PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	“Waiting at the dinner table for scraps”: a qualitative study of the help-seeking experiences of heterosexual men living with human immunodeficiency virus infection
AUTHORS	Antoniou, Tony ; Loutfy, Mona; Glazier, Richard; Strike, Carol

VERSION 1 - REVIEW

REVIEWER	Professor Jane Anderson Consultant Physician Director, Centre for the study of Sexual Health and HIV Homerton University Hospital NHS Foundation Trust Homerton Row London E9 6SR UK
REVIEW RETURNED	29-Jan-2012

THE STUDY	The research question, which is very broad, is defined in two parts. The study that is presented brings very interesting material to bear on the question posed but does not adequately answer it. The thrust of the study is on the subjects’ experience of using 3rd sector specialist support agencies for HIV in Canada. Although health care has some mention, it is not the major issue under consideration by the authors although it implied to be part of the research question. A qualitative design as used here is the appropriate approach for this question in view of the lack of existing data. The participants are not adequately described. Table 1 sets outs some basic demographic information but not enough to make sense of the study. For those born outside Canada more detail on migration stage is needed. More data on the stage of HIV infection is needed - how long had participants been aware of their HIV infection? What stage of HIV disease even a simple measure such as by CDC classification? Use of antiretroviral medication is not mentioned. How many were fathers? Inclusion and exclusion criteria are not adequately described. The authors state that they changed their recruitment strategy half way through the study. Although they state that there were no exclusion criteria based on ethnicity it may be that the opposite issue needs to be addressed as some ethnic groups are likely to be overrepresented within heterosexual men living with HIV in Canada and so should be oversampled. To what extent did the sample match the overall service user population? It is difficult to tell from the information supplied if this sample represents the population of patients who are heterosexual men with HIV in Canada as no background demographics for the overall

	epidemiology of HIV in Canada are provided. Since participants are drawn from the attendees of community HIV specific services they are likely to be amongst the more confident and better served of those living with HIV. Sampling from health care setting may have increased representation but only one clinical setting was used and in this particular context may confuse rather than clarify the situation. The main aim is to describe the experience of seeking help and this is described. The data obtained analysed through the particular theoretical lens of Pierre Bordieu which, although having much to offer may be unfamiliar to physicians. The references could be updated. The past 12 months has seen new data on life expectancy for people living with HIV in the resource rich world and although refs 13 and 14 are the original descriptions of the impact of ARVs,original data from the UK chic study (e.g. May M, et al BMJ 2011.) may illustrate the point more effectively. Many of the references cited are from the pre HAART era of HIV when care was frequently seen as palliative, whereas in 2012 with the population under scrutiny its about long term condition management, which brings a different set of perspectives. Although making the historical point about how services came to be configured in the way that they are, there Refs 15 and 16 should be juxtaposed with more current discourses on the needs of heterosexual people. The authors are over elaborating the volume of work on HIV in heterosexual women - it is indeed larger than that on heterosexual men but there are still many gaps. The point that women have taken more attention within the epidemic is certainly true in resource limited settings but the focus has been often on pregnancy and vertical transmission and there is little written which does not take motherhood as its primary focus rather than the experiences of women per se. The importance of intersectionality in this analysis could be given greater prominence (e.g. Doyal L. Challenges in researching life with HIV/AIDS: an intersectional analysis of black African migrants in London. Cult Health Sex 2009, 11:173-188.) Although there is little in the literature Doyal et al have published some data on this issue and Ref 5 could be mentioned on page 30 para 1.
RESULTS & CONCLUSIONS	Results and discussion are intertwined and it's not easy to pull them apart. This in turn means that there is an element of repetition in the discussion section. It would be easier to see the messages if there was greater separation of the sections.
GENERAL COMMENTS	This is an important, hard to reach and diverse subgroup of people living with HIV in the resource rich world. Overrepresented in the statistics of late presentation and seen as an important part of the prevention agenda data is badly needed about heterosexual men with HIV to meet their service needs, and so i read this paper with considerable interest. However I am concerned about the suitability of the paper in its current format for this particular journal and audience, thinking for example that AIDS Care would be more appropriate for these data There are several modifications that would strengthen this paper The research question, which is very broad, is defined in two parts. The study that is presented brings very interesting material to bear on the question posed but does not adequately answer it. The thrust of the study is on the subjects' experience of using 3rd sector specialist support agencies for HIV in Canada. Although health care has some mention, it is not the major issue under consideration by the authors although it implied to be part of the research question.

	The participants are not adequately described. Table 1 sets outs some basic demographic information but not enough to make sense of the study. For those born outside Canada more detail on migration stage is needed. How long had participants been aware of their HIV infection? What stage of HIV disease even a simple measure such as by CDC classification? Use of antiretroviral medication is not mentioned. How many are fathers? Inclusion and exclusion criteria are not adequately described. The authors state that they changed their recruitment strategy half way through the study. Although they state that there were no exclusion criteria based on ethnicity it may be that the opposite issue needs to be addressed as some ethnic groups are likely to be overrepresented within heterosexual men living with HIV in Canada and so should be oversampled. To what extent did the sample match the overall service user population? It is difficult to tell from the information supplied if this sample represents the population of patients who are heterosexual men with HIV in Canada as no background demographics for the overall epidemiology of HIV in Canada are provided. Since participants are drawn from the attendees of community HIV specific services they are likely to be amongst the more confident and better served of those living with HIV. Sampling from health care setting may have increased representation but only one clinical setting was used and in this particular context may confuse rather than clarify the situation. The main aim is to describe the experience of seeking help and this is described. The data obtained analysed through the particular theoretical lens of Pierre Bordieu which, although having much to offer may be unfamiliar to physicians. The references could be updated. The past 12 months has seen new data on life expectancy for people living with HIV in the resource rich world and although refs 13 and 14 are the original descriptions of the impact of ARVs,original data from the UK chic study (e.g. May M, et al BMJ 2011.) may illustrate the point more effectively. Many of the references cited are from the pre HAART era of HIV when care was frequently seen as palliative, whereas in 2012 with the population under scrutiny its about long term condition management, which brings a different set of perspectives. Although making the historical point about how services came to be configured in the way that they are, there Refs 15 and 16 should be juxtaposed with more current discourses on the needs of heterosexual people. The authors are over elaborating the volume of work on HIV in heterosexual women - it is indeed larger than that on heterosexual men but there are still many gaps. The point that women have taken more attention within the epidemic is certainly true in resource limited settings but the focus has been often on pregnancy and vertical transmission and there is little written which does not take motherhood as its primary focus rather than the experiences of women per se. The importance of intersectionality in this analysis could be given greater prominence (e.g. Doyal L. Challenges in researching life with HIV/AIDS: an intersectional analysis of black African migrants in London. Cult Health Sex 2009, 11:173-188.) Although there is little in the literature Doyal et al have published some data on this issue and Ref 5 could be mentioned on page 30 para 1. Results and conclusions Results and discussion are intertwined and it’s not easy to pull them apart. This in turn means that there is an element of repetition in the discussion section. It would be easier to see the messages if there was greater separation of the sections.

REVIEWER	Tim Rhodes Professor of Public Health Sociology London School of Hygiene and Tropical Medicine University of London UK
REVIEW RETURNED	31-Jan-2012

GENERAL COMMENTS	GENERAL In my view, this is a well written example of qualitative research. Ironically, given its claims, it might be improved by closer engagement with participant accounts and a greater focus on 'analysing up' from the data generated. The findings are relatively straight-forward – that AIDS Service Organisations (ASOs) are discursively constructed as 'gay terrain', and that women have more symbolic capital when seeking help from ASOs than men, and that this positions men as having less ease of access to services. Yet the paper makes saying this quite complex. Given the generic readership of the journal, the paper could be much more concise. All good journals need good social science, and I am not calling for social science to be 'made simple' to its detriment. But it could be that the more theoretical reflections contained here might be better directed to a social science readership. Certainly, how the paper uses/speaks to concepts drawn from Bourdieu would seem to be of partial interest to a generic readership, even accepting findings of policy relevance. INTRODUCTION AND APPROACH In the introduction and throughout, there is an implicit link between the idea of a history of political mobilisation by affected communities of MSM and women, and services thus being ill equipped to cater for heterosexuals, especially men. Yet it is unclear, especially in the introductory sections, what kind of evidence is being drawn upon to substantiate this link. Others have argued that political mobilisation activities of stigmatised communities may have little or weak indirect effects on service changes. It might even be surmised that certain helping services or health institutions might be better catered to receiving heterosexual help-seekers than more socially stigmatised populations. A nagging question is how much of this thinking is part of an interpretative framework the authors bring to the study, rather than borne out of their data? One important element here is how much the study collapses its focus of 'help-seeking' around the 'AIDS Service Organisation' rather than services more generally. It could be imagined that different service organisations and institutions shape discourses of deservedness and consumer identity differently. Yet the story here appears largely one dimensional with little situational variation. If the focus is primarily ASOs, rather than other helping services also catering for the health care needs of PLWHIV, then why is there so little said about the social history of ASOs, and how they both 'discursively construct' and are 'discursively constructed' in relation to issues of gender and sexuality? Although this becomes apparent eventually, the phrase to understand "experiences in relation to broader social relations and discourses" appears in the introduction (and also abstract) without much qualification. This might be troublesome for some readers. What is meant by 'social relations' (and in the abstract 'social

structures')? What is meant by 'discourses'? If these things are tied to the objectives of the study, then they might need to be better described at the outset?

METHOD

Focus groups elicit data useful for exploring group interactions, as stated, but it seems less clear why a constructivist approach leans more to the use of focus groups than other methods of data generation (p. 8). This seems to be confusing matters of epistemology (or methodology) with matters of technique (or methods): interviews or documents, for instance, also generate data for constructivist analyses. Given the rationale for exploring group interactions, why did recruitment via focus groups not give priority to 'naturally occurring' groups (unless these don't exist among heterosexuals living with HIV)? Does the role of AIDS Service Organisations shape recruitment in any particular fashion? Are opportunities for theoretical sampling – one of the tenets of GT – limited given the restricted opportunities for 'iteration' between moments of data generation (there are only 8 group data collection moments)? To what extent did 'group-level' analyses work well in this iterative fashion? It is unclear how 'theoretical' or 'purposive' the sampling was; arguably important given that the design is described as 'grounded theory' oriented. Given the emergence of gender as an important feature in the discursive construction of service deservedness and accessibility, why did the inductive sample not extend to a focus group or two of women? There is little discussion of any 'negative cases' (either people or organisations or settings) to the twin ideas (in findings) around ASOs as constituting 'gay terrain', and men having less symbolic capital than women. Sampling characteristics may be better described as part of the methods section?

The methods of analysis section refers to "objective social structures and discourses" against which the inductively generated themes are said to be related, but it is unclear what these are (similar to the comment above).

The paragraph 'Study Overview' seems an elaborate way of saying that the study and its analyses were informed by prior theories. However, in the case of Bourdieu, it might be more helpful to be more specific; as what is outlined here (and in Box 1) is a wider more formal theoretical framework, which only seems to have substantive relevance in the discussion (and then, this might not be helpful for general readers as noted above).

Given the constructivist emphasis, there is a need for reflection both on what men are accomplishing in their accounting of ASOs as gay terrain and of women as having more symbolic capital, but also what this means regarding the status of the qualitative data generated. How constructivist are you?

FINDINGS

When the findings begin (p. 11), they start out with the reiteration of a well known prior concept (stigma) and thus the data subsequently extracted does not feel like it is driving the analysis from the 'ground up'. This would be less of an issue, perhaps, had the paper said less about GT and more about stigma as a sensitising concept in the introduction (eg. when reviewing previous literatures exploring links between social stigma and service organisation/delivery).

	What makes an ASO a “gay terrain” (p. 15)? What are the social processes by which this comes into being through interaction at services? The answer proffered is ‘history’, or a prior knowledge, that ASOs are known to be like this, that they are linked to “gay identity politics”. But what are these discourses (outside those generated through the study)? I wonder whether the analysis, given its focus on social relations and processes as well as ‘logics of practice’, might give a more grounded feel of how service experiences and every practices reproduce these discursive constructions. The findings about the perceived intractability of ASOs as ‘gay terrain’ is interesting and significant for interventions seeking social change. The discourse of men as victimizers and women as victims is described as if largely ‘out there’, and in consequence, it remains a little unclear as to the social relations, structures or processes which are interacting with men’s experiences to reproduce it. Certainly we can see elements of this discourse evidenced in the extracts selected, but there is less apparent about the actual dynamics of how the everyday experiences of help seeking serve to create or perpetuate this situation. Thus the use of the Bourdieu concepts outlined in Box 1 may seem to come across in a limited way in the analysis. DISCUSSION As noted, the articulation of the findings – which are relatively straight-forward – in the language of Bourdieu may be of less interest to a generic readership than a social science one. It may, in fact, serve to distance a generic reader from the policy implications of the findings. My feeling is that the contribution of the work to ‘spatial hysteresis’, for instance, is going to be of partial interest to most readers. Also, the discussion might be punchier were it to be more concise.

REVIEWER	Prof. Lesley Doyal University of Bristol Centre for Health and Social Care United Kingdom
REVIEW RETURNED	07-Feb-2012

GENERAL COMMENTS	This is an excellent piece of qualitative research which I have no hesitation at all in recommending for publication. It fills a very important gap in our existing knowledge base from both conceptual and policy -related perspectives. Indeed I would say that it takes us an important step towards the creation of an appropriately gendered paradigm for making sense of HIV services. It is very clearly written (apart from what appears to be a minor repetition on p24 line 40). The theoretical links to Bordieu et al are very well made. This is a signficant addition to the literature and I highly recommend its publication.

VERSION 1 – AUTHOR RESPONSE

Reviewer #1 - Professor Jane Anderson

Comment #1: “This is an important, hard to reach and diverse subgroup of people living with HIV in the resource rich world. Overrepresented in the statistics of late presentation and seen as an important part of the prevention agenda data is badly needed about heterosexual men with HIV to meet their service needs, and so I read this paper with considerable interest. However I am concerned about the suitability of the paper in its current format for this particular journal and audience, thinking for example that AIDS Care would be more appropriate for these data”

Response: We agree with Professor Anderson about the need for research that engages the hard to reach population of heterosexual men living with HIV. Because there are so few research studies that have been conducted with this increasingly important group of persons living with HIV, we anticipate that our study will be of broad international interest to clinicians, social scientists, researchers and policy-makers who are involved in the planning and evaluation of care and services. We therefore believe that an open-access journal with a diverse readership, such as BMJ Open, is a suitable venue for disseminating our research.

Comment #2: “The research question, which is very broad, is defined in two parts. The study that is presented brings very interesting material to bear on the question posed but does not adequately answer it. The thrust of the study is on the subjects’ experience of using 3rd sector specialist support agencies for HIV in Canada. Although health care has some mention, it is not the major issue under consideration by the authors although it implied to be part of the research question.”

Response: Because the topic of health and support service use by heterosexual men living with HIV is not well studied, we purposefully kept our research question broad, and developed open-ended questions that would allow participants to speak to the aspects of help-seeking that were most relevant to them, with suggested prompts to elicit specific details. As Professor Anderson notes, many of these experiences related to accessing the services of AIDS Service Organizations. This was not intentional on our part, but rather driven by the participants of the study.

Comment #3: “The participants are not adequately described. Table 1 sets outs some basic demographic information but not enough to make sense of the study. For those born outside Canada more detail on migration stage is needed. How long had participants been aware of their HIV infection? What stage of HIV disease even a simple measure such as by CDC classification? Use of antiretroviral medication is not mentioned. How many are fathers?”

Response: We have added additional information regarding the participants in Table 1. We did not collect information regarding the stage of illness of the participants, but did capture years being HIV-positive, CD4+ cell count and viral load, and these are included in Table 1.

Comment #4: “Inclusion and exclusion criteria are not adequately described. The authors state that they changed their recruitment strategy half way through the study. Although they state that there were no exclusion criteria based on ethnicity it may be that the opposite issue needs to be addressed as some ethnic groups are likely to be overrepresented within heterosexual men living with HIV in Canada and so should be oversampled.”

Response: We have added additional information to this section to better clarify our sampling strategy (pages 8-9). We used sampling strategies that are well established for qualitative research.1,2 In addition, altering the sampling strategy in response to emerging concepts and theories is common and expected in qualitative research that relies on purposive and theoretical, rather than probabilistic sampling.1,2 We did purposively sample men originally from Africa and the Caribbean to ensure that these men would be represented among the participants of the study, and have added this information to the Methods section of the manuscript (p. 8)

Comment #5: “To what extent did the sample match the overall service user population? It is difficult to tell from the information supplied if this sample represents the population of patients who are heterosexual men with HIV in Canada as no background demographics for the overall epidemiology of HIV in Canada are provided."

Response: Because epidemiological information pertaining to heterosexual men living in Canada is limited to trends in the numbers of men acquiring HIV through heterosexual transmission, we cannot comment on the extent to which our sample matches the overall service user population or the national population of heterosexual men with HIV. However, sampling in qualitative research is not undertaken for generalizability or representativeness, but is instead done for the intent of recruiting participants who can provide rich data about the phenomenon under investigation.1,2 We believe that our sample of participants fulfills this criterion. In addition, we have mentioned in our discussion that, as with all qualitative studies, our results are not intended for statistical generalizability, but rather, contextual transferability.

Comment #6: "Since participants are drawn from the attendees of community HIV specific services they are likely to be amongst the more confident and better served of those living with HIV. Sampling from health care setting may have increased representation but only one clinical setting was used and in this particular context may confuse rather than clarify the situation."

Response: We agree with Professor Anderson's comment. However, because we wanted to know what it is like for heterosexual men living with HIV who engage with the various settings in which HIV-related help is provided, we followed established principles of sampling in qualitative research and purposively recruited men who have been actively utilizing existing services. Nonetheless, we acknowledge that we did not mention the lack of transferability of our findings to men who are perhaps less well served by existing services, and have added a sentence to this effect to our discussion (p. 28).

Comment #7: "The main aim is to describe the experience of seeking help and this is described. The data obtained analysed through the particular theoretical lens of Pierre Bordieu which, although having much to offer may be unfamiliar to physicians."

Response: We thank Professor Anderson for this insight. We have removed most of the theoretically laden concepts found in the second paragraph of the Discussion section, which may be of minimal interest to clinicians and policy makers. We have also removed Box 1, and provided a brief description of Bourdieu's 'structural constructivism' in the Methods section (page 7) that is complemented by more detailed material in the supplementary appendix for interested readers.

Comment #8: "The references could be updated. The past 12 months has seen new data on life expectancy for people living with HIV in the resource rich world and although refs 13 and 14 are the original descriptions of the impact of ARVs, original data from the UK chic study (e.g. May M, et al BMJ 2011.) may illustrate the point more effectively. Many of the references cited are from the pre HAART era of HIV when care was frequently seen as palliative, whereas in 2012 with the population under scrutiny its about long term condition management, which brings a different set of perspectives. Although making the historical point about how services came to be configured in the way that they are, there Refs 15 and 16 should be juxtaposed with more current discourses on the needs of heterosexual people."

Response: We have updated our references as per the suggestions of Professor Anderson. However, we are unclear as to which discourses Professor Anderson is referring in the latter part of this comment, and would welcome additional input from her with respect to this suggestion.

Comment #9: "The authors are over elaborating the volume of work on HIV in heterosexual women - it is indeed larger than that on heterosexual men but there are still many gaps. The point that women have taken more attention within the epidemic is certainly true in resource limited settings but the focus has been often on pregnancy and vertical transmission and there is little written which does not take motherhood as its primary focus rather than the experiences of women per se."

Response: We agree with Professor Anderson, and have modified our Introduction accordingly.

Comment #10: "The importance of intersectionality in this analysis could be given greater prominence (e.g. Doyal L. Challenges in researching life with HIV/AIDS: an intersectional analysis of black African migrants in London. Cult Health Sex 2009, 11:173-188.)"

Response: We agree with Professor Anderson that intersectionality would be an interesting, albeit different, theoretical lens through which to examine our data. However, our theoretical interests when designing the study and analyzing the data were more congruent with the frameworks developed by Bourdieu and Goffman. Intersectional analyses address different questions, and would require an extensive re-analysis of the data. We have therefore made no changes to the manuscript in response to this comment.

Comment #11: "Although there is little in the literature Doyal et al have published some data on this issue and Ref 5 could be mentioned on page 30 para 1."

Response: We agree with this suggestion, and have made this change.

Comment #12: "Results and discussion are intertwined and it's not easy to pull them apart. This in turn means that there is an element of repetition in the discussion section. It would be easier to see the messages if there was greater separation of the sections."

Response: We thank Professor Anderson for this comment. We believe that the confusion arises as a result of our writing on page 23, where it appears we are summarizing are analyses but subsequently offer additional information regarding the strategic practices of the participants. We have remedied this oversight by providing a subheading to this section called 'Capital and Strategic Practices' and re-wording the opening sentence to this section. In addition, we have merged the two leading paragraphs of the Discussion section for brevity and to minimize repetition.

Reviewer #2 – Professor Tim Rhodes

Comment #1: "In my view, this is a well written example of qualitative research. Ironically, given its claims, it might be improved by closer engagement with participant accounts and a greater focus on 'analysing up' from the data generated."

Response: We thank Professor Rhodes for his comment. We wish to reassure Professor Rhodes that our final manuscript is the result of extensive analysis and interpretation that began with immersion in the data and line-by-line coding of the participants' accounts. We used multiple iterations of memo-writing and coding to continue 'analysing up' from the participant accounts, making comparisons and connections across the data and using our theoretical frameworks to develop increasingly abstract explanations and ideas about the accounts of the participants. This approach is consistent with Charmaz's constructionist grounded theory.2,3 The manuscript is the culmination of this work, producing a theoretically informed analysis that is grounded in the data.

Comment #2: "The findings are relatively straight-forward – that AIDS Service Organisations (ASOs) are discursively constructed as 'gay terrain', and that women have more symbolic capital when seeking help from ASOs than men, and that this positions men as having less ease of access to services. Yet the paper makes saying this quite complex. Given the generic readership of the journal, the paper could be much more concise. All good journals need good social science, and I am not calling for social science to be ‘made simple’ to its detriment. But it could be that the more theoretical reflections contained here might be better directed to a social science readership. Certainly, how the paper uses/speaks to concepts drawn from Bourdieu would seem to be of partial interest to a generic readership, even accepting findings of policy relevance.”

Response: We agree with Professor Rhodes’ comment regarding the suitability of detailed theoretical reflections for the audience of BMJ Open. Accordingly, we have deleted almost the entire second paragraph in the Discussion section that speaks extensively to Bourdieusian concepts of habitus and hysteresis. We were concerned, however, that further efforts at abbreviation or suspension of our theoretical underpinnings would result in our research appearing under-analyzed and poorly theorized. The length of our manuscript reflects the need to adequately describe our analyses and provide confirmatory evidence for our interpretations from the transcripts. We believe that by doing so, we have a produced a manuscript that is theoretically informed, but also comprehensible and approachable for the diverse readership of BMJ Open.

Comment #3: “In the introduction and throughout, there is an implicit link between the idea of a history of political mobilisation by affected communities of MSM and women, and services thus being ill equipped to cater for heterosexuals, especially men. Yet it is unclear, especially in the introductory sections, what kind of evidence is being drawn upon to substantiate this link. A nagging question is how much of this thinking is part of an interpretative framework the authors bring to the study, rather than borne out of their data?

Comment #4: “If the focus is primarily ASOs, rather than other helping services also catering for the health care needs of PLWHIV, then why is there so little said about the social history of ASOs, and how they both ‘discursively construct’ and are ‘discursively constructed’ in relation to issues of gender and sexuality?”

Response: The above comments relate to the sociopolitical history of ASOs. The evidence which we use to substantiate this link is drawn from existing literature reviewing the history of these organizations and the accounts of participants. We cite the former in the Introduction as a component of a larger rationale for our study, which includes an improved life expectancy for persons living with HIV and increased representation of heterosexual men among this population. From this perspective, we did enter the field with this background knowledge in hand. However, this is not problematic, as constructionist grounded theory disavows the notion that researchers can begin their studies without prior knowledge or theories about their topic of interest.2,3 In addition, the link between mobilization of affected communities, particularly gay men, and ASOs was also evident in the talk of participants, especially those living in Ontario’s large urban centres. We agree with Professor Rhodes that this could be made more explicit in the presentation of our findings, and have done so on pages 14 and 15 of the manuscript.

With respect to the second point, we are uncertain if a more detailed exposition on the social history of ASOs or their discursive construction in relation to issues of gender and sexuality would be of interest to the readership of BMJ Open, or would necessarily contribute substantively to a piece written for this audience. In addition, our focus as researchers was not necessarily on ASOs. We were interested in the experiences of the participants at any health care or service setting. The emphasis on ASOs was borne of the data and not a result of our specific interest in these agencies per se. We have therefore not made any changes to the manuscript in response to this comment, but would happily reconsider if the Editors felt this would be necessary.

Comment #5: “Although this becomes apparent eventually, the phrase to understand “experiences in relation to broader social relations and discourses" appears in the introduction (and also abstract) without much qualification. This might be troublesome for some readers. What is meant by 'social relations' (and in the abstract 'social structures')? What is meant by 'discourses'? If these things are tied to the objectives of the study, then they might need to be better described at the outset?"

Response: We agree with Professor Rhodes, and have clarified these points in the 'Theoretical Framework' section of the manuscript. We have also changed 'social structures' in the abstract to 'social relations', for consistency.

Comment #6: "Focus groups elicit data useful for exploring group interactions, as stated, but it seems less clear why a constructivist approach leans more to the use of focus groups than other methods of data generation (p. 8). This seems to be confusing matters of epistemology (or methodology) with matters of technique (or methods): interviews or documents, for instance, also generate data for constructivist analyses."

Response: We agree with Professor Rhodes that constructivist analyses are not restricted to data generated by focus groups, and did not mean to conflate methods with either methodology or epistemology. We have altered the sentence accordingly.

Comment #7: "Given the rationale for exploring group interactions, why did recruitment via focus groups not give priority to 'naturally occurring' groups (unless these don't exist among heterosexuals living with HIV)? Does the role of AIDS Service Organisations shape recruitment in any particular fashion?"

Response: As Professor Rhodes states, there are no naturally occurring groups of heterosexual men living with HIV in Ontario. Indeed, for many participants in the study, the focus group provided the first opportunity to meet and forge relationships with other HIV-infected heterosexual men. We collaborated with AIDS Service Organisations as a means to identify a purposive sample of men who could speak to the experience of engaging with various facets of the HIV service arena. Therefore, these findings are not transferable to men with more limited access or engagement with the ASOs or other venues where HIV related care is delivered. We have included this limitation in our Discussion section.

Comment #8: "Are opportunities for theoretical sampling – one of the tenets of GT – limited given the restricted opportunities for 'iteration' between moments of data generation (there are only 8 group data collection moments)? To what extent did 'group-level' analyses work well in this iterative fashion?"

Comment #9: "It is unclear how 'theoretical' or 'purposive' the sampling was; arguably important given that the design is described as 'grounded theory' oriented."

Response: The above comments relate to the sampling strategy of the study. Our sample was purposive and theoretical in that we recruited participants who had engaged with the HIV service sector, set a minimum quota of two focus groups of participants who had immigrated to Canada from Africa or the Caribbean and altered our sampling approach in response to the construction of the concept of 'gay terrain' from the accounts of participants in larger urban centres. We believe that we were therefore not limited in opportunities for theoretical sampling, in that we recruited a sample that varied sufficiently with respect to social context and background for the purposes of comparing and confirming our analyses. We have elaborated on these points in the Methods section of the manuscript (pages 7 to 8). Group-level analyses were conducted iteratively with line-by-line coding during the process of writing memos that were specific to a section of coded data, and were useful when making comparisons and connections across groups.

Comment #10: “Given the emergence of gender as an important feature in the discursive construction of service deservedness and accessibility, why did the inductive sample not extend to a focus group or two of women?”

Response: We did not extend the sampling to women living with HIV because we wanted to focus our study on understanding the experiences of heterosexual men living with the virus. Rather than recruiting women, we felt that this objective could be better actualized by designing and adapting our sampling approach towards recruiting men from a variety of social backgrounds and social contexts, thereby allowing us to look for similarities and differences across the data corpus.

Comment #11: “There is little discussion of any ‘negative cases’ (either people or organisations or settings) to the twin ideas (in findings) around ASOs as constituting ‘gay terrain’, and men having less symbolic capital than women. Sampling characteristics may be better described as part of the methods section?”

Response: We sought out cases that could deviate from our principal findings by recruiting participants who live in smaller urban centres where ASOs are less clearly linked with the gay and lesbian community (page 19) and a greater proportion of persons living with HIV acquire the virus through heterosexual sex. As stated in our manuscript, we did note that participants in these centres do not tend to view ASOs as ‘gay terrain’. However, data supporting the greater symbolic appeal of women relative to men were evident within the accounts provided by participants from all backgrounds and social contexts.

Comment #12: “The methods of analysis section refers to “objective social structures and discourses” against which the inductively generated themes are said to be related, but it is unclear what these are (similar to the comment above).”

Response: We have addressed this comment in our response to comment #5.

Comment #13: “The paragraph ‘Study Overview’ seems an elaborate way of saying that the study and its analyses were informed by prior theories. However, in the case of Bourdieu, it might be more helpful to be more specific; as what is outlined here (and in Box 1) is a wider more formal theoretical framework, which only seems to have substantive relevance in the discussion (and then, this might not be helpful for general readers as noted above).”

Response: We agree with Professor Rhodes, and have re-organized this paragraph to explain Bourdieu’s framework of structural construtivism in a manner that is consistent with the stated objectives of the study of characterizing the help seeking experiences of participants and explaining these experiences in relation to objective social relations and discourses. We have also deleted Box 1.

Comment #14: “Given the constructivist emphasis, there is a need for reflection both on what men are accomplishing in their accounting of ASOs as gay terrain and of women as having more symbolic capital, but also what this means regarding the status of the qualitative data generated. How constructivist are you?”

Response: We agree with Professor Rhodes that a constructionist approach to research carries implications with respect to how data are viewed (i.e. generated by participants and researcher under particular conditions vs. collected) and the research process itself. However, although not always explicit, these implications are incorporated throughout all aspects of the study. We have outlined the structural constructivist framework of Pierre Bourdieu, provided information about the sampling approach, and highlighted some of the questions which we used when interrogating our data, all of which point to our constructionist leanings. We are uncertain if Professor Rhodes is recommending that additional information be added to the manuscript in this regard. We would be inclined to think that explicit reflections about the nature of our data and what participants are accomplishing may be of little interest to the readership of BMJ Open, and that these reflections would not improve the readability of the paper or comprehensibility of our analyses. We would be happy to reconsider if the Editors feel otherwise.

Comment #15: "When the findings begin (p. 11), they start out with the reiteration of a well known prior concept (stigma) and thus the data subsequently extracted does not feel like it is driving the analysis from the 'ground up'. This would be less of an issue, perhaps, had the paper said less about GT and more about stigma as a sensitising concept in the introduction (eg. when reviewing previous literatures exploring links between social stigma and service organisation/delivery)."

Response: Although stigma is a well recognized concept in the field of HIV research to which we were sensitized prior to beginning the study (Erving Goffmans's work is part of the interpretive framework of our study), we did not impose this notion onto our analyses. Rather, stigma was a heavily invoked concept by the participants in the study as it pertained to help-seeking, and was both a participant-driven and theoretical code in the early stages of our analyses. We are unsure if the opening sentence in the paragraph is contributing to the perception that we are imposing stigma upon our analyses rather than presenting a concept that was indeed driven by our engagement with the data. This was not our purpose, as we had added this leading sentence simply to provide historical context to what was occurring in the data. We have deleted this sentence to avoid confusion.

Comment #16: "What makes an ASO a "gay terrain" (p. 15)? What are the social processes by which this comes into being through interaction at services? The answer proffered is 'history', or a prior knowledge, that ASOs are known to be like this, that they are linked to "gay identity politics". But what are these discourses (outside those generated through the study)? I wonder whether the analysis, given its focus on social relations and processes as well as 'logics of practice', might give a more grounded feel of how service experiences and every practices reproduce these discursive constructions. The findings about the perceived intractability of ASOs as 'gay terrain' is interesting and significant for interventions seeking social change."

Response: In response to comment # 4, we had made modifications to this section of the manuscript to demonstrate that the connection between activism and ASOs was evident in the accounts of participants. However, we did not intend to imply that the reason participants constructed ASO's as 'gay terrain' was related exclusively to the political history of these agencies in large urban centres. Rather, we intended to illustrate that this perception was most striking among men living in these cities, and then demonstrate the varied processes that give rise to and support this concept (e.g. staffing, dominant social networks, embodied capital of gay men seeking positions at these agencies etc.). It is these processes that produce the strategic practices adopted by participants (i.e. volunteering, emulate corporeal traits and gestures perceived to be hallmarks of the body language of gay men) to gain the requisite capital for improving their positions within these agencies.

We agree with Professor Rhodes about the importance of external discourses in reinforcing the concept of 'gay terrain', the most important of which is the 'gay disease' construct that many participants described as being sustained within their social circles. We have clarified this point on page 16 of the manuscript.

Comment #17: "The discourse of men as victimizers and women as victims is described as if largely 'out there', and in consequence, it remains a little unclear as to the social relations, structures or processes which are interacting with men's experiences to reproduce it. Certainly we can see elements of this discourse evidenced in the extracts selected, but there is less apparent about the actual dynamics of how the everyday experiences of help seeking serve to create or perpetuate this situation. Thus the use of the Bourdieu concepts outlined in Box 1 may seem to come across in a limited way in the analysis."

Response: We agree with Professor Rhodes' understanding of the vulnerability discourse appearing as if largely 'out there' in the analysis, and believe this is an accurate representation of the experience of these men. Participants have taken up this discourse, such that is now experienced as being 'real' and independent of the images and language that produce it. In other words, the discourse has become successfully objectivated and internalized by the participants, and re-produced in the focus groups as something 'out there'. This is not inconsistent with Bourdieu's structural constructivism, where he states: "By structuralism or structuralist, I mean that there exist, in the social world itself, and not merely in symbolic systems, language, myth, etc., objective structures which are independent of the consciousness and desires of agents and are capable of guiding or constraining their practices or their representations".5

Comment #18: "As noted, the articulation of the findings – which are relatively straight-forward – in the language of Bourdieu may be of less interest to a generic readership than a social science one. It may, in fact, serve to distance a generic reader from the policy implications of the findings. My feeling is that the contribution of the work to 'spatial hysteresis', for instance, is going to be of partial interest to most readers. Also, the discussion might be punchier were it to be more concise."

Response: We thank Professor Rhodes for this comment, and agree that our elements of our discussion could be made more concise by focusing on policy-relevant matters that may be of greater interest to the readership of BMJ Open. We have merged elements of the first two paragraphs of the Discussion section, omitting the theoretically laden language that may be of partial interest to readers. Our Discussion is now composed of four paragraphs: a paragraph summarizing the findings, a paragraph speaking to the policy implications of our research, a paragraph summarizing the strengths and limitations of our work and a final, concluding paragraph.

Reviewer #3 – Professor Lesley Doyal

Comment #1: "This is an excellent piece of qualitative research which I have no hesitation at all in recommending for publication. It fills a very important gap in our existing knowledge base from both conceptual and policy -related perspectives. Indeed I would say that it takes us an important step towards the creation of an appropriately gendered paradigm for making sense of HIV services. It is very clearly written (apart from what appears to be a minor repetition on p24 line 40). The theoretical links to Bourdieu et al are very well made. This is a significant addition to the literature and I highly recommend its publication."

Response: We thank Professor Doyal for her complimentary review and endorsement of our manuscript for publication. We have modified the sentence cited as potentially repetitive.

We hope that we have addressed all of the concerns, and that the manuscript is now suitable for publication. On behalf of my colleagues, I would like to thank you for your continued interest in our manuscript. Please do not hesitate to contact us if you have any questions or comments.

Sincerely,

Tony Antoniou, BScPhm, PharmD, PhD (cand)
St. Michael's Hospital

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