet the men with habitual testing sometimes tested together and gave it a social aspect. The authors could point to how these men were re-defining health practices and any questions that may arise from giving individual health a social element.

2. This paper is about young GBM/MSM, yet the authors do not seem to position these young men in relation to a broader social context. I think the authors can add more into the discussion about younger GBM in relation to testing and risk practices. It may be useful to add in a new reference or two and directly discuss what these references say in the discussion. In particular, how might the practices and thoughts of these younger men differ to men of other ages and why?

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal