PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Knowledge of Legal Rights as a Factor of Refugee and Asylum-Seekers' Health Status: A Qualitative Study
AUTHORS	Pilato, Tara; Taki, Faten; Sbrollini, Kaitlyn; Purington, Amanda; Maley, Brian; Yale-Loehr, Stephen; Powers, Jane; Bazarova, Natalya; Bhandari, Aparajita; Kaur, Gunisha

VERSION 1 – REVIEW

REVIEWER	Anne-Le Morville Professionshojskolen Metropol, Occupational Therapy
REVIEW RETURNED	23-May-2022

GENERAL COMMENTS	Dear authors Thank you so much for an interesting article about not only rights, but also knowledge about those rights. There are some issues with your article I would like you to address. Introduction I would like you to state your positionality as researchers, i.e., a statement locating the researchers culturally or theoretically. It may have a major impact on the results. That said, I also find some issues and amongst those are a lack of definitions, which makes the manuscript unclear. I am aware that it is hard as definitions differ, but how do you define asylum seeker and refugee? According to the UN asylum seekers are persons who have applied for asylum, but not given refugee status, whereas a refugee has the same rights as a citizen according to international law. Thus, asylum seekers are the most vulnerable group. It may seem petty, but it has a large impact on the individual and its fear of deportation, and thus use of health care and other public services. What strikes me is your lack of information and/or discussion of the socio-economic factors that influence the use of healthcare in the US. You need to inform the reader in the introduction, and discussion, of the socio-economic status of refugees/asylum seekers/immigrants. Judging from the jobs you mention, it is low-paid jobs, as is also shown in your results that the accessibility to health care is restricted due to financial issues, which may also be a factor in the lack of health care use. A revision of the title and abstract may be in order. In your title and introduction, you focus mainly on health-care, but in your hypothesis, questionnaire and results you also include other

	programs, that may influence health, but is not specifically health-care. In the discussion you write that the aim was to “identify actionable causative factors”. You use the word determinant in your title, but I think that it is misguiding, as you explore factors that may influence health care utilization, but they are not necessarily determinants. You have a hypothesis, which is unusual in qualitative research, and as mentioned above, you give an aim in the discussion that may be more appropriate to use at the end of the introduction, as it would fit your choice of method. Method I have some issues regarding your use of qualitative method. First of all, I am a bit confused about your use of terms. In the title you mention a qualitative analysis, but is it not a qualitative study and thus include all methods used and not just the analysis? You need references in relation to which literature you use in your method section. Later you mention Cresswell, but you need references in the method section as well. You use percentage with such a small group and as it is a qualitative study, I do not find this relevant. Did you have any other in/exclusion criteria than the previously acceptance of participating in research? You write that the participants received a gift card, but were they promised this before entering the study? It may influence the results and should thus be discussed. In your methods discussion you mention that it is a small number of participants and lack of representation, but that is not necessarily relevant in qualitative research. I would advise you to use the four components for trustworthiness in qualitative research, i.e., credibility, dependability, transferability, and confirmability, in relation to your methodological discussion. Results: The results are very interesting and enlightening. I did wonder at the gender distribution. Does it reflect the distribution in the refugee/asylum seeker population? If not, I find it an interesting result, which should be discussed. Discussion You state that the aim was to “identify actionable causative factors”, and then conclude that it was primarily lack of knowledge of programs. The results/quotes that you use, do not fully support your main conclusion, as they also express fear of not gaining permit, not only a lack of knowledge. This should also be part of your discussion and conclusion. Specifics: Usually when sentences start with a number, the number should be spelled. Please correct this throughout the manuscript. In your summary and introduction, you state that 3 million in the US are asylum seekers and refugees, but that number seems very low to me. Please provide a reference. Page 3, line 7 Should it not be “More” and not “Greater”? I am not an English-

	speaking native myself, so I may be wrong. Page 4, line 39 You mention baseline, but is it in relation to the study or other? Page 11, line 22 In your table you write beliefs, but should this not be lack of knowledge/ misinformation? I am looking forward to read your revised version.

REVIEWER	Melanie Straiton Norwegian Institute of Public Health, Department of Mental Health and Suicide
REVIEW RETURNED	23-May-2022

GENERAL COMMENTS	This paper looks at factors that relates to low healthcare service engagement of refugees and asylum-seekers in the USA. It highlights some important issues regrading navigation difficulties and difficulties in obtaining information about public benefits and legal rights. The major issues with this paper include 1) the mismatch between the aims and hypotheses and the method and 2) the unusual organisation of the results with a different focus than what is suggested earlier in the paper. This is supposed to be a qualitative paper which has employed semi-structured interviews but the authors include a hypothesis which is unusual and confusing. Qualitative studies tend to be more hypothesis generating rather than hypothesis testing so this make for confusing reading. I think the authors need to be clearer about their aims and that this should match both their approach and what they actually report in the results section. At different points in the article the aims appear to be to explore barriers (which seems suited to qualitative research) while at other times they seem to be determining if engagement is related to knowledge about benefits and rights (which seems less suited to qualitative research). There is little information about the authors, particularly the interviewer's backgrounds or interests meaning little can be deduced about how they interreacted with the data. There needs to be some reflection over their positions as researchers. What framework are the authors really using, what are they trying to to or find out? In its current state is is rather unclear and contradictory. Further the organisation of the results is surprising and confusing. The authors include a lot of numbers and percentages which generally isn't use often in qualitative research unless one uses a content analysis or top-down approach perhaps, where the authors fit information into pre-defined codes.Yet the description f the analysis suggests they are attempting a bottom-up approach without pre-dfined codes in addition to a more pre-defined set of codes (eg, page 2, lines 54-56 where they mention emerging themes). Statements such as 'none of the participants reported poor communication as a barrier' (page 11-12) again suggests a top down approach but I would appreciate more information on what the authors really are attempting to do. Other aspects of the results eg. % with particular health problems are not directly relevant for what I believe the aims of the study are. They seem misplaced amid the results about barriers, although they do perhaps help to set the scene. Other comments: Abstract: aims in the abstract are also rather ‘quantiative aims’.

	Lines 35-39 'public narrative suggests…' seems rather misplaced in the results. Intro – the paper is looking at decreased healthcare engagement but what does this really mean in this context? Is low healthcare engagement a more appropriate term, since there is no measure of how healthcare service use decreases? Page 4, Line 41 – reversal of restrictive immigration policiies – the restrictive immigration policy in 2019 is described above but the reversal is not mentioned until the discussion, so this comes as a surprise to a reader who is not from the US. Results: 48% recruitment rate and 77% retention rate – what does this mean? Retention from what? Where the multiple interviews? This is not clear in the method. Is this part of a larger project?

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Introduction

- I would like you to state your positionality as researchers, i.e., a statement locating the researchers culturally or theoretically. It may have a major impact on the results.
    - Thank you for the opportunity to provide this important context. On Page 7, paragraph 2: This multi-disciplinary study was developed through collaboration between physicians, qualitative and clinical researchers, and attorneys all working at the intersection of healthcare, immigration law and medical-legal services for asylum seekers and refugees.
    - Page 19: The interviewers are highly experienced with the target population through leadership roles with the Weill Cornell Center for Human Rights. They have extensive training in trauma and culturally informed research. The investigators are leaders in the field of refugee research and have a track record of conducting qualitative and clinical studies with this population, several of which are federally funded.

- That said, I also find some issues and amongst those are a lack of definitions, which makes the manuscript unclear. I am aware that it is hard as definitions differ, but how do you define asylum seeker and refugee? According to the UN asylum seekers are persons who have applied for asylum, but not given refugee status, whereas a refugee has the same rights as a citizen according to international law. Thus, asylum seekers are the most vulnerable group. It may seem petty, but it has a large impact on the individual and its fear of deportation, and thus use of health care and other public services.
    - We have added definitions of "asylum seeker" and "refugee" as defined by the UNCHR. On Page 5, line 4, we added: … those seeking asylum are awaiting determination on their asylum application and legal recognition of their refugee status.
    - On Page 9: 18 participants were refugees and asylum seekers, while the remaining participants (6/24) were previous asylum seekers and currently have other immigration statuses.
    - In Table 1, Under 'Immigration Status', 9 individuals were asylum applicants, and 9 were refugees.
        - We reviewed transcripts from the refugee group and the previous asylee group and compared them to the experiences of the asylum-seeking group. We found similar stories of disengagement with healthcare services and gaps in their healthcare needs as evident in the below quotes.
            - From a participant with temporary protected status: "I was scared of accessing… treatment for my PTSD symptoms. … I wasn't interested in getting help at the time, just because of how scared I was. … I felt even, even if I had access, that there was gonna be, it was gonna be like a link for the government to track me"
            - From a current asylum applicant: "For me, I feel that's one of the, you know, bad parts of being an immigrant. Because moving here… you're not eligible for a lot of things. So you can't just go to the clinic, and, you know, even the community clinics, you need some money

to pay them… Even if I feel sick, it was really hard for me to go to the clinic, because I wasn't sure which clinic I'm supposed to go to, I have no insurance I had no, there was not a lot of opportunity for me to see a doctor so, you know, my body just I guess, has to try to make this defense mechanism and not get sick. Because I don't have a lot of money to pay."

- What strikes me is your lack of information and/or discussion of the socio-economic factors that influence the use of healthcare in the US. You need to inform the reader in the introduction, and discussion, of the socio-economic status of refugees/asylum seekers/immigrants. Judging from the jobs you mention, it is low-paid jobs, as is also shown in your results that the accessibility to health care is restricted due to financial issues, which may also be a factor in the lack of health care use.
    - We added information related to the socioeconomic status of these refugee groups:
        - Page 6, 2nd paragraph: Individual barriers include lower socioeconomic status,…
        - Page 6, 2nd paragraph: Refugees and asylum seekers are at a higher risk for financial insecurity and low social economic status than other immigrants and the general population in the host country. In general – with significant variations depending on country of origin – immigrants to the United States are more likely to work in lower-paying, service-oriented occupations.[29] While financial hardship was associated with poor health in refugee populations,[30,31] a high socioeconomic status did not protect them from negative health conditions experienced after migration.

- A revision of the title and abstract may be in order. In your title and introduction, you focus mainly on health-care, but in your hypothesis, questionnaire and results you also include other programs, that may influence health, but is not specifically health-care. In the discussion you write that the aim was to "identify actionable causative factors". You use the word determinant in your title, but I think that it is misguiding, as you explore factors that may influence health care utilization, but they are not necessarily determinants.
    - Thank you for this important feedback. We revised the title and introduction to better emphasize our focus on both healthcare utilization and public benefits programs: Knowledge of Legal Rights as a Factor of Refugee and Asylum-Seekers' Health Status: A Qualitative Study
    - Abstract: Please see the tracked changes on Page 3.

- You have a hypothesis, which is unusual in qualitative research, and as mentioned above, you give an aim in the discussion that may be more appropriate to use at the end of the introduction, as it would fit your choice of method.
    - Thank you for this helpful comment. We removed our hypothesis and revised this paragraph to better explain our qualitative research.
    - Page 7, last paragraph of the Introduction: The focus of this study was to examine factors contributing to low healthcare engagement by refugees and asylum seekers.

<u>Method</u>

- I have some issues regarding your use of qualitative method. First of all, I am a bit confused about your use of terms. In the title you mention a qualitative analysis, but is it not a qualitative study and thus include all methods used and not just the analysis?
    - We agree with the reviewer. We changed "Qualitative Analysis" to "Qualitative Study" in the title.
    - We elaborated on our methods:
      Page 7, first paragraph of Methods: The Andersen model of health service utilization[34] served as the conceptual framework for developing a semi-structured open-ended interview guide to examine the factors influencing health engagement, behavior, and healthcare access including predisposing characteristics, enabling resources, and health needs.

- You need references in relation to which literature you use in your method section. Later you mention Cresswell, but you need references in the method section as well.

- We added references in the Methods section:
  - Page 8: The method for data collection was adapted from previous health related qualitative studies with immigrants.
  - Page 8: Although not obligated to disclose,[35] all participants willingly provided their immigration status.
  - Page 8: Participants received a $60 gift card for their time and travel upon completion of the interview, as has been done previously in our own studies and in multiple qualitative studies with refugees and asylum seekers in developed countries.[40-48]
  - Page 8-9: in line 2 and 6 of the paragraph, we added a reference.

- You use percentage with such a small group and as it is a qualitative study, I do not find this relevant.
  - Thank you for this comment. We have largely removed any percentage values from the results.

- Did you have any other in/exclusion criteria than the previously acceptance of participating in research?
  - Page 7-8: The methods were revised to state all inclusion and exclusion criteria.

- You write that the participants received a gift card, but were they promised this before entering the study? It may influence the results and should thus be discussed.
  - Thank you for this feedback. We revised this statement, and added references in both the Methods (page 8) and Discussion (page 19, end of 1st paragraph).
    - Page 8: Participants received a $60 gift card for their time and travel upon completion of the interview, as has been done previously in our own studies and in multiple qualitative studies with refugees and asylum seekers in developed countries.[40-48]
    - Page 19: All participants were promised a gift card to remove any monetary barriers to participation related to missing work obligations and incurring expenses while traveling to the interview site.

- In your methods discussion you mention that it is a small number of participants and lack of representation, but that is not necessarily relevant in qualitative research. I would advise you to use the four components for trustworthiness in qualitative research, i.e., credibility, dependability, transferability, and confirmability, in relation to your methodological discussion.
  - We included the four components in qualitative research in our discussion (Page 19).
  - We also included a discussion of these components as a supplementary table.

Results

The results are very interesting and enlightening.

- I did wonder at the gender distribution. Does it reflect the distribution in the refugee/asylum seeker population? If not, I find it an interesting result, which should be discussed.
  - We added the following on Page 19, 1st paragraph: While women make up 50% of displaced populations,[72] the majority of the research participants in this study were females (66%, or 16/24). This observation is consistent with other qualitative research studies with displaced persons.[35,36,38,39]

Discussion

- You state that the aim was to “identify actionable causative factors”, and then conclude that it was primarily lack of knowledge of programs. The results/quotes that you use, do not fully support your main conclusion, as they also express fear of not gaining permit, not only a lack of knowledge. This should also be part of your discussion and conclusion.
  - We added fear of not gaining legal status in the discussion. Please see Page 16: Our study found that lacking knowledge of public benefits and legal rights and fear of jeopardizing immigration status were primary reasons for low healthcare engagement by refugees and asylum seekers.

Specifics:

- Usually when sentences start with a number, the number should be spelled. Please correct this throughout the manuscript.
    - Thank you for this comment. This has been corrected.

- In your summary and introduction, you state that 3 million in the US are asylum seekers and refugees, but that number seems very low to me. Please provide a reference.
    - We appreciate this feedback, please find a reference has been added.

- Page 3, line 7: Should it not be “More” and not “Greater”? I am not an English-speaking native myself, so I may be wrong.
    - Thank you for your comment. We checked with multiple native English-speaking authors in our team, and we decided to keep it as ‘more’.

- Page 4, line 39: You mention baseline, but is it in relation to the study or other?
    - This is in relation to the immigrant population itself, not in relation to the study.

- Page 11, line 22: In your table you write beliefs, but should this not be lack of knowledge/ misinformation?
    - We did not want to characterize the participant responses as “misinformation,” as the quotes may not be reflective of the information they read or were provided – it’s also not quite “lack of knowledge,” as they are explaining their viewpoint as it relates to the public benefits. Having said that, we rephrased the sentence to “viewpoint”.

Reviewer: 2

- The major issues with this paper include 1) the mismatch between the aims and hypotheses and the method and 2) the unusual organisation of the results with a different focus than what is suggested earlier in the paper.
- This is supposed to be a qualitative paper which has employed semi-structured interviews but the authors include a hypothesis which is unusual and confusing. Qualitative studies tend to be more hypothesis generating rather than hypothesis testing so this make for confusing reading. I think the authors need to be clearer about their aims and that this should match both their approach and what they actually report in the results section. At different points in the article the aims appear to be to explore barriers (which seems suited to qualitative research) while at other times they seem to be determining if engagement is related to knowledge about benefits and rights (which seems less suited to qualitative research).
    - We have revised our introduction to remove the hypothesis, and rephrased our aims for this study:
        - Page 7, last paragraph of the Introduction: The focus of this study was to examine factors contributing to low healthcare engagement by refugees and asylum seekers.

- There is little information about the authors, particularly the interviewer's backgrounds or interests meaning little can be deduced about how they interreacted with the data. There needs to be some reflection over their positions as researchers. What framework are the authors really using, what are they trying to to or find out? In its current state is is rather unclear and contradictory.
    - We have added additional information about the research team in the final paragraph of our introduction: This multi-disciplinary study was developed through collaboration between physicians, qualitative and clinical researchers, and attorneys all working at the intersection of healthcare, immigration law and medical-legal services for asylum seekers and refugees.
    - This study is based on grounded theory framework (Noble H, Mitchell G. What is grounded theory? Evidence-Based Nursing 2016;19:34-35.). This study aimed to examine the barriers and facilitators to health behaviors among refugees and asylum seekers in the context of ever-changing immigration policies. Through coding of transcripts and emerging themes analysis, the study found that financial stress, lack of knowledge of legal rights and benefits, and fear and mistrust were factors contributing to low health behaviors. The study also found improving the

dissemination of accurate information on legal rights and access to benefits can improve health behaviors.

- Further the organisation of the results is surprising and confusing. The authors include a lot of numbers and percentages which generally isn't use often in qualitative research unless one uses a content analysis or top-down approach perhaps, where the authors fit information into pre-defined codes.Yet the description f the analysis suggests they are attempting a bottom-up approach without pre-dfined codes in addition to a more pre-defined set of codes (eg, page 2, lines 54-56 where they mention emerging themes). Statements such as 'none of the participants reported poor communication as a barrier' (page 11-12) again suggests a top down approach but I would appreciate more information on what the authors really are attempting to do.
    - Thank you for this feedback. We have largely removed any percentage values from the results. We also made the bottom-top approach more consistent throughout the manuscript by removing this sentence "'none of the participants reported poor communication as a barrier' (page 11-12)".

- Other aspects of the results eg. % with particular health problems are not directly relevant for what I believe the aims of the study are. They seem misplaced amid the results about barriers, although they do perhaps help to set the scene.
    - Thank you for this perspective. We merged the section 'Utilization of healthcare services' with the section 'Overview of health outcomes'. In addition, we used this merged section 'Overview of health outcomes and healthcare access' to set the tone for the next section 'Barriers to healthcare access'.

Other comments:

- Abstract: aims in the abstract are also rather 'quantitative aims'. Lines 35-39 'public narrative suggests…' seems rather misplaced in the results.
    - We agree with the reviewer and have removed the phrase "public narrative suggests…"

- Intro – the paper is looking at decreased healthcare engagement but what does this really mean in this context? Is low healthcare engagement a more appropriate term, since there is no measure of how healthcare service use decreases? Page 4, Line 41 – reversal of restrictive immigration policiies – the restrictive immigration policy in 2019 is described above but the reversal is not mentioned until the discussion, so this comes as a surprise to a reader who is not from the US.
    - Thank you for this helpful comment. We changed 'decreased healthcare engagement' to 'low healthcare engagement' throughout the manuscript.
    - In the introduction, we had this statement: "There is a gap in the current understanding of healthcare disengagement by refugees and asylum seekers, and why such disengagement persists after the reversal of restrictive immigration policies."
        - We now also mention in the reversal in an earlier section in the introduction, 2nd paragraph: It remains unknown whether the reversal of the rule in 2021 also reversed the low healthcare engagement in these populations. In essence, the sustained impact of policies prohibitive to healthcare access is not well described.

- Results: 48% recruitment rate and 77% retention rate – what does this mean? Retention from what? Where the multiple interviews? This is not clear in the method. Is this part of a larger project?
    - We have adjusted this language to reflect the recruitment rate of 48% to decrease confusion.

VERSION 2 – REVIEW

REVIEWER	Anne-Le Morville Professionshojskolen Metropol, Occupational Therapy
REVIEW RETURNED	14-Oct-2022

GENERAL COMMENTS	Dear authors Thank you so much for your revised manuscript, which has improved tremendously. There is always a but or however, and comes my suggestions for further strengthening the manuscript. I have written major revision as there are aspects that need to be addressed more thoroughly, though it may not be a major, but medium revision. At one point, regarding method and use of methodological literature I have left it to the editor to decide (see comment below) as there are different traditions in different professions and journals. Page 9, line 31 and page 20, line 33- when discussing positionality, you need to state your role in relation to the participants. Could there be power issues, e.g., were the participants known to you or in other way reliant on you and your expertise? Could gender, age or race have influenced? Page 9, line 22 - did you inform about the study, anonymity, confidentiality or if you would/would not report to other authorities? I think you need to describe this in more detail given the precarious situation your interviewees are in. Further, you state that your method was adapted from previous qualitative studies, but I find this insufficient. It may be a matter of tradition and I will leave it up the the editor, but I believe that you should base a study on a sound and well-described methodology that fits your study and not on what others have done. Page 9, line 37 you state that it is normal to give giftcards and travel compensation, but you need to discuss this as it may influence who and how many says yes to participate. In some countries it is forbidden by law to give out giftcards, though travel expenses are usually paid for. SO I think that you should discuss the potential bias this may cause. Page 10, line 6 you write about inter-rater reliability, but I do think that it is redundant as this is a qualitative method and as you discuss to reach consensus, that is what is needed. Page 20 line 22, regarding giftcards, but I think that it would be appropriate to discuss it, not just state it. The sentence would give more meaning used in the method section and then discussed, not just stated in the discussion. Page 20, line 74 you state that two purposive techniques were used and I would like to know which techniques. Best wishes with the medium revisions

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Anne-Le Morville, Professionshojskolen Metropol, Hogskolan i Jonkoping Halsohogskolan

Q1. Comments to the Author: Dear authors

Thank you so much for your revised manuscript, which has improved tremendously. There is always a but or however, and comes my suggestions for further strengthening the manuscript. I have written major revision as there are aspects that need to be addressed more thoroughly, though it may not be a major, but medium revision.

- A1. Dear Dr. Anne-Le Morville, we are very thankful and appreciative of your comments and suggestions that have greatly improved our manuscript.

Q2. At one point, regarding method and use of methodological literature I have left it to the editor to decide (see comment below) as there are different traditions in different professions and journals. Page 9, line 31 and page 20, line 33- when discussing positionality, you need to state your role in relation to the participants. Could there be power issues, e.g., were the participants known to you or in other way reliant on you and your expertise? Could gender, age or race have influenced?

- A2. We have added the following (blue is the new text), to the last paragraph in the introduction: “This multi-disciplinary study was developed through collaboration between physicians, qualitative and clinical researchers, and attorneys all working at the intersection of healthcare, immigration law and medical-legal services for asylum seekers and refugees for over a decade. This collaboration provided us with a deep understanding of the stressors and health outcomes experienced by this population through reviews of the literature as well as findings from our previous studies. The research team was diverse. It included individuals from different cultural, racial and age groups. Half of the team members were first generation immigrants themselves, spoke multiple languages, and understood first-hand the participants’ experiences. The team was equipped with cultural sensitivity, empathy and was trained in trauma-

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informed communication. Though the team were experts in the participants’ circumstances and conditions, none of the participants were known to any team member. During the informed consent process, the participants were aware that they will neither be receiving any medical care nor any legal guidance. With this in mind, this study is based on the grounded theory framework34 and was driven by a strong common belief in the power of immigrant stories to inform change.”

Q3. Page 9, line 22 - did you inform about the study, anonymity, confidentiality or if you would/would not report to other authorities? I think you need to describe this in more detail given the precarious situation your interviewees are in.

- A3. Thank you for this suggestion. We added the following (blue is the next text), 4th line, second paragraph of the Methods section: “Every participant provided both oral and written informed consent. Participants were informed that their responses will be

anonymized, and that any identifying information will not be included in any report or publication. The participants were aware that stored data will be coded and will be unlinked to identifying information. The researchers also described that the study was covered by a Certificate of Confidentiality that prohibits the use or sharing of any identifying information in legal proceedings or groups except designated research members."

Q4. Further, you state that your method was adapted from previous qualitative studies, but I find this insufficient. It may be a matter of tradition and I will leave it up the the editor, but I believe that you should base a study on a sound and well-described methodology that fits your study and not on what others have done.

- A4. Thank you for the suggestion. We added the following to the second paragraph of the Methods section (blue is the new text): "The method for data collection was adapted from previous health related qualitative studies with immigrants.35-39. Several modules of the study procedure were validated in other studies conducted by the research team.41-44"

Q5. Page 9, line 37 you state that it is normal to give giftcards and travel compensation, but you need to discuss this as it may influence who and how many says yes to participate. In some countries it is forbidden by law to give out giftcards, though travel expenses are usually paid for. SO I think that you should discuss the potential bias this may cause.

- A5. Thank you for this suggestion. We added the following in the discussion section (blue is the new text): "All participants were provided a gift card to remove any monetary barriers to participation related to missing work obligations and incurring expenses while traveling to the interview site. 45-53 This compensation mechanism could have introduced participation bias. Thus, the characteristics of participants may differ from those who chose not to participate (e.g., age, employment). Having said that, similar compensation mechanisms in health research improved response rates and the representativeness and did not introduce a significant participation bias.78"

Q6. Page 10, line 6 you write about inter-rater reliability, but I do think that it is redundant as this is a qualitative method and as you discuss to reach consensus, that is what is needed.

- A6. We removed this sentence and kept it in the supplementary Table.

Q7. Page 20 line 22, regarding giftcards, but I think that it would be appropriate to discuss it, not just state it. The sentence would give more meaning used in the method section and then discussed, not just stated in the discussion.

- A7. We added the following (blue is the new text): “All participants were provided a gift card to remove any monetary barriers to participation related to missing work obligations and incurring expenses while traveling to the interview site. 45-53 This compensation mechanism could have introduced participation bias. Thus, the characteristics of participants may differ from those who chose not to participate (e.g., age, employment). Having said that, similar compensation mechanisms in health research improved response rates and the representativeness and did not introduce a significant participation bias.78“

Q8. Page 20, line 74 you state that two purposive techniques were used and I would like to know which techniques.

- A8. Thank you for your feedback. We had included this information in the supplementary table. We decided to add it to the main text in this new version (last part of the final paragraph before the Conclusion). “Two purposive sampling techniques were used: typical case and heterogenous sampling. Data saturation was measured per interview and throughout the entire dataset such that no new codes and concepts emerged through an iterative process.”