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An Analysis of a Public Health Media Campaign in Switzerland

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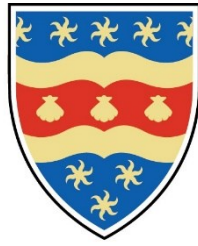
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UNIVERSITY OF PLYMOUTH

AN ANALYSIS OF A PUBLIC HEALTH MEDIA CAMPAIGN IN SWITZERLAND

by

ELEANOR SASKIA FAULK-ANTONAKIS

A thesis submitted to the University of Plymouth
in partial fulfilment for the degree of

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Dedication

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Author's Declaration

At no time during the registration for the degree of Doctor of Business Administration has the author been registered for any other University award without prior agreement of the Doctoral College Quality Sub-Committee.

This thesis has been proofread by a third party; no factual changes or additions or amendments to the argument were made as a result of this process. A copy of the thesis prior to proofreading will be made available to the examiners upon request.

Work submitted for this research degree at the University of Plymouth has not formed part of any other degree either at the University of Plymouth or at another establishment. This study was self-funded.

A programme of advanced study was undertaken, including taught modules: Induction and Introduction, Reflective Practice and Reflexivity, Developing Methodological Approaches, Understanding Paradigms and Inquiry, Identifying and Explaining Theory.

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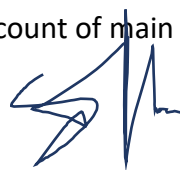
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Abstract

ELEANOR SASKIA FAULK-ANTONAKIS

AN ANALYSIS OF A PUBLIC HEALTH MEDIA CAMPAIGN IN SWITZERLAND

This multidisciplinary, grounded theory study analyses public health media communication for Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STI) prevention in Switzerland. Health communication researchers measure the effects of media campaigns on populations to improve prevention. However, such effects may evade measurement due to complex interactions between audiences, media channels and ecology, message content, and targeting strategies. Competing theories explain media effects on health behaviours but there is a dearth of research examining upstream planning and stakeholder perceptions of media campaigns. In effect, interactions between communities, health officials, practitioners, and communication/media stakeholders are politically sensitive, and inaccessible to researchers.

Whereas national HIV and STI prevalence was relatively low, the Swiss government aimed to raise general public awareness about risks and prevention. LOVE LIFE 2019 was a multimedia public health campaign centred on a video series promoting male condom use as well as a Safer Sex Check questionnaire providing tailored recommendations.

This case study utilises innovative triangulation of media analysis methods including content analysis; digital ecosystem analysis; Goffmann's theatrical frame and gender display; grammar of visual design and social semiotics; intervention theoretical indicators; and social marketing and extended social marketing, to retroactively

understand encoded values and underlying mechanics of the media strategy. Concurrently, international and national authorities and practitioners with diverse stakeholder viewpoints were interviewed regarding media campaign planning in general and LOVE LIFE 2019 specifically. As a complement to grounded theory, thematic analysis elucidated interview and media themes, leading to insights into stakeholder environments and media effects.

Grounded theory methodology resulted in a substantive theory comprising four testable propositions to guide further research, identifying relationships between culture, ideology, and values, with implications for public health media communication. Based on the substantive theory, practical recommendations were formulated to address contextual issues: (a) a content strategy for HIV and STI prevention targeting the general public; (b) HIV and STI federal policies; (c) inclusive design processes for human-centered planning; and (d) ethical considerations for public health utilisation of digital media.

Keywords: health communication, social media, video, content strategy, HIV prevention, STI, condom, campaign planning

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List of Abbreviations

Acronym – full term

AIDS	Acquired immunodeficiency syndrome
BC	Behaviour change
CHF	Swiss Franc
CHAM	Community Health Action model (CHAM)
COVID-19	Coronavirus disease 2019
ELM	Elaboration Likelihood Model
EU	European Union
FOPH	Federal Office of Public Health
GDPR	General Data Protection Regulation (European Union)
GT	Grounded theory
HEC	Haute Ecole Commerciale
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIV/STIs	Human Immunodeficiency Virus/Sexually Transmitted Infections
HBM	Health Belief Model
LL	LOVE LIFE (series of campaigns)
LL2019	Love Life 2019 (case study campaign)
LGBTQ+	Also LGBT, LGBTQIA+, lesbian, gay, bisexual, transexual/transgender, queer, intersex, asexual, among others

MC	Male condom
NGO	Non-governmental organisation
PEP	Post-Exposure Prophylaxis
PH	Public health
PLWH	Person (people) living with HIV and/or AIDS
PR	Public relations
PrEP	Pre-Exposure Prophylaxis
RCC	Randomised controlled trial
RO	Research objective, respectively RO (1), (2), (3), or (4)
RQ	Research question, respectively RQ (1), (2), (3), or (4)
SAF	Swiss AIDS Federation (NGO)
SSC	Safer sex check (LL2019 questionnaire)
SM	Social Marketing
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UoP	University of Plymouth
UX	User experience
WHO	World Health Organization

1. CHAPTER 1 INTRODUCTION

Everyone carries the plague because no one, nobody is immune.

—Albert Camus, *The Plague*

1.1. Background of the Study

HIV and STI campaigns often suffer from unclear messaging and misplaced controversies. They are complex interventions, potentially wasting funds, whereas ineffective campaigns may put people at risk for disease. How to communicate disease prevention effectively? When asked, a panel of communication experts, practitioners, and health researchers replied that the answer was complex.

Public health (PH) authorities use communication campaigns to mitigate or control infectious diseases such as Ebola, HIV/AIDS¹, influenza, sexually transmitted infections (STI), and an ever-mutating coronavirus. Health communication is increasingly applied to non-communicable diseases like diabetes, as well as to other issues such as cyber-bullying, ecological behaviours, mental health, and substance abuse.

One reason for the difficulty in improving the effectiveness of PH media campaigns is that such interventions necessarily use complex multidisciplinary processes (Issel and Wells, 2018). At best, health communicators inform intervention planning based on evidence from similar campaigns, intervention models, and socio-cognitive theories (Riddell et al., 2022; ECDC, 2014). However, resulting campaigns may suffer from unresearched assumptions and uneasy compromises between activists, doctors, government, and PH stakeholders (Kelly and Barker, 2016) within a culture of

¹ Acquired Immune Deficiency Syndrome: a set of opportunistic illnesses and conditions resulting from HIV immune system damage; also known as “Advanced HIV disease”. See <https://www.aidsmap.com/about-hiv/glossary>

consensus (Andeweg, 2000). Campaign planning processes usually include two main phases. Firstly, key stakeholders with official oversight and funding generate a campaign concept and strategy. Secondly, an advertising or media agency produces and implements these (Issel and Wells, 2018; Kok et al., 2015; Peters, 2014). The mechanics of campaign planning and implementation processes are rarely studied because their inherently politically sensitive interactions are not accessible to researchers, hence the “black box” view of planning (Lawless, et al., 2018).

HIV/AIDS is a global health priority. In 2021 the United Nations (UN) General Assembly reconfirmed its commitment to “end the epidemics of AIDS ... and other communicable diseases” by 2030 as Sustainable Development Goal 3, target 3.3 (UN DESA, 2022). In 2021 worldwide an estimated 38.4 million [33.9-43.8] people were living with HIV (PLWH). To date, this pandemic has taken more than 40.1 million [33.6-48.6 million] lives (WHO, 2022). Many legislative, medical, and societal successes followed the first mysterious AIDS deaths forty years ago (Cameron, 2021). The AIDS pandemic remained the world’s biggest health challenge, until COVID-19 challenged its “exceptionalism” (Bekker et al., 2018 p. 154). Advances in HIV treatment access and prevention eroded in 2020-2023 as governments and individuals struggled with pandemic priorities (UN DESA, 2022). These setbacks particularly affected regions burdened by inequality such as the African continent, Eastern Europe, and Central Asia, but were experienced everywhere including the USA (Alsan et al., 2021; Himmelstein and Woolhandler, 2020). Worldwide, specific populations suffer disproportionately from infectious diseases like HIV/AIDS, COVID-19, and STIs,

particularly those experiencing intersectionality², including disadvantaged women and girls, injecting drug users (IDU), men having sex with men (MSM), sex workers, and transgender people (UN Assembly, 2021; Vernazza et al., 2020).

UNAIDS, the UN Joint³ Programme on HIV/AIDS, recognises intersectional inequality and interlinkages between the epidemic and development, gender, health, and human rights (UNAIDS, 2022). This multisectoral prism was reinforced by the UN's own Sustainable Development Goals, specifically Goal 3 regarding health and wellbeing (UN General Assembly, 2021) towards which progress was imperilled by COVID-19 (UN DESA, 2022).

Switzerland, the selected case study location for this research, does relatively well on the UN, UNAIDS, and World Health Organization (WHO) measures in international comparisons. In 2020 Switzerland had an estimated 17'100 PLWH (FOPH, 2021). The country was on track for UN targets in 2019 when COVID-19 hit. As in other countries, the COVID-19 pandemic further derailed a weakened Swiss HIV response by straining prevention, screening, and treatment efforts, re-allocating HIV/AIDS resources to COVID-19, closing clinics for lockdowns, or restricting access. Long-term impacts are as-yet unknown. In her many pronouncements on the subject UNAIDS Executive Director Dr. Winnie Byanyima underlines that inequities underlying HIV are equally responsible for COVID-19 and future epidemics, stating in late 2021: "The only successful approach will achieve both [AIDS and COVID-19 reduction]. As of now, we are not on track to achieve either." (UNAIDS, 2021)

² When two or more types of discrimination (such as sexual, ethnic, HIV status) combine to intensify inequalities experienced by individuals or groups.

³ UNAIDS is part of the UN system alongside ten co-sponsoring organisations (UNHCR, UNICEF UN Women, and WHO among others).

1.1.1. Public health and health communication

Since germ theory developed more than a century ago, treatments and vaccines proliferated, and today PH commonly applies to a range of health, environmental, and social conditions (Detels et al., 2021; Aschengrau and Seage, 2020; Lock and Nguyen, 2018). After vanquishing measles, mumps, polio, and smallpox in high-income countries, scientists' attention turned to non-communicable diseases. Elsewhere, meanwhile, malaria and tuberculosis still thrive, while new pandemic threats emerge and recur (Bedford et al., 2019; Piot, 2015), for which ongoing vigilance is necessary.

Definitions of PH originate with foundational thinker Winslow (1920) as: "the science and the art of preventing disease, prolonging life, and promoting physical health" (p. 23). Applicable here are references to science and art, encapsulating two poles of this study, and mirroring a leading definition of its field by the Society for Health Communication as "science and art of using effective communication to advance the health and well-being of people and populations" (SHC, 2017). Bringing both ideas together, this study investigated HIV and STI prevention campaigns using marketing communication methods and media channels.

The recognition that illness, the natural environment, and social conditions are interlinked, is epitomised by the new WHO One Health initiative identifying interrelationships between climate, animal and human health (OHHLEP, 2021). PH is necessarily a multidisciplinary field where medical researchers highlight health threats; economists and actuarial scientists advise on logistics and cost-effectiveness; communication and marketing specialists inform the population through media campaigns and public affairs—among other domains.

Health communication is part of the preventive mission of PH authorities. It is often the most cost-effective and simple measure to deploy without unsheathing complex policy or legislative changes. Typically, such communication produces messages and content regarding health and risk, to raise awareness and inform populations about behavioural change⁴ for HIV prevention—such as condom use, testing, and so on (McCloud, Bekalu and Viswanath, 2020). Other priorities include reducing stigma and discrimination and scaling up on pre-exposure prophylaxis⁵ (PrEP) in many affluent countries. Working participatively, PH stakeholders—medical workers, public officials, health infrastructure, private sector, and pharmaceutical industries particularly—collaborate to slow an epidemic spread (Ford, Steel and Guest, 2020). This study aimed to identify the inner mechanics of these efforts and, specifically, how they can be improved.

1.2. The Context: About HIV

The Human Immunodeficiency Virus (HIV), cause of Acquired Immune Deficiency Syndrome (AIDS), persists as a major global health threat (WHO, 2020) in all countries and regions. Despite being one of the world's richest countries, Switzerland struggles with its epidemic, and STIs. Worldwide, most people in need of treatments cannot get them, while high health costs in affluent countries threaten access to medications. There is no cure, and no vaccine against HIV infection. New HIV infections are declining overall but are on the rise since 2015 in 38 countries on five continents, including Europe (UNAIDS, 2022). Compounding the human tragedy, each new infection requires costly lifelong treatment that, collectively, exceeds the combined GDP of several

⁴ Communication interventions aiming to influence, change, or limit target behaviours.

⁵ Antiretroviral medicines taken before potential exposure, either on a daily or on-demand basis, to prevent acquiring HIV (PrEP)

African countries (Piot, 2015). Antibiotic and viral resistance, drug costs, and the COVID-19 pandemic threaten resources earmarked for HIV (Krubiner, Madan Keller and Kaufman, 2020). Within this context it is urgent to improve effectiveness of lower cost interventions, like media campaigns, to reduce infections.

Everywhere, MSM⁶ and marginalised groups such as sex workers are hard to reach for HIV and STI prevention and screening (Sidibé, 2017). Both examples demonstrate the complexity of HIV, raising sensitive issues like drug access, inequality, and sex (Kaiser Family Foundation, 2019; Lock and Nguyen, 2018). Therefore, efforts to prevent and treat HIV are difficult—if not taboo—when interventions are seen as controversial and threatening to culture, ideology, and identity (FOPH, 2021).

Related reasons for continued disease spread are ongoing stigma and discrimination regarding people living with HIV (PLWH). Despite prevention and treatment advances, stigma can sabotage even the best prevention campaign, in Switzerland as elsewhere (Suter, 2020). Stigma is a social, not a medical phenomenon requiring a comprehensive structural response to discriminated vulnerable groups or PLWH “in communities, workplaces, and healthcare settings” (Detels et al., 2015 p. 1133). Individuals who feel stigmatised fear testing, thereby unknowingly infect others (UNAIDS, 2022; Smolak and El-Bassel, 2013; Leta, Sandøy, and Fylkesnes, 2012); Media campaigns effectively reduce HIV stigma (Green et al., 2019). A medical response provides PrEP to PLWH and those at risk (WHO, 2021a; FOPH, 2019; United Nations General Assembly, 2016).

⁶ Men having sexual contact with men, who may or may not have sex with women also. They may identify as bisexual, heterosexual, homosexual, trans, or other.

1.2.1 The importance and applicability of this study

This research investigated the dynamics that structure PH communication on a national level. The study responded to the frustrations of (a) PH administrations who receive flak from controversial HIV and STI prevention campaigns; (b) medical staff who heal bodies and minds of those who were untouched by prevention campaigns; and (c) those who were powerless to protect themselves. Health communication and promotion are increasingly applicable to diverse domains impacted by sociological processes such as gender, inequality, power, and social representations (Green et al., 2019; Issel and Wells, 2018). In addition to epidemics, which are expected to increase in frequency and impact (Gallagher, 2019), this study's findings are applicable to media communication about natural disasters and ecology; non-discrimination and stigma; online and social media⁷ abuses and disinformation; and physical and mental health.

1.3. Identification of the Research Problem

Emerging tools for managing epidemics include artificial intelligence, forecasting (McGonigal, 2021), platform vaccine technology, and multidisciplinary approaches such as the Lancet Countdown, to monitor climate and human health risks (Watts, et al. 2017). Regardless of aims—whether prevention, screening, or treatment—effective media communication and monitoring are central to changing population health behaviours and attitudes (WHO, 2022; Parvanta and Bauerle Bass, 2020; Depoux, et al. 2017).

PH stakeholders plan health communication: advocates, doctors, medical staff, officials, and contracted advertising agencies. Consequently, the quality of their decisions and interactions impacts campaign effectiveness (French, 2017). However,

⁷ Internet-based applications and technologies that allow the creation, curation, and exchange of user-generated content (WHO, 2021) including Facebook, Instagram, Tiktok, Twitter, WeChat, Youtube

government planning processes are opaque and subject to assumptions, interests, and uncertainty (Issel and Wells, 2018 p. 14). Typically, multistakeholder interactions are not publicly accessible.

HIV transmission specificities and stages complicate assessment of media campaign impacts on audiences. After acquisition of the infection, individuals may have high viral load⁸ but no clear symptoms motivating them to get tested (Aschengrau and Seage 2020; Frey et al., 2020; Hawker et al., 2019). Undiagnosed and asymptomatic, PLWH may at this stage unknowingly expose partners to infection. Hence, assuming incomplete testing, authorities rely on media metrics, surveys, and delayed estimates on new infections to assess campaign effects. Furthermore, endogenous and other variables mitigate precise evaluation of campaigns such as PrEP availability, social factors, stigma, test costs, and other media messages (Riddell et al., 2022; Robinson 2021).

To uncover the reality of multistakeholder campaign planning, this research examined a specific case: the Swiss national HIV prevention campaign LOVE LIFE 2019 (LL2019). Switzerland was an interesting case study given the four distinct cultural-linguistic regions within a complex federal environment and local, cantonal, and national health system aspects. The Federal Office of Public Health (FOPH) has national legal authority to plan nationwide HIV and STI prevention campaigns (Büchler and Gächter, 2016). International organisations such as the UN, UNAIDS, and WHO provide timely and relevant guidance on best practices, outside the frame of this research.

⁸ During screening if viral load is detectable HIV is replicating in the body therefore HIV transmission may occur to others

1.4. Aims and Objectives of Research

Given the complexities of intervention evaluation and the importance of health communication in preventing new HIV infections, this study sought to deconstruct perceptions of the LL2019 campaign, focusing on health stakeholders' perceptions of upstream planning processes. The purpose of this grounded theory study was to develop a theoretical understanding of these processes, and to identify how they can better fulfil campaign aims, thereby contributing to practice as well as ongoing scholarship discourses (Marshall and Rossman, 2016).

The study had the following research objectives:

1. To investigate the production of HIV and STI prevention campaigns in Switzerland and the roles of respective PH stakeholders.
2. To examine the rationale and interests underlying the actions of PH stakeholders in prevention campaign planning.
3. To examine stakeholders' perceptions of effectiveness of PH campaign strategy, content, and media channels.
4. To assess the overall effectiveness of the Swiss HIV and STI prevention campaign considering stakeholder expectations and international best practices.

It sought clarification regarding the effects of prior events—campaign planning by stakeholders—on later outcomes. The investigation identified how these interactions take place, as well as opportunities for improvement within a broader policy context. In developing valuable explanations of processes in PH communication planning, the study accessed forms of knowledge inaccessible by other means.

1.5. Data and Methodology

This thesis formed part of the degree requirements for the Doctor of Business Administration, a professional degree integrating work experience and theory to reflect on real problems. The study's interpretive and multidimensional perspectives contributed to an empirically grounded substantive theory (GT) revealing the assumptions, social processes, and obstacles at the heart of Swiss PH media communication. The sample selected was Switzerland's national HIV and STI prevention campaign LL2019. In-depth interviews were conducted with health stakeholders, whether process actors, media, or providers. To broaden perspectives and mitigate selection bias, external experts working in international organisations and companies were interviewed as well (Nelson, 2015). Thematic analysis (TA) of campaign outputs complemented interviews and contextual literature within the selected case study, deploying seven types of media analysis to deconstruct the media campaign. Media analysis methods included: social marketing (SM) and extended social marketing mix; identification of theoretical indicators; grammar of visual design; social semiotics, theatrical frame, and gender display. Methodological choices reflected limited accessibility to opaque and politically charged negotiations between PH stakeholders. Selective coding was employed to build on meanings within the texts as part of constructivist GT to develop a substantive model of the LL2019 campaign. Emergent theory highlighted a new, critical understanding of the cultural, political, and social components of the studied campaign-planning phenomenon.

1.6. Structure of the Thesis

The thesis is composed of six chapters launched by this introductory chapter that introduced key considerations, explains the research context for Swiss PH

communication on HIV, presenting research aims and objectives. Chapter Two provides a review and synthesis of theoretical and applied PH, marketing communication, and media literature. Chapter Three discusses the methodological and philosophical undergirding of the interpretive nature of this investigation. The epistemology, ontology, and methodology are explained, clarifying perspectives on social reality, GT, and TA. Research tools and frames are presented. Chapter Four contextualises this thesis, considering the cultural, epidemic, geographic, historic, and political environments within which the research was located. Analysis of media and participant field data, their corresponding coding procedures and thematic analysis are documented and completed. Chapter Five discursively presents selective coding while integrating theoretical and applied literature. The elaboration of an appropriate substantive model is presented within GT, considering real-world and theoretical implications. In fulfilling practice-oriented goals of a DBA, recommendations are presented based on the theory. Chapter Six offers conclusions to the investigation, thoughts on reflexivity, contributions to practice and research, and future research. The appendices present analytical procedures and supplementary materials.

2. CHAPTER 2 LITERATURE REVIEW

2.1. Introduction to the Chapter

How to design a media campaign that effectively influences condom use behaviour to prevent HIV and STI? Many disciplinary approaches have been developed to address this question, with varying degrees of evidence. To reflect the interrelations of theory and practice in this study, the literature review is composed of theoretical and practice-based sections, followed by a critical analysis of key studies that assisted in identifying research gaps. The chapter begins with identification of literature and theoretical inclusion criteria.

To control epidemics and infectious diseases, public health authorities conduct interventions aimed at changing health behaviours. Authorities use medical staff or media campaigns to communicate why and how populations can reduce health risks. A communication campaign is a strategically planned activity “to inform or influence behaviours in large audiences within a specified time period using an organized set of communication activities and featuring specific messages in multiple channels to motivate behaviour change in individuals and society” (Rice and Atkin, 2013 p. 3). Media includes all “institutionalised structures, forms, formats and interfaces for disseminating symbolic content” (Couldry, 2016 p. viii). Media content includes film, music, theatre, and visual art (Strate, 2017), expressing values (McLuhan, 1994). Digital media content includes audio, design, graphical and text information, interfaces, rich media, and video (Chaffey and Smith, 2017). This research set out to understand the content, media environment, and strategy of a Swiss digital media prevention campaign.

Public health research focuses on either individual decisions or societal factors as determinants of health (Frisco, Van Hook and Thomas, 2022; Weber, 2020; Kok et al., 2016), although what causality claims can be made are difficult to establish (Cockerham, 2013). Individual-level theories focus on changing beliefs, knowledge, and motivations, using messaging and methodologies from digital user experience, economics, and psychology (Chater and Loewenstein, 2022; Green et al., 2019; Cockerham, 2013; Thaler and Sunstein, 2008). Such perspectives emphasise cost-effectiveness, efficiency, and return on investment (Naidoo and Wills, 2016), thereby favouring reduction and simplification (Issel and Wells, 2018).

Behavioural theories identify variables and general principles of health and contagion, informing the practice of behaviour change (BC) in a general manner. However, they cannot provide context-specific implementation guidance. It was thus important for this study to also consider best practices for health intervention planning, especially regarding marketing and media aspects. Prior to such discussion, inclusion criteria for the three types of literature are identified in the next section.

2.2. Inclusion Criteria for Literature

To establish research gaps and establish the state-of-the science and practice, three main processes were used, (a) peer-reviewed publications emanating from scientists, (b) best practices-type literature emanating from practice, and (c) foundational texts and theories. These three sources of knowledge were selected because they reflected the state of knowledge in public health (PH) communication planning.

2.2.1 Inclusion criteria for literature emanating from (a) peer-reviewed journals

Articles were identified using the Primo database and were screened to determine eligibility. Main search terms included “HIV prevention”, “STI prevention”, “HIV intervention”, “HIV condom”, and related terms. An initial population of 22,328 results was identified between 2002-2023, 2002 marking the mainstreaming of social media use, as was relevant to LL2019, the sampled campaign. Only articles published in peer-reviewed journals were considered, and the volume of citations subsequently received by publications was considered as a proxy for study quality. To exclude studies focusing on interpersonal communication, which was outside the scope of this thesis, a variety of key words, including “advertising”, “social media”, “media”, and “campaign” were additionally applied, resulting in a narrow focus and insufficient number of studies (n = 23). After several attempts using various configurations for search, the retained search term for refining results, was “media” (n = 132). Results were manually refined based on geographic location of the study. Affluent contexts only were retained that were relevant to the context of this study (i.e., Switzerland). Additionally, campaigns focusing on stigma or testing only were eliminated. Older studies were also disregarded when a more recent study was published, to account for technological changes to media that increased relevance to the digital case study campaign. This refined selection was made based on the compatibility of country cultural and socio-economic factors with those in Switzerland, the case study location, with a clear preference for studies conducted in Europe. By retaining affluent contexts and HIV or STI prevention campaigns resembling the case study LL2019, the final tally of articles that satisfied the criteria was thus five key articles. Inspection of those articles enabled adding more relevant studies that were cited in, or were cited by, these studies.

Subsequent analysis revealed gaps in the literature, given the insights these studies provided on interventions aiming at HIV, AIDS, or STI prevention and utilising mass media or social media.

As discussed, the complexity of media campaign planning requires consideration of practice-oriented literature. Further literature for consideration included best practices studies, guidelines, and policy briefings regarding HIV and STI prevention planning, as discussed in the next section.

2.2.2 Inclusion criteria for literature emanating from (b) practice

In line with this investigation's objectives, the identification of relevant practice literature was undertaken, due to the strong emphasis on practice inherent in the study of media campaign planning. Using general internet searches as well as specific ones within the websites of international and regional authorities, best practices studies, books, guidelines, and policy briefings regarding HIV and STI prevention planning were sought. Specific searches were conducted within digital properties of recognised relevant authorities, such as the CDC, EU, FOPH, the UN, UNAIDS, and the WHO, among others, to identify documents that were ineffectively indexed for search engines. Some practice articles were published in peer-reviewed journals as well. Refining search terms included "behaviour change", "communication", "framing", "media", "nudge", "policy", and "public health". Resulting documents were then selected according to year of publication, with the oldest being 1999 due to subsequent digital channel growth in mass media and social media. To be considered authoritative, citations of the documents were sought, preferably within peer-reviewed journal articles and textbooks on PH interventions. However, it was recognised that health authorities rarely publish the results of their interventions

publicly, and much less acknowledge resources that informed the process. Relevance to this investigation's objectives was a watershed criterion for inclusion, as was the study's capacity to inform methodology. The final tally of key articles that satisfied the criteria was two. Subsequent analysis revealed gaps in the literature, thanks to both studies emanating from practice and from peer-reviewed sources. The selected studies typically focused on an intervention aiming at HIV, AIDS, or STI prevention, or on behavioural interventions generally for best practices, utilising mass media or social media. One final source of literature remained to be opened to scrutiny: the foundational theories and texts discussed in the next section.

2.2.3 Inclusion criteria for literature on (c) foundational textbooks and theories

It was important to identify media campaign planners' assumptions, operant theories, and practical bases. To that end, texts and articles that represented the sources of shared knowledge in the PH field were identified. By scrutinising online syllabi, journal articles, and practice-oriented texts, main textbooks were identified that were deemed to be authoritative on health media communication. Such texts typically came from two streams: firstly, those devoted to health communication and media communication more generally, and the second devoted to marketing management and media communication. The ensuing list was corroborated with and added to using citations within journal articles and best practices literature. Such texts enabled an informed overview of the interlocking disciplines composing PH and health communication. Importantly, they provided valuable indicators of recognised sources of knowledge that may inform the worldview and assumptions of professionals and stakeholders working in both PH and media planning. The researcher was therefore

able to recognise and assess the body of knowledge potentially available to and shared by health campaign planners.

Literature not included in this review encompassed that which was conceptually or contextually far from the research objectives surrounding a critical assessment of LL2019, a mass media and social media campaign promoting condom use to prevent transmission of HIV and STI. Other topics and vectors for HIV and STI exist but are contextually distinct from the sexually-transmitted focus of the studied campaign LL2019. Therefore, excluded literature concerned blood transfusions, injecting drug use, and maternal transmission as HIV vectors; similarly, HIV and STI treatment and adherence studies were excluded. Equally, studies of interpersonal communication including motivational interviewing and internet-based interactions were not relevant to the mass media and social media focus of this research.

The inclusion criteria are summarised in Table 1, including geographical, health topic, and media specificities per literature type, giving a holistic and interdisciplinary overview of the health media communication field.

Table 1: Criteria for inclusion of main literature sources

Literature type	Peer-reviewed journals and practice	Foundational and theoretical
Publication type	Peer-reviewed journals, policy briefings	Highly cited books and peer-reviewed journals
Publication year	2012-2022	1975-2022
Research locations	Affluent settings, mainly European	Affluent international settings
Campaign types	Mass media and social media	Mass media and social media
Health topics	HIV and STI media communication, and other relevant issues	PH communication and interventions on HIV and STI, among others
Theoretical framework	Conceptual models of health BC communication, campaign planning, and content/media strategy	PH, health BC conceptualisations, campaign planning, and content/media strategy

Source: Author

In the following sections the literature is organised according to foundational behavioural theory, followed by the identification and analysis of best practices literature. The purpose was to identify the state of science and practice to inform this study's methodology and to answer its central questions. In so doing, gaps were found in knowledge that this investigation intended to address. This critical review aided in the formulation of contributions this study could make to the planning of media interventions aiming to increase safer sex behaviours to prevent the further spread of HIV and STI in Switzerland. Given the broad range of potentially applicable theories and practices, some were marginally useful. Therefore, this review was not comprehensive, but aimed to cover only that literature which added explanatory power and was frequently cited.

2.3. Theoretical Considerations of Health Behaviour Change Interventions

To understand the challenges faced by HIV prevention media campaign planners such as those who developed LL2019, a capsule review of health, disease, and health BC is relevant. Health practices are complex non-linear socially embedded individual behaviours that interlock with cultural, gender, genetic, political, socio-economic, and structural factors, including intersectionality (Aschengrau and Seage, 2020; Lock and Nguyen, 2018; WHO, 1986; Nettleton, 2006; Illich, 1976). Health communication and promotion interventions are complex programmes using interpersonal, media, or other channels, and combinations of press, radio, and television as well as social media and internet (Scriven, 2017; Naidoo and Wills, 2016).

Media campaigns aiming to reduce infections have a low cost per person, and may impact individuals and social groups, with more rapid, performative benefits than engagement with complex policymaking (Frey et al., 2020; Furton, 2022; Rice and

Atkin, 2013). However, an excessive emphasis on individual responsibility for health decisions frames health problems as due to individual biases, hedonism, and irresponsibility—without questioning wider health policy and structural changes (Chater and Loewenstein, 2022; Alsan et al., 2021; Costongs, 2019; Green et al., 2019; Holman, Lynch and Reeves, 2018; Lorenc et al., 2013). In addition, individual health decisions are grounded in economic, political, and social contexts that should be accounted for (Lock and Nguyen, 2018; Kelly and Barker, 2016).

Because preventive measures are more cost-effective than curative ones, numerous campaigns worldwide promote condom use, PrEP, and HIV and STI testing. Social norms determining health behaviours, such as condom attitudes, sexual practices, and stigma, are particularly malleable to the use of media communication: people can learn new behaviours and modify existing ones (Green et al., 2019; Molborn and Sennott, 2015; Bandura, 2002). Human sexuality is a foundation of human life, and a complex dimension synthesising beliefs, culture, personality, and socialisation. It is also the context within which transmission of HIV and STI occurs. Media functions as an agent of socialisation, notably of sexual attitudes, norms, and values. With the global adoption of social media, digital ecosystems have displaced the family and schools in providing indicators of desirable and normal sexual behaviour (Kickbusch et al., 2021; Balleys et al., 2020; Gerbner, 2002). The media's socialising power makes it a locus for sexual health communication (Sah and Robinson, 2021). Health systems, providers and insurance companies increase informational participation on social media (Kouri et al., 2017; Kamel Boulos et al., 2016). Such is the premise behind the Swiss LL2019 campaign, studied in the current investigation.

Yet, media health communication may not result in desired behavioural changes. Digital divides prevent health campaign access to swathes of the population (Nutbeam, 2021; Nguyen et al., 2020). Digital channels also spread health disinformation and misinformation (Kwon, 2022; Yeung et al., 2022) and disproportionately amplify minority views (Lewandowsky et al., 2019), sowing confusion and misguiding the population. Furthermore, digital media normalises HIV and STI risk practices, such as having multiple partners and unprotected sex, and lowers barriers to risky behaviour such as gaining access to multiple partners via mobile applications (Khalajabadi Farahani et al., 2018; Ybarra and Thompson, 2018; Whitfield et al., 2018; Rosengren et al., 2016; Chen and Shi, 2015; Mahapatra and Saggurti, 2014; Dragowski et al., 2013; Young and Jaganath, 2013). Finally, campaigns may spur unintended consequences (Holt et al., 2018), such as cognitive dissonance from HIV- or STI-risk behaviour messages (Petticrew et al., 2013; Udeagu et al., 2012), or message “fatigue” resulting from relentless media promotion, diminishing preventive practices (Rosenberg and Siegel, 2018; Gardner and Leshner, 2016; Kelly and Barker, 2016).

This review begins by examining the roles and practices of PH within its societal function as emitter of health communication. Then it turns to critically examine the theoretical and best practices inputs that typically underpin PH campaign planning, particularly concerning infectious conditions such as HIV and STI, in view of this study’s objectives.

2.3.1 Public health theories used as bases for media campaign planning

To understand the processes involved in planning an HIV and STI prevention campaign, the following discussion places this activity within its historical and political contexts. This study was rooted in the PH multidisciplinary domain, which recognizes impacts of

systemic complexity inherent to social, economic, and political factors on health (Lock and Nguyen, 2018; Baum and Fisher, 2014). The field draws on epidemiology, medical sciences, political science, psychology, and sociology to effectively promote health BC, safety, and well-being. In their review of 35 social media and messaging HIV media communication campaigns, Taggart et al. (2015) identified diverse PH objectives in addition to prevention—including health promotion, medication adherence, sharing experiences, and providing social support for PLWH. Health communicators appreciate the interactivity of top-down as well as bottom-up communication, enabling constructive feedback to the campaign (Luttrell, Emerick and Wallace, 2021; Noar et al., 2009). Public health manages health risks at population level through preventing harms and diseases, mitigating impacts of ill-health, and improving health outcomes through stakeholder engagement.⁹ PH approaches have societal applications to health, environmental, and social conditions (Detels et al., 2021; Lock and Nguyen, 2018) for which health communication, education, and promotion are instrumental.

Stakeholders in three categories play a crucial role in PH (Green et al., 2019), including primary stakeholders (beneficiaries and target audiences), secondary stakeholders (planners and implementers), and key stakeholders (funders, NGOs, and government departments) providing financial and policy support. Typically, stakeholders operate at several levels, from community, to state, to national health systems. Each comes to the table with distinct power, interests, level of commitment, and a position on the matter at hand, with a potential for conflict due to these differences (De Buck et al., 2018). The engagement of diverse and representative stakeholders—practitioners, advertising agencies, patients, and public administration—was identified as a key

⁹ In Freeman's (1984) definition, "any group ... who can affect or is affected by the achievement of the organization's objective" (p. 46), with responsibilities to communities, the environment, and society at large.

success factor in planning effective PH interventions (Green et al. 2019; Issel and Wells, 2018; Skolnik, 2016; Buse, Mays and Walt, 2012). Indeed, a multi-site European study (Kriegner et al., 2020) identified many benefits; doing so helps “weigh and balance different interests, negotiate what the [health] evaluation should focus on” (p. 2), agree on outcomes assessment and question assumptions. Whereas the involvement of concerned populations was clearly key to effectiveness, many interventions used top-down planning, from which the campaign’s own targets were excluded (Holland, 2015). Due to multiple configurations and contexts, the process of health stakeholder identification is itself little-studied and is context-dependent (Buse, Mays and Walt, 2012; Schiller et al., 2013).

At the global level, the World Health Organization (WHO) advocates for social justice in public health, emphasizing gender equality, community involvement, and patient empowerment as well as a holistic normative view of health (WHO, 2021b; 1998; 1978). The United Nations' Sustainable Development Goals (SDGs) also prioritize health and well-being by calling for ending epidemics and ensuring universal access to healthcare services by 2030 (UN, 2022). Globally, the COVID-19 pandemic slowed progress towards healthcare equity and the attainment of SDGs (Chakrabarti et al., 2021; UN News, 2020). Regional and international coordination of large-scale PH actions is increasingly needed due to the globalisation of health threats, of which HIV/AIDS is but one example (OHHLEP, 2021; Skolnik, 2016).

However, economic limitations, political crises, and the impact of rising neoliberalism have posed challenges to health services aiming to achieve these goals (Bell and Green, 2016; Rathman and Richter, 2016; Rose, 1999; Donzelot, 1991). PH can be viewed through a Foucauldian lens as a domain where biopower is exerted to regulate

population behaviour and optimise economic outcomes (Foucault, 2020; 1997; 1981). Political and economic considerations, such as treatment cost viability, often conflict with values of care and equity in healthcare decision-making (Chater and Loewenstein, 2022; Lock and Nguyen, 2018; Espinoza, 2012; Stolk and Busschbach, 2002; Illich, 1976).

PH services operate at multiple ecological levels, starting with individual targeted BC, with interventions tailored to specific contexts (Hosein et al., 2016). PH interventions are based on bodies of theory and research, relying on scientific methods as well as best practices from marketing and communication science (Parvanta, Nelson and Harner, 2018; Scriven, 2017; Gillam, Yates and Badrinath, 2009). Media communication is a crucial tool in PH interventions, serving purposes such as promoting awareness and preventive measures, as well as testing and treatment adherence (Green, et al., 2019; Parvanta, Nelson, and Harner, 2018; Scriven, 2017). Media campaigns reduced HIV transmission by using commercial marketing strategies (Noar et al., 2009), such as audience segmentation, messaging and channel objectives, and media metrics monitoring, considering engagement with digital content and user journeys (Chaffey and Ellis-Chadwick, 2019). The deployment of communication campaigns to influence individual behaviours may be preferable to complex policymaking and health system structural changes (Frisco, Van Hook and Thomas, 2022; Furton, 2022; Cockerham, 2013; Foucault, 1984), particularly considering funding cycles as short as five years for US National Institutes of Health (Holman, Lynch and Reeves, 2018). Today, media campaigns are extensively used for HIV and STI prevention (Sah and Robinson, 2021; Langdridge et al., 2021; Flowers et al., 2019).

2.4. Health Behaviour Change Theories as Bases for Media Campaign Planning

To understand theoretical options available to HIV and STI prevention campaign planners, the following discussion clarifies a range of theories available to inform the process. One would expect that health campaign planners use behavioural and social theories to inform and structure campaign strategy, in addition to marketing communication and media considerations. Such theories aim to understand health BC and the factors that influence it. However, the actual operationalisation of these theories in actual campaigns is difficult to demonstrate and, correspondingly, the impacts of ensuing campaigns are difficult to measure (Hagger and Weed, 2019; Kok et al., 2012). Public health programmes cannot ethically randomise target populations to different treatments within an experimental model, and pre- and post-measures are difficult—if not impossible—to make (Gunn et al., 2021); similarly, the use of comparison or control groups is challenging. Therefore, considering complexity, context dependence of campaigns, lacunary and conflicting evidence, PH agencies appear to reinvent the wheel with each new campaign. Deliberations on campaign effectiveness are in line with this investigation’s objective concerning stakeholder perceptions whether the studied campaign LL2019 had the desired BC impact.

This overview section focuses on the most cited models in the health BC communication literature, in the following order: Social Cognitive Theory and Social Learning Theory, The Theory of Planned Behaviour and Theory of Reasoned Action, Health Belief Model, Protection Motivation Theory, Social Marketing, and Nudge Theory (UNAIDS, 1999). It would be inefficient to review all 93 such theories (Michie et al., 2018), because not all aligned with this study’s aims. Consequently, criteria for inclusion or exclusion of such theories were identified as follows: (a) relevance to

thesis objectives; (b) applicability to mass and social media interventions; (c) Utility for HIV and STI topics; (d) widely cited in main PH communication textbooks and research studies in the context of intervention effectiveness. Table 2 presents an overview regarding criteria for inclusion of BC theories.

Table 2: Overview of inclusion criteria for behaviour change theories and models

BC theory and main inclusion or exclusion criteria	Include	Exclude
Community Health Action Model (Akinyemi, Harris and Kawonga, 2019; Nutbeam, Harris, and Wise 2010) Exclusion criteria (b) applicability to media campaigns; (d) less widely cited		x
Diffusion of innovations (Green et al., 2019; Rogers, 2004) Exclusion criteria (a) relevance; (c) utility for HIV and STI; (d) less widely cited		x
Elaboration Likelihood Model (Hopper, 2019; Petty et al., 2005; 1993) Exclusion criteria (a) relevance; (d) less widely cited		x
Health Belief Model (Hayden, 2019; Catania, Kegeles and Coates, 1990) All inclusion criteria correspond	x	
Heuristic Systematic Model (Katz et al., 2018) Exclusion criteria (a) relevance; (d) less widely cited		x
Integrative Theory of Behaviour Change (Fishbein, 2008; Fishbein et al., 2001) Exclusion criterion (d) less widely cited		x
The Sexual Health Model (Robinson et al., 2002) Exclusion criteria (b) less applicable to mass and social media (d) less widely cited		x
Social Cognitive Theory (Bandura, 2002; 1998; 1997; 1994) All inclusion criteria correspond	x	
Social Learning Theory (Bandura, 1977) All inclusion criteria correspond	x	
Social marketing (Lee and Kotler, 2019) All inclusion criteria correspond	x	
Stages of Change (DiClemente et al., 1991) Exclusion criteria (a) relevance; (d) less widely cited		x
Theory of Reasoned Action (Holman, Lynch and Reeves, 2018; Frew et al., 2010; Ajzen, 1991) All inclusion criteria correspond	x	
Theory of Planned Behaviour (Fishbein and Ajzen, 2010) All inclusion criteria correspond	x	

Source: Author

Typically, BC models identified behavioural determinants that may be modified on an individual level (Chater and Loewenstein, 2022; Newman, Steed and Mulligan, 2008). As such, they assisted in informing an assessment of the impact of LL2019, the studied campaign.

2.4.1 Social Cognitive Theory and Social Learning Theory

Social Cognitive Theory, developed by psychologist Albert Bandura (2002; 1998; 1997; 1994), highlights the role of observational learning and self-efficacy in BC. Self-efficacy (Bandura, 1997) designates agentic belief regarding ability to “exercise control over one’s health habits” (Bandura, 2004 p. 144). Such belief increases likelihood of BC and can be reinforced by media instructional messages and depictions of actors demonstrating small steps towards target behaviours (Green et al., 2019; Rice and Atkin, 2013).

Similarly, Bandura’s Social Learning Theory (1977) focuses on how individual learning stems from social interactions. Observing a role model—whether physically, in media, or symbolically—enables assimilation and imitation. The theory emphasises the greater influence on behaviour modelling when the observer can identify with the depicted person/actor. Such identification, or homophily, describes when individuals perceive narrative actors as likeable and resembling themselves within immersive, culturally embedded contexts (Karimi et al., 2018; Green et al., 2019; Bandura, 2002). When identification is hindered, audiences neither learn from, nor accept, the beliefs and values communicated in the campaign (Lee, Fawcett and DeMarco, 2016; Green and Brock, 2000). Hence, the identification function of narrative communicates a message more effectively than arguments or facts (Salmon, 2017; Shen, Sheer and Lee, 2015; Bandura, 1994). Storytelling is widespread in HIV and STI communication, encompassing narrative themes of contraception, pleasure, pornography, or risk (Langdrige et al., 2021).

In turn, homophily is related to narrative transportation¹⁰ theory (Hamby, Daniloski and Brinberg, 2015; Lee, Fawcett and DeMarco, 2016; Green and Brock, 2000), whereby effective health storytelling is applied to communication interventions in a context-dependent manner, reflecting culturally grounded messages relevant to target audiences (Bandura, 2002). Additional benefits of narrative forms exploited in health communication are the compelling media “gratifications” conveyed to audiences, such as amusement, beauty, and the reinforcement of a worldview (Berger, 1991). Aligned with Social Cognitive Theory, health communication must be realistic enough to impact audience BC, requiring both identification and transportation. To enable such mechanisms, robust, unbiased audience research and insights must be at the core of campaign design (Kouri et al., 2017; Igartua and Casanova, 2016; Lee, Fawcett and DeMarco, 2016; Green and Clark, 2013).

Main relevance of Bandura’s theorising for this study was his conceptualisation of the influence of social and environmental factors on individual behaviour through vicarious learning via mediated representations, offering “operative generalisability” (Bandura, 2002 p. 280; Bandura, Ross and Ross, 1961). The studied campaign LL2019 is an example of the use of storytelling representations aiming to influence condom use BC. However, both Social Cognitive and Social Learning Theories evade effectiveness measurement and focus on the micro level, impairing wider long-term change (Kaufman et al., 2014). Moreover, the widespread exploitation of narrative formats by brands and political messaging may result in scepticism, where storytelling promotes complacency rather than truths (Salmon, 2017).

¹⁰ Transportation conceptualises the rewards experienced by a narrative’s audience as they identify with and feel part of—swept away by—a story-world (Green and Brock, 2000)

2.4.2 The Theory of Planned Behaviour and the Theory of Reasoned Action

Other social cognitive theories sharing commonalities with Bandura's theories in their approach to understanding health BC are the Theory of Reasoned Action (TRA) and Theory of Planned Behaviour (TPB). Both are intrapersonal and cognitive in emphasis, centred on the role of beliefs, attitudes, and behavioural intentions, with limited consideration of social influences. TRA is frequently operationalised in HIV prevention campaigns, permitting cumulation of "considerable evidence" (Frew et al., 2010 p. 3) as to applicability, and is one of the most-cited theories in public health literature (Holman, Lynch and Reeves, 2018). It considers the influence of subjective norms and social pressure on individual intentions and decision-making, as modulated by own attitudes towards a given behaviour (Ajzen, 1991).

TPB is "...associated with significant behaviour change" in HIV/AIDS campaigns (Kaufman et al., 2014 p. 252), considering three factors to predict behavioural intention (Fishbein and Ajzen, 2010). Firstly, attitudes toward a behaviour, such as refusing testing if HIV is stigmatised. Secondly, how others view the given behaviour determines subjective norms, highlighting the importance of ambient media attitudes towards condoms, or PrEP, for instance. Thirdly, the level of behavioural control—the perceived ease or difficulty of performing the behaviour—is important. For example, low-status sex workers may be unable to enforce male condom use (Vernazza et al., 2020; Bindel, 2017) whereas MSM with low power differentials between partners held strong beliefs as to their ability to effectively use condoms. A meta-analysis of MSM condom use literature (Andrew et al., 2016) considering eight studies supported the three main TPB constructs as predictors of both intentions and behaviours, albeit less strongly for perceived behavioural control. Similarly, a study of 218 U.S. college

students (Asare, 2015) significantly predicted intentions to use condoms based on constructs. Both studies contained limitations due to small sample sizes, and heavy reliance on self-reported condom use. Because researchers face practical difficulties in quantifying actual condom use, self-reporting is used with the caveat that it is subject to over-reporting (Liu et al., 2016).

Hence, for media planners, the theory's cognitive constructs help structure audience research, and may inform analyses of social media monitoring regarding condom use, sexual norms, and social modelling (Green et al., 2019; Laranjo, 2016; Do, Kincaid and Figueroa, 2014). However, both theories ignore social and structural effects on behaviour, which may be considerable for contagious diseases like HIV and STI where transmission takes place within social contexts (Kaufmann et al., 2014).

2.4.3 The Health Belief Model

The TRA (Ajzen, 1991) laid the foundation for the Health Belief Model (HBM), which is more focused on individual perceptions of health threats, their severity, and the effectiveness of preventive measures than its theoretical predecessors TPB and TRA. It assumes that individuals will engage in health behaviours if they perceive the threat as relevant and the preventive measures as beneficial. Adapted as the "AIDS risk reduction model", HBM assesses an individual's likelihood of engaging in safer sexual BC based on labelling of perceived risk such as stereotypical beliefs, commitment (based on Bandura's social cognitive and social learning theories) and enactment, such as safe-sex negotiation skills (Catania, Kegeles and Coates, 1990). The labelling construct was identified as particularly useful by Suarnianti, Martiana and Haskas (2019) in their longitudinal observational study of workplace HIV risk factors. In that case, a population with a strong group identity, such as nurses, permitted effective

intervention targeting through the model's labelling construct. Similarly, Champion and Collins (2012) conducted a cognitive behavioural intervention for 409 ethnic minority US women within a randomised-controlled trial. The model's sensitivity to cultural factors assisted in identifying cultural- and family-oriented insights at the level of perceived risk that were effectively incorporated into the cognitive behavioural intervention. However, the literature search demonstrated that the AIDS risk reduction model subsequently paled in comparison to the broad adoption of the HBM in HIV interventions.

HBM conceptualisations can be usefully applied to audience beliefs and perceptions research (Bogale et al., 2020) and granularity on personal beliefs (Hayden, 2019). Two HIV campaign examples applying HBM determinants include procuring audience commitment to act/enactment through mobile popups for appointment scheduling (Frey et al., 2020; Flowers et al., 2019). Theoretical assumptions aim towards rational health messages; however, people may not objectively know their risk levels. Indeed, "unrealistic optimism" concerning perceived risk is "fairly common" (Hayden, 2019 p. 60). Further, the model's individualistic focus ignores collectivistic cultural tendencies and identity; the rationality of HBM limits application to HIV and STI transmission contexts that intimately involve more than one person (Faulk and Usunier, 2009).

2.4.4 Protection Motivation Theory

Like HBM, Protection Motivation Theory (PMT) conceptualises threat perceptions and coping mechanisms, however, PMT emphasizes appraisal of threats and coping. Central to PMT are threat appraisal—perceived likelihood, severity, and vulnerability as well as coping appraisal—self-efficacy and efficacy of a proposed action (Hayden, 2019; Floyd, Prentice-Dunn, and Rogers, 2000; Rogers, 1975). So, when individuals

weigh HIV risk with “rewards” of unprotected sex, combined with knowledge of condom effectiveness and self-efficacy about their use, they are more likely to intend to use condoms, according to Tingey et al. (2017) in their randomised controlled trial of 267 Native American adolescents. However, while intentions to use condoms theoretically predict condom use behaviour, their predicted value was not sufficiently demonstrated. Additionally, the study highlighted the importance of increasing self-efficacy in such interventions to augment condom use, supporting findings of an earlier meta-analysis (Hoffmann et al., 2014) that identified greater predictive validity on coping appraisal than threat appraisal.

Coping appraisal is increased when health messages are framed to elicit positive emotions (Flowers et al., 2019; Sender and Decherney, 2016; Hosein et al., 2016; Kahnemann, 2011). For instance, by focusing on beneficial outcomes of sex with a condom (Prat et al., 2011). Communication campaigns may use fear appeals; however, they usually magnify the gain frame of well-being and social attractiveness (Hosein et al., 2016; Shen, 2015; Kelly and Barker, 2016; Rice and Atkin, 2013) as does the studied campaign LL2019. An additional benefit to such framing is the reduction of cognitive dissonance (Petticrew et al., 2013) that can negate messaging.

A similar theoretical model that addresses PMT weaknesses while remaining focused on self-efficacy is the information-motivation-behavioural skills model (Fisher, et al., 1996). Utilised in the Künzler-Heule, et al. (2021) study of MSM with HIV and hepatitis co-infection, it helped identify “teachable moments” for risk reduction messaging (p. 10). PMT is helpful to campaign planners by highlighting the necessity of balancing negative consequences of a given behaviour, such as acquiring STI and HIV infection, to increase salience of preferred BC, such as condom use (Scriven, 2017; Rogers, 1975).

Hence, it may be unclear to planners to what degree gain- and loss-framing should be used in messages regarding infection risk, condoms, and HIV/STI screening (Hayden, 2019).

While it ignores beliefs and values, the PMT model identifies behaviours and coping responses related to self-efficacy—as such it is useful for planning and monitoring health education and campaigns when behaviours and responses can be specifically addressed (Lwin, Stanaland and Chan, 2010). However, this model's limitations include the reliance on individualistic perspectives, the inability to objectively assess threat level appraisals, and its weak utility for predicting future behaviour (Tingey et al., 2017; Hoffmann, et al., 2014).

Overall, these socio-cognitive theories provide valuable insights into BC processes to inform the design of PH campaigns. However, they are limited by their individual focus and lack of consideration of broader social, cultural, and structural factors that influence health behaviours. Unlike in medical sciences, health communication planners have no body of globally accepted theories on which to base campaigns (Hagger and Weed, 2019; Kok et al., 2012). Green et al. (2019) summarised this problem for campaign planners “not a shortage of theory, but rather which [theory] ... to select ... from the plethora of theories” (p. 380). For Bandura (1998) such theoretical proliferation encouraged “cafeteria style research” where diverse constructs were conjugated within interventions, unhelpfully multiplying behavioural predictors (p. 623). Even when they were ostensibly used, frameworks and theory were applied to campaigns in a “suboptimal” manner (McManus et al., 2018), or even added post hoc (Flowers et al., 2019 p. 731). Furthermore, researchers identified that health interventions applied theory selectively, ignoring culture and social context (Asad and

Kay, 2015; Okwaro, et al., 2015; Kok et al., 2012). This weakness was identified even in multilevel/ecological interventions that theoretically accounted for the social environment (Schölmerich and Kawachi, 2016). Finally, uncritically applying a theoretical BC basis may be mechanistic and reductionist (Green et al., 2019; Lock and Nguyen, 2018; Goldberg, 2012) while a holistic and systemic view is more compatible with the stated empowerment goals of health promotion (Chater and Loewenstein, 2022; Young et al., 2020; Baum and Fisher, 2014).

2.4.5 Health communication best practices as bases for campaign planning

To understand the complexities of conjugating a BC theoretical basis, as discussed, with the remaining components of an HIV prevention campaign, an overview of best practices is conducted in this section. As seen, multiple socio-cognitive theories help campaign planners gain general psychological and sociological insights, however more specific, pragmatic guidance issued from practice is needed to guide message formulation and media planning processes. Multidisciplinary researchers and international authorities, such as UNAIDS and WHO, provide recommendations based on specialised evidence and best practices. Other attempts to provide evidence bases for health interventions include the CDC's HIV Prevention Research Synthesis programme, CONSORT, and TIDieR, focused on the USA with limited application to Europe. Furthermore, such databases suffer from publication bias in addition to reporting lacunae which impede their usefulness to planners (Michie et al., 2018). Finally, few media communication interventions are featured.

The limited applicability of studies to intervention planning is often due to the context-specificities and tailored taxonomies of campaigns, making comparability difficult (Green et al., 2019). Additionally, planners may find that evidence is partial, context-

dependent, or conflicting (Hagger and Weed, 2019; Kok et al., 2012) whereas many health campaigns used weak outcome evaluation designs and imprecise application of existing theoretical models (Parvanta, Nelson and Harner, 2018; Noar et al., 2009; Fishbein and Cappella, 2006). Furthermore, rigorous evaluation of PH campaigns is costly and time-consuming (Noar et al., 2009). Indeed, the very concept of assessing effectiveness is debatable, because pre- and post-measures may not be practicable nor ethical in health interventions and, furthermore, no formal method exists for such measurement (Gunn et al., 2021; Michie et al., 2018). Compounding these difficulties, health intervention research is subject to a publication lag exceeding a decade, if published at all (Dijkers and Millis, 2020; Green, 2008). Non-standard implementation of PH interventions is common in HIV and STI programmes because contextual and cultural factors mandate customisation of programme elements and BC techniques (Wyatt et al., 2012; Faulk and Usunier, 2009). Hence, measurement limitations and constraints of representativeness and generalisability stymie comparability among studies and prevent stakeholder learning from past experiences.

The discussion highlights the complexity of integrating best practices and theoretical leverage points within interventions (Ammerman, Smith and Calancie, 2014). The use of procedural standards in intervention planning enables evaluation and standardisation by linking population characteristics, underlying theory, the beliefs and behaviours, and translation into practical applications (Hoffmann et al., 2014). Despite the clear potential of media communication, there is much debate as to how it should be effectively planned and implemented, to ensure that health messages translate into actual target BC. Some good practices are clearly identified, however, such as combining media messaging with opportunities for interpersonal interactions. Such a

conclusion was reached in the meta-analysis by Xin et al. (2020), reviewing 46 web-based BC interventions in 15 countries targeting MSM. They identified a wide range of electronic possibilities—from web to social media, to mobile and interpersonal; a combination of electronic and human channels was most impactful. However, the included studies typically tracked effects over a short period. A study of the Swiss “Break the Chains” campaign reinforced the importance of combining channels (Frey, et al., 2020), however this case study exemplified limitations of analysing a sole campaign by not sampling dissimilar ones. Similarly, in their study of sexual health promotion among US adolescents, Chernick et al. (2022) concluded that media audience participation combined with peer support increased receptivity of messages, however the sample size was small (n = 22). More robustly, in their meta-analysis of 38 HIV media communication interventions from 23 countries, Noar et al. (2009) found the common integration of a range of media channels mutually reinforced and exploited the channel-specific strengths of each for a “tailored” effect (Noar et al., 2011). However, the frequency of media intervention configurations does not alone demonstrate effective BC in audiences.

Other indicators of programmatic effectiveness, defined as campaign outcomes that are aligned with planning objectives (Rice and Atkin, 2013), are demonstrated in the literature. For instance, in Kok et al. (2016) meta-analysis, authors argue that four conditions need to be met if campaigns are to impact BC: a behaviour amenable to change; campaign integration of theoretical BC methods; and considerations of target audience, context, and culture. However, how to combine BC techniques impactfully is not known (Michie et al., 2018). Similarly, concluding their policy analyses, Kelly and Barker (2016) advocate for conducting unbiased research on campaign audience

contexts, knowledge, attitudes, practices, and information needs. Also important is an understanding of risk factors correlated with health conditions, such as behaviour, environmental exposure, and lifestyle (Detels et al., 2021; Skolnik, 2016). As in commercial campaigns, communication planners must identify audience segments to target, whereupon audience research can identify how a campaign can influence targeted BC (Issel and Wells, 2018; Scriven, 2017; Kotler and Keller, 2016). Without in-depth audience research, errors in media and message targeting can occur (Gunn et al., 2021; McManus et al., 2018; Chaffey and Smith, 2017). Kelly and Barker (2016) identified erroneous assumptions of intervention planners, most relevant of which was the uncritical belief in the effectiveness of marketing discourses; such ineffective assumptions were more likely when planners were culturally and socially homogenous.

The next challenge to designing an effective campaign is conjugating preceding theoretical considerations into a workable PH media communication plan. Numerous guidelines, policies, and recommendations are published by UNAIDS (2017; 1999) and WHO (2021a; 2016), however they remain at a generic level, difficult to apply in specific cultural contexts. One recommended technique, used globally and reported in more than 1'000 published articles (Fernandez et al., 2019) is the Intervention Mapping framework. The latter guides planning, execution, and evaluation for an effective PH campaign through six steps (Bartholomew-Eldredge et al., 2016; Peters, 2014). Such a procedural approach resembles strategic frameworks used in commercial campaigns and user experience (UX) design, such as SOSTAC® (Chaffey and Smith, 2017), particularly in their audience research recommendations. Intervention mapping begins by analysing the why, what, and how of the health problem, target audiences, and desired BC (Bartholomew-Eldredge et al., 2016). Such analysis at the

outset fosters a critical stance among PH planners that informs subsequent steps of design, production, implementation, and evaluation (Fernandez et al., 2019). The mapping proceeds iteratively and hierarchically, integrating theory at each step, composing an implementation blueprint and evaluation tool (Bartholomew-Eldredge et al., 2016; Kok et al., 2015;). Benefits of using such a framework include the critical consideration of evidence, theory, and other campaigns. Also beneficial in terms of legitimacy is the transparency it provides to stakeholders, particularly funders and implementers (Fernandez et al., 2019; Dalum, Schaalma and Kok, 2012).

A recent, innovative campaign planning approach is Human Centred Design (HCD), focused on audiences rather than processes (Fischer et al., 2021; IDEO, 2021; Leung et al., 2020). A type of design thinking, HCD is defined under ISO standard 9241-110 as an iterative design approach applied effectively in PH (Bazzano et al., 2017). The foundational HCD stage, establishing audience “empathy”, requires understanding of diverse social perspectives and realities, and dispensing with ineffective “common sense” views (McKinsey, 2019; Kelly and Barker, 2016), increasing likelihood of an appropriate and effective campaign (IDEO, 2021; Dopp et al., 2019).

2.4.6 Social Marketing

A widely appropriated technique for PH interventions is Social Marketing. It applies commercial marketing principles to promote health BC, using an understanding of target audiences to tailor interventions to their preferences and values. It is the most oft-cited condom and HIV testing promotion framework (Riddell et al., 2022; McDaid et al., 2019; Parvanta, Nelson and Harner, 2018; Noar et al., 2009). Social Marketing operationalises commercial theories and principles for health with its “mix” of product, price, promotion, place—but “benefits” go to targets (Lee and Kotler, 2019; Kotler and

Keller, 2016). The framework emphasises stakeholder engagement (Hastings and Domegan, 2018), and by using marketing lingo, models, and strategies, it provides an understandable, unifying discourse for diverse stakeholders (ECDC, 2014). Health social marketing researchers Hastings and Domegan (2018) advocated for extending the framework to consider upstream PH intervention planning considerations. Their six extensions are: a clear focus on BC, use of a theoretical framework, adoption of a customer orientation based on extensive research, segmentation of target audiences, and incorporation of insights regarding audience motivations to adopt targeted BC. Encompassing as it does the strategic planning inherent to a health campaign, social marketing and its extensions provided a pragmatic and widely accepted perspective from which to analyse LL2019, the case study campaign investigated in this thesis.

Limitations of social marketing are twofold. Firstly, there is the extrapolation that what works in commercial marketing is also effective in BC, however health involves a more complex set of behaviours and contexts than the purchase of products (Hastings and Domegan, 2018; Kelly and Barker, 2016). Secondly, critics argue that social marketing campaigns often overemphasize promotion to the detriment of other factors such as health policy and logistics as concerns condom pricing and provision (Parvanta, Nelson and Harner 2018; Durkin, Biener, and Wakefield, 2009). Monitoring of media campaign effectiveness is typically quantified using digital metrics (Chaffey and Ellis-Chadwick, 2019). However, analysis of digital performance may provide illusory indicators of success, due to activity blocking by privacy-protection software and differential digital competencies (Lindgren, 2022; Nguyen et al., 2020; Young et al., 2020; Neter, Brainin and Baron-Etel, 2018). Yet, population health outcomes, such as BC, rate of infections,

or testing are more reliable indicators of intervention effectiveness for health campaigns.

2.4.7 Nudge Theory

Like social marketing, Nudge Theory has the potential to inform PH interventions, albeit in a circumscribed manner. The theory suggests that health behaviour can be influenced through subconscious prompts and changes in the environment, which is relevant to this thesis research investigating a digital campaign. The use of nudges results in minimal processing of messages (De Houwer, 2009; Thaler and Sunstein, 2008), which contrasts with the extensive processing assumed in cognitive theories, such as the Elaboration Likelihood Model (Hopper, 2019; Petty et al., 2005; 1993). Designing the choice architecture through nudges that lead to healthier decisions is determined by campaign planners, policymakers, and UX designers (Riou, 2017; Thaler and Sunstein, 2008). Also termed “persuasive” design, web and social media UX nudges mobilise on-screen symbols, choice buttons, and texts to determine user selections that optimise the media owners’ profitability—the users’ behavioural outcomes (Luttrell, Emerick and Wallace, 2021; Nahai, 2017; Krug, 2013). Nudge examples designed into health campaigns include QR codes to access free condoms, or embedding hyperlinks to online condom purchasing options, or even HIV test appointment scheduling applications (Frey et al., 2020). Despite their convenience, however, there are ethical concerns regarding the bypassing of conscious thought and ensuing threats to individual autonomy; additionally, the long-term cumulative effects of nudging are unknown (Chater and Loewenstein, 2022; Colon, 2021).

2.4.8 Summary and synthesis of theories

The preceding theories offer various explanations regarding human health behaviour, its antecedents, and techniques to influence it. Taken alone each theoretical approach has a particular focus and explains just one aspect of behaviour. Social cognitive theories share a focus on health attitudes, beliefs, and intentions include TRA (Ajzen, 1991) and TPB (Fishbein and Ajzen, 2010), where behavioural changes are possible when communication centres on mainly on individual attitudes and beliefs (Holman, Lynch and Reeves, 2018). Bandura's Social Learning Theory goes further, considering that behaviours may be amenable to change through modelling within media representations—particularly when these incorporate homophily (Bandura, 2002). The HBM (Ajzen, 1991) and PMT (Hayden, 2019; Floyd, Prentice-Dunn, and Rogers, 2000) focus on individual risk beliefs and perceptions of health threats. Both integrate self-efficacy regarding a proposed action that enables changing a behaviour, as in Bandura's (1997) conceptualisation.

As seen, health BC theories share a focus on the individual. Each theory considers only one or several psychological aspects. However, health behaviour is complex, and the question of how to best influence it is correspondingly complex, integrating individual psychology with social context and broader systemic issues. Therefore, campaign planners aiming for BC have much to consider if their efforts are to result in improved health behaviours. The literature provides many diverse paths for integrating best practices and theoretical leverage points into a media health intervention (Ammerman et al, 2014). Digital and conventional media channel combinations and interactivity were frequent preoccupations in the studies (Chernick et al., 2022; Xin et al., 2020; Frey, et al., 2020; Noar et al., 2011). Other studies considered the important role of

unbiased audience research, particularly regarding social context (Detels et al., 2021; Skolnik, 2016) by campaign planners and the incorporation of relevant BC theories in the ensuing campaign (Kok et al., 2016; Michie et al., 2018; Kelly and Barker, 2016). Another thread in the literature argued that marketing communication techniques should be integral to health media communication (Gunn et al., 2021; Issel and Wells, 2018; Scriven, 2017; Chaffey and Smith, 2017). Social Marketing (Riddell et al., 2022; Lee and Kotler, 2019; McDaid et al., 2019; Parvanta, Nelson and Harner, 2018) was a commonly cited technique for uniting the best practices of marketing communication with BC theory. Also widely cited due to its digital relevance was Nudge Theory, a theoretically-based BC technique with clear media applications (De Houwer, 2009; Thaler and Sunstein, 2008).

While diverse in focus and context, the research in this area tended to have limitations, such as using case studies as a basis with corresponding sample size constraints and measurement issues. Furthermore, the studies tended to focus on context-dependent media campaigns with low generalisation value. Each theory and technique has potential to inform campaign planning, however which to select and how to configure it within a campaign strategy remain unclear.

2.5. Key Studies that Contributed to this Research and the Identification of Research Gaps

At the core of global challenges today is human behaviour. Individual choices exacerbate or improve global problems like climate change, and epidemics such as HIV and STI. Health behaviour—which health communication campaigns attempt to influence—specifically determines quality of life and causes of death (WHO, 2020). Since the 1980's onset of AIDS, media campaigns have gained credibility as a means of

forming attitudes, increasing knowledge, and achieving BC. Campaign frequency increased since 2006 (Holman, Lynch and Reeves, 2018), peaking briefly during the COVID-19 pandemic (Muhammed and Mathew, 2022; Parsons Leigh et al., 2022; among others).

Several key studies identified that individualistic framing of media BC campaigns reflects a lack of consideration of audiences' social context (Chater and Loewenstein, 2022; Holman, Lynch and Reeves, 2018; Kelly and Barker, 2016; Glanz and Bishop, 2010; among others). A considerable body of social research, mainly grounded in cultural studies and sociology, exists to inform campaign design about the strong influence of communities, cultures, and social groups on individual health behaviour. However, the fields of psychology and behavioural economics, which both usually view human behaviour as a product of individual-level choices, had an outsize influence on planners. In the following paragraphs, key studies are critically reviewed as to their contribution, limitations, and methodology, and how they helped shape this study. Table 3 presents an overview of the main parameters of selected studies.

Table 3: Key studies included in the review

Title, authors, year	Research locations	Disciplines	Focus, health topic	Campaign types	Methodology
Chater, N. and Loewenstein, G. (2022) 'The i-frame and the s-frame: How focusing on individual-level solutions has led behavioral public policy astray', <i>Behavioral and Brain Sciences</i> , 46 pp. 1-60.	Global, affluent settings	Psychology and policy, behavioural economics	Focus on: Campaign planning Topic: General	Mass media and policy	Critical overview
Flowers, P., et al. (2019) 'What are mass media interventions made of? Exploring the active content of interventions designed to increase HIV testing in gay men within a systematic review', <i>Br J Health Psychol.</i> , 24(3), pp. 704-737.	Global, affluent (Australia, Canada, China, Italy, Peru, UK, USA)	Health psychology	Focus on: HIV testing campaigns Topic: HIV	Mass media	Coding for theory and behaviour change techniques used in intervention materials
Frey, K., et al. (2020) '“Break the Chains 2015” community-based HIV prevention campaign for MSM in Switzerland: non-randomised evaluation and cost analysis', <i>BMJ Open</i> 10: e032459	Switzerland (11 cantons)	Medical, political science, practice, public health)	Focus on: Campaign planning Topic: HIV prevention	Mass media	Case study using surveys of target audiences and key actors
Holman D., Lynch, R. and Reeves, A. (2018) 'How do health behaviour interventions take account of social context? A literature trend and co-citation analysis', <i>Health</i> , 22(4), pp. 389-410.	USA, UK	Sociology, medical anthropology	Focus on: planning, assumptions Topic: General, sexual	Mass media and policy	Bibliometric mapping and journal co-citation analysis
Kelly, M. P. and Barker, M. (2016) 'Why is changing health-related behaviour so difficult?', <i>Public Health</i> , 136, pp. 109-116.	UK	Public health and policy; psychology	Focus on: campaign planning Topic: General	General and media	Critical overview of policy and practice
Michie, S., et al. (2018) 'Evaluating the effectiveness of behavior change techniques in health-related behavior: scoping review of methods used', <i>Transl Behav Med</i> , 8(2), pp. 212–224.	Global, mainly UK	Health psychology	Focus on: BC technique effectiveness Topic: General	General and media	Scoping review
Riddell, J., et al. (2022) 'Mass media and communication interventions to increase HIV testing among gay and other men who have sex with men: Social marketing and visual design component analysis', <i>Health</i> , 26(3), pp. 338-360.	Global, mainly affluent settings	Health psychology	Focus on: operationalisation of theoretical bases Topic: HIV, testing	Mass media	Meta-analyses of HIV campaigns

The key studies were very diverse in methodology, setting, and topic areas. Therefore, this review examines each study in turn to highlight what can be learned from each, as well as to identify the strengths and weaknesses of respective studies. Holman, Lynch and Reeves (2018) investigated BC campaign planning processes in affluent countries using a distinctive method through a sociological and medical/social anthropology lens. As they identified campaign focus on changing individual behaviours to the

exclusion of social or structural environments, they sought to clarify the theoretical bases and assumptions of planners within the literature. The investigators conducted bibliometric mapping of the literature on BC campaigns and policies, as well as journal co-citation analysis to identify the patterns and trends relating to individual or social context over time. They coded 200 peer-reviewed articles reporting on UK and USA public health BC campaigns on alcohol use, child behaviour, exercise, and sexual health, from before and after 2006. Like the other key papers cited here, Holman, Lynch and Reeves (2018) saw the framing of preventive campaigns on individual behaviours as resulting in ineffective campaigns and policies, whereas understanding and leveraging the social context for BC would be more impactful.

The contribution of the Holman, Lynch and Reeves (2018) article was to pinpoint that social science concepts were reported less since 2006 and individualistic concepts from psychology were correspondingly reported more frequently, whereas the number of reported PH campaigns skyrocketed. Like the Chater and Loewenstein (2022) and Kelly and Barker (2016) studies, Holman, Lynch and Reeves (2018) advocate for research into the assumptions and interests of BC campaign planners and promoters. Unlike the other cited studies, however, these researchers identified another variable that was insufficiently studied in campaign planning: that of culture. Their analyses revealed that cultural factors tended to be ignored by campaign stakeholders. In addition to increasing the effectiveness of campaigns, the cultural variable appeared promising as a unifying concept, representing “common ground” between the diverse disciplines encompassed by campaign stakeholders (Holman, Lynch and Reeves, 2018, p. 404). The study was limited by its methodology and sampling. Although citation searching reflects the state of the field of study—superficially at least—it may not identify other

relevant concepts within texts. Additionally, no literature emanating from practice was sampled, eliminating from consideration other relevant concepts and theories. It was also clear that campaigns are not exhaustively reported on in the peer-reviewed literature (Dijkers et al., 2020), so access to BC campaigns that may have operationalised other assumptions and theories may have been curtailed.

In a similar analysis but utilising in-depth analysis of campaign cases, Chater and Loewenstein (2022) scrutinised policymaking and campaign planning within a PH approach from the perspectives of psychology and behavioural economics. The sampled campaigns included ecological action, prescription drugs addiction, obesity, pollution, retirement planning, and smoking cessation, which may be extrapolated to infectious diseases, such as HIV and STI, as the authors indicate. The relevance of the article to the objectives of this research was its holistic approach, considering the impacts on individuals targeted as well as the social and policy environments of planning stakeholders working to obtain the desired BC goals. To accomplish their objectives the investigators analysed in-depth six PH intervention case studies.

Chater and Loewenstein's (2022) article was one of few that encompass similar goals to this investigation, seeking to understand the structure and impacts of sampled campaigns, as well as the functioning and interests of stakeholder negotiations that developed campaigns in particular contexts. The identification of an individual frame for targeting and messaging, as opposed to a societal one, was also key to inform this investigation's methodology, given the individualistic assumptions and strategy of LL2019, the studied campaign. The study authors advocate for a broader, systemic and societal perspective if BC is to sustainably occur. Like this thesis research, the contribution of the Chater and Loewenstein (2022) study was limited by its case study

methodology, challenging its generalisability and representativity. However, its focus on contextual factors and consideration of content and channels of media campaigns inspired this researcher to flesh out other, overlooked, factors that may impact the effectiveness of a health media campaign.

Similarly focusing on planners, Kelly and Barker (2016) conducted a review of the corpus of their previous research into UK public health campaign planning from the perspectives of epidemiology, policy, psychology, and PH, drawing on Barker and Swift (2009) and Kelly (2010), among other earlier studies. Their goal was to identify campaign planners' assumptions and processes that determined campaign strategy, and which eventually served to undermine campaign success. Although their analyses focused on non-infectious conditions such as cardiovascular conditions, diabetes, and obesity, the study was relevant to this research because of their stakeholder process approach, similar to this thesis' investigation. Their findings identified that stakeholders typically held erroneous assumptions relating to six areas when planning a BC campaign, notably believing that merely communicating information about risks would be sufficient for BC under the premise of utility maximisation—hence a preference for the use of nudges. Furthermore, as did Chater and Loewenstein (2020), they identified that planners' lack of audience understanding over-simplified their view of human behaviour, leading to falsely predictive BC expectations. A major limitation of Kelly and Barker (2016) was not specifying exactly which sources were used in their analysis, explaining their methodology simply as an "overview". Specifics about their analysis method would have provided more legitimacy to findings they gleaned from the data. For instance, they examined stakeholder processes without considering the media content and strategy outcomes of the campaigns. They concluded that

campaign planners should combine psychological theories of BC with understandings of social practice, emanating from broader perspectives such as sociology to transcend the individualistic focus (ibid.). A similar, more rigorous study, focusing on infectious diseases, and specifically on HIV and STI, would enrich the body of literature.

A major preoccupation in the literature was how to measure campaign effectiveness. Using a health psychologist perspective, Michie et al. (2018) aimed to review effective BC techniques for PH campaigns in view of assessing their limitations and strengths. Their meta-analysis comprised a scoping review of 135 studies seeking to evaluate campaign effectiveness using experimental designs, meta-analyses and meta-regressions, and observational studies, among other methods. To assess effectiveness of BC techniques utilised, the researchers applied four “PASS” criteria (p. 213): Applicability and generalizability of findings to audiences and contexts; Practicability concerning the BC technique’s operationalisation; and Sensitivity and Specificity to identify effective or ineffective techniques.

The main contribution of this study was its identification of criteria for effectiveness evaluation, most notably for this thesis research the consideration of audience applicability of interventions—also a focus of Chater and Loewenstein (2022) and Kelly and Barker (2016) in this review, and campaign operationalisation of BC techniques. Identifying such criteria was pertinent due to the current lack of a formal method for evaluating impact, indeed Michie et al. (2018) encouraged planners to utilise diverse methods to do so, thereby providing an impetus for triangulating expert interview input with in-depth media analyses in this thesis research. The study also highlighted the importance of planners beyond the initial design phase, to adapt the campaign if monitoring indicated such a need. Extended planner involvement emphasised their

paramount role in campaign impact, which was highly pertinent in this thesis research seeking to identify planner influence on the LL2019 campaign. However, Michie et al. (2018) could not robustly answer how best to measure campaign effectiveness, except for recommending a multi-method approach, which echoes Kelly and Barker's (2016) call for multidisciplinary inputs. In addition, the study ignored intervention planning contexts, and campaign media content strategy, which both exemplify frequently encountered literature gaps in this review. The researchers acknowledged some unavoidable subjectivity in their analyses, particularly regarding the use of judgement during the coding process which was compounded using several BC techniques in complex interventions. A further limitation was the publication bias inherent in the sample's included studies, implying that effective BC techniques may be present in many unpublished studies, that were therefore excluded from consideration.

A similar attempt to identify theoretical bases and BC techniques was conducted by health psychologists Flowers et al. (2019) regarding mass media interventions targeting MSM for HIV testing. The research team conducted a systematic review of sampled intervention materials from mainly affluent settings (n = 19) regarding the theoretical bases of HIV testing campaigns. Sampled campaign visual materials (online content, posters, and videos) were analysed according to identification of intervention theoretical indicators using a theory coding scheme, a framework of theoretical domains, and a taxonomy of BC techniques. Analyses of campaign materials revealed that just five of nineteen campaigns incorporated a theoretical basis. Main theoretical domains identified in the sample included Knowledge, Beliefs about consequences, and Social roles and identities. Five common theoretical indicators were identified as commitment and action planning, Information on social approval and comparison,

behavioural outcome or incentive, the presence of emotions, and restructuring of the social environment.

Analyses showed that campaign planners did not seize the highly developed knowledge potential of the behavioural and social sciences: the campaigns showed a lack of operationalisation of the state of knowledge, an issue also identified by Michie et al. (2018) and Kelly and Barker (2016). The study informed this thesis research by discussing and applying methods for identifying theoretical underpinnings and BC techniques used in mass media interventions. This thesis research adopted Flowers et al. (2019) methods of media analysis to retrospectively identify the theoretical bases and discourses in LL2019, the sampled campaign.

Despite providing an in-depth analysis of media campaign theory bases, this study neglected to identify the stakeholders' campaign planning processes that operationalised such theory. Additionally, the researchers did not analyse symbolic media content with potential to provide indicators of effectiveness. Furthermore, the country context (cultural, political, and social) was outside the scope of the study, limiting understanding of onsite campaign impacts and stakeholder interests in the various countries studied. Finally, the effectiveness of campaigns was evaluated according to self-reported impact measures such as commitment to testing appointments, which may have been attributable to variables other than the campaign.

One of the few studies to investigate the media contents and strategy of a health campaign was Riddell et al. (2022) study. The researchers aimed to identify social marketing and campaign design elements common in HIV testing campaigns, and to ascertain which components of these were effective in motivating increased HIV

testing. They conducted a systematic review of 19 international studies, mainly in affluent contexts, concerning general and niche audience HIV testing campaigns using social marketing and social semiotics analysis. The eight components of Social Marketing were applied to sampled studies to uncover the extent and complexity of their use.

Researchers assumed, like sociologist Erwin Goffman (1959), that participants in social interactions “serve to influence ... other participants” (p. 15). Such analysis concerning media examines “the relationship between life and theatre” (Birch, 2018 p. 120). Similar in approach, sociologist Roland Barthes demonstrated that deep analysis of metaphors, myths, and semiotics reveals underlying discourses that feed into widely accepted assumptions, beliefs, and meanings (Clarke et al., 2016; Barthes, 1977) as applied within social semiotics in this thesis research. The 28 components of social semiotics (based on Kress and van Leeuwen, 2020; Bezemer and Jewitt, 2009) were extensively used in Riddell et al. (2022) study to analyse delivery, emotional tone, and narrative content of sampled studies. Study findings revealed shared image characteristics in campaigns, such as MSM, gay, and bisexual signalling through sexualised images and nakedness, and the use of affirmative or instructional texts. A lack of originality was identified; the ubiquity of sexually explicit content in campaigns, as well as the desensitising potential of sexualisation, was discussed critically by the authors, similar to Langdrige et al. (2021) conceptualisation of “pornographication” (p.16).

A relevant methodological contribution to this thesis investigation of the LL2019 male condom focused campaign, semiology as used in Riddell et al. (2022) provided analytic tools for interpreting images as well as their meanings within a given cultural context.

The study's application of Social Marketing also provided methodological inspiration for this researcher; Both media analysis methods were adopted in this thesis research.

While Riddell et al (2022) provide an in-depth analysis of media campaign use of social marketing techniques and social semiotics, the study was limited by ignoring the diverse cultural, political, and social environments of interventions. In addition, there was very limited consideration of campaign planning processes or stakeholders. As the research team acknowledged, visual materials were not available for all sampled campaigns, reducing data diversity with a potential bias towards bigger, more established health authorities to the detriment of smaller actors with effective content configurations. Furthermore, the authors relied on potentially unreliable assessments of intervention effectiveness as reported by the sampled studies' authors.

Finally, as is the focus of this thesis research, the LL2019 campaign, "Break the Chains" was a mass media intervention planned by the Swiss FOPH. Using the campaign as a case study, Frey et al. (2020) sought to analyse the effects and implementation of HIV prevention "Break the Chains", targeting MSM to promote short-term risk reduction and discounted HIV testing in 2015. Researchers conducted online and outreach clinic pre- and post-campaign surveys of target audiences and key campaign rollout actors, with nine expert interviews, evaluating the adoption of risk-reduction behaviours, message retention, and HIV testing. This study was the only recent relevant analysis of a mass media campaign conducted in Switzerland, and its findings applauded the success of the campaign, such as doubled year-on-year HIV testing. Despite providing an overall analysis of the campaign's impact through surveys, the study neglected to provide an in-depth understanding of the media content mechanisms and planning aspects that increased testing and sexual risk-reduction. While outreach clinic

measures of testing were quantifiable, the testing increases may be attributable to discounted costs or other variables, rather than to the media campaign itself. Furthermore, BC outcomes were self-reported which notoriously may lead to measurement inaccuracies (Scriven, 2017; Liu et al., 2016). No analysis of intervention materials was conducted. Additionally, the researchers did not analyse contextual elements that affected target audience reception of the campaign, such as cultural differences between the eleven cantons where the campaign was implemented.

Taken as a body of research in this review, the key studies discussed here provided methodological inspiration as well as theoretical insights of value to this thesis research. However, each study was circumscribed within one of several areas of interest to this thesis research: campaign planning processes, campaign effectiveness, and media content and strategy, whereas none addressed all domains identified as thesis research objectives. Despite the diversity of methodological approaches they present, the researchers' conclusions tend to converge on identifying the untapped potential of existing theory bases as well as the ineffective uses of planning processes and media content and strategy.

2.6. Societal Considerations Surrounding Media Campaigns

Some final thoughts on societal impacts of media close the discussions surrounding the state of theory and research regarding media campaigns, in line with exhortations of several researchers reviewed in this chapter, most notably Chater and Loewenstein (2022), Langdrige et al. (2021), Holman, Lynch and Reeves (2018), and Kelly and Barker (2016), among others. Today the media, in all its forms, provides the primary means by which people in affluent societies construct their "real" world. As such, media's symbolic power, is that of shaping broad consensus about and "constructing"

reality (Bourdieu, 1991 p. 66 in Couldry, 2017). Media theorist Stewart Hall (1997) and sociologist/philosopher Michael Foucault identify the media's ideological role as sustaining power systems and inequality by distorting representations, so they conform to the identities and interests of power. The media is central to societal knowledge creation, and the acceptance of what is "true"; for Foucault (1972), one version of truth is validated by power: it "appears before our eyes... we are unaware of the prodigious machinery of the will to truth" (p. 220). Similarly, linguist and philosopher Noam Chomsky describes how symbolic and rhetorical media processes obtain individuals' consent to a hegemonic state of reality (Colon, 2021; Herman and Chomsky, 1988) that is assured by filtering out dissonant discourses. Hence, one societal function of media is to make the public amenable to dominant discourses. It is partly through this mechanism that millions of social media users share content and attend to advertisements—effectively unpaid digital labour—for the profit of media companies (Lindgren, 2022). Tensions between media and autonomy, propaganda and health, and manipulation and democracy, prolong ancient philosophical debates and threaten societal cohesion (Gros, 2021; Sadin, 2021; Bok, 1995; Plato 2008). According to the conceptualisation of technological philosopher Jacques Ellul (1973), the media is increasingly systematic and omnipresent as an agent of socialisation and social control due to industrial economic imperatives: "there cannot be mass consumption without widespread identical views about what the necessities of life are" (p. 68). Correspondingly, on a practical level, media enable the coordination of economic, political, and social processes over large geographic areas and can raise awareness about an epidemic and preventive measures (Kickbusch et al., 2021; Green et al., 2019; Scriven, 2017). Like Plato (2008), Ellul (1973) warned of the rise of "persuasive" design and language in media with power to constrain individual liberty and moral autonomy,

of which Nudges are an example (Gros, 2021; Feenberg, 2017; Kim, 2012). The extensive use of figurative forms—metaphor, symbols, and rhetoric, for instance—are primary levers of media content effectiveness (Lakoff and Johnson, 2003) that are central to entertainment, PH campaigns, and media business models. There is a paucity of applied figurative media analysis in the health area. It is precisely because media can homogenise human thoughts and behaviours, whether within a democracy, or to enforce the use of COVID masks or male condoms, that it is deserving of legal protection (Berners-Lee, 2017; Sen, 2009; Tocqueville, 1981). The powerful potential of media poses an ethical consideration applicable to this study, considering the influence of media campaigns on BC.

Through similar mechanisms, media inculcate prevailing ideologies by providing worldviews and models of social status, and roles—social representations—that are widely adopted in society (Lindgren, 2022; Colon, 2021; Zuboff, 2019). Social representations are shared expressions and systems of cultural ideologies, practices, and values (Butler, 1999; Hall, 1997) enabling people to categorise and understand each other, making sense of the world (Devito, Chassé and Veseau, 2019). Today, mass and social media increasingly substitute for the family- and community-centred knowledge forms that socialised each generation until the 20th century (Lindgren, 2022; Gros, 2021; Couldry, 2016). In this sense, modern socialisation is based on mediated knowledge modelled by media-owners' and campaign planners' ideologies rather than individual reasoning, or community experiences (Colon, 2021; Couldry, Herman and Chomsky, 1988; Ellul, 1973). Media representations frame reality, shaping audience perceptions (Nystrom, 2021; Strate, 2017). For the same reasons, they may also result in discrimination, invisibility, stereotyping, and stigma—areas that received

little attention in Swiss HIV campaigns (Fargnioli, 2021). Therefore, it is vital to consider media equity and justice to prevent the perpetuation of social inequality and stigma by media owners and media campaign planners (Kickbusch et al., 2021; Malik, 2020), such as those involved in the sampled campaign LL2019.

On the one hand, therefore, Chomsky, Ellul, Foucault, and others warn of the media's power to influence attitudes, behaviour, and free will itself (Gros, 2021; Lanier, 2019; Frau-Meigs, Velez and Flores, 2017). On the other hand, marketers, media companies, and health authorities applaud increasingly effectively persuasive media (Luttrell and Wallace, 2021; Smith and Ellis-Chadwick, 2019; Nahai, 2017). PH campaigns are monitored by governments and NGOs to ensure cost-effectiveness and political accountability quantified by metrics in accordance with marketing communication discourses and methods. However, campaign media metrics do not indicate actual BC and depend on cultural context and the media system within which they operate (Burgess et al., 2022; Christin, 2020). Professional marketers and communicators successfully apply psychological techniques such as conditioning, emotional manipulation, nudges, and social pressure to technological environments, exploiting cognitive weaknesses through figurative content, narrative formats, and UX nudges (Lindgren, 2022; Colon, 2021; Salmon, 2017; Postman, 2005). Hence, human susceptibility to instruments of propaganda within their media gadgets make these effective channels for health communicators to incite BC, such as male condom use.

Furthermore, Zuboff (2019) exposes how media companies "mine" users' data to identify effective messages, triggers, and nudges. Her Surveillance Capitalism perspective identifies how corporate dataveillance permits algorithmic herding of users toward profitable actions. Algorithms and AI refine and improve on capturing

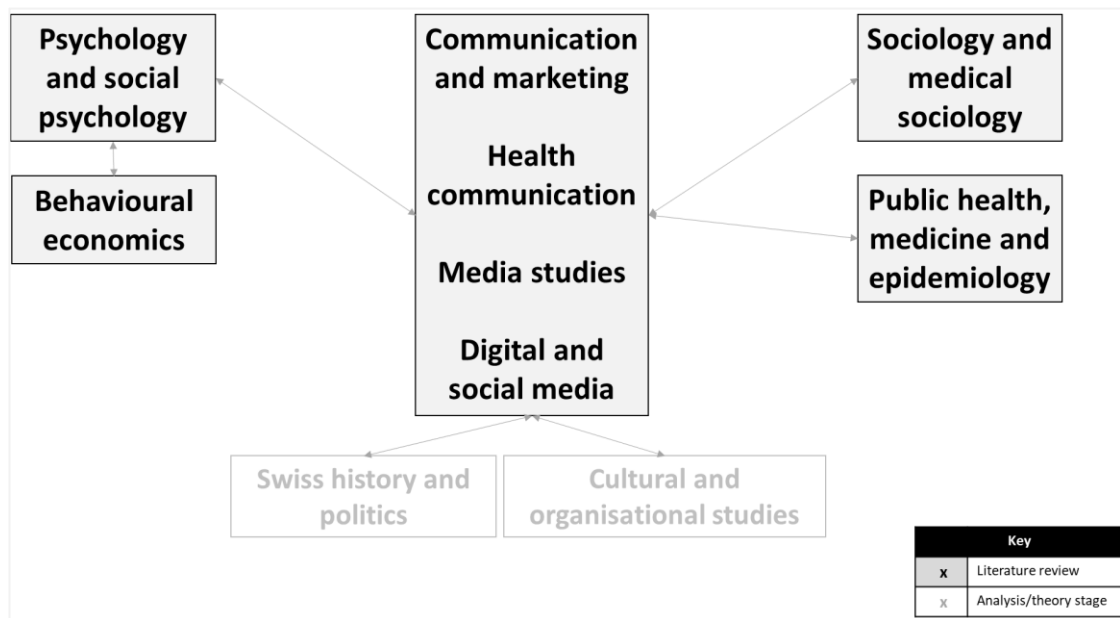
attention and obtaining engagement in a vicious cycle (Cassou-Nogues, 2022; Zuboff, 2019). These tools are increasingly adopted by PH authorities to promote risk reduction and targeted BC, with potential unintended consequences (Chater and Loewenstein, 2022; Kickbusch et al., 2021; Nichols and Petzold, 2021). Such societal considerations need to inform research on media effects, within the first two objectives of this thesis research. Specifically, this research focused on the planning process and choices made by campaign stakeholders where the presence of assumptions, biases, and filters is likely (Chater and Loewenstein, 2022; Kelly and Barker, 2018; Herman and Chomsky, 1988).

Moreover, social media enables widespread misinformation and disinformation discrediting official PH communication and undermining public trust (Global Disinformation Index, 2022; Kwon, 2022; Kickbusch et al., 2021). Resulting cynicism about risk reduction, and rebellion against paternalistic governments or social identities (Purnat et al., 2021; Gros, 2021) can have deadly consequences in an epidemic. Furthermore, false information exerts a primacy effect, obliging health communicators to be reactive and omnipresent on social media (Muhammed and Mathew, 2022; Lewandowsky et al., 2019; Jolley and Douglas, 2017). Hence, effective health communication depends not only on the effectiveness of individual campaigns, but also on media reliability, transparency, and trustworthiness more broadly (Igoe, 2020; Xin et al., 2020; Lewandowsky et al., 2019). Such broader reflections are necessary to incorporate into assessments of media campaign effectiveness, therefore, given that any individual campaign is necessarily part of an extant media system and a cultural, political, and social context.

2.7. Reflections on Contributions of Literature Streams

As evaluated in this review, several fields and multiple theories explain and prescribe health media communication. The contributions of multidisciplinary literature sparked thinking on methodological perspectives and enabled the researcher to gain a systemic view of LL2019 campaign in accordance with the first, second, and fourth objectives of this study. An evaluation of a media campaign from a sole disciplinary viewpoint would have resulted in a compartmentalised and necessarily partial access to analysis, whereas an interdisciplinary perspective on this complex research problem was optimal to attain research objectives. The interlinkages (Figure 1) of main literature disciplines and fields are outlined in summary form in the figure, with relevance to literature gaps and consequential research questions. Two literature fields sampled later during analysis and discussion are presented in the figure for contextualisation.

Figure 1: Literature review: Overview of literature sources across disciplines and fields



Source: Author

2.8. Literature Gaps and Clarification of Research Questions

Literature gaps are unexplored areas of current research that become clear as a literature stream is analysed (Hart, 2014). Overall, this researcher identified a paucity of literature using qualitative social science research perspectives and methods, such as in-depth interviews providing deep and nuanced understanding, while quantitative and biomedical viewpoints were most frequent. Understandably, most literature concerned HIV in lower- and middle-income countries with the biggest, deadliest epidemics (such as Fasehun et al., 2022; Hegdahl, Fylkesnes and Sandøy, 2016). Correspondingly, there were fewer investigations of health communication effectiveness in affluent countries, revealing a gap in the literature that this research aims to begin to fill.

Compounding this difficulty, articles tended to report on context-specific interventions, making it difficult for the researcher to get a representative or comparative view. Much research focused on specific populations such as MSM, IDU, and sex workers (such as Christinet and Biscontin, 2020; Vu et al., 2020; Crowell et al., 2019; Frey et al., 2020) while the studied LL2019 campaign targeted the general public. Others investigated specific objectives such as treatment adherence, short-term BC initiatives, or testing—not prevention as in LL2019 (Riddell et al., 2022; Frey et al., 2020; Babalola et al., 2017, among others).

There was even less research focusing on PH campaign planning processes due to their political sensitivity (Johnson, 2013). Stakeholder literature tended to be methodological in nature, or examining generalities and interests, even obliquely, such as those of insurance companies and lobbies. The lack of research into health authorities' planning processes apart from recommending diversity and focusing on

evaluation, most notably regarding PH stakeholders' interests and perceptions, constituted another gap in the literature (Hayden, 2019) which the first three research objectives aimed to remedy.

Media-focused studies typically investigated specific initiatives, such as social media and testing (Frey et al., 2020; Khan, 2014, for instance), which is different from sustained BC targeted in LL2019. Many studies considered campaigns combining media with interpersonal or other channels (such as Frey et al., 2020). This research isolated digital media channels alone. Media literature provided critical frameworks but did not prescribe how to leverage content and channel benefits. Inspired by Hart (2014), and with reference to the foregoing chapter and discussion, the cascade (Table 4) from research objectives to questions was clarified exploiting the literature gaps.

Table 4: Synoptic table of literature stream key points, correspondences with research objectives, and gaps

Stream	RO	Key points	Gaps
Marketing communication	1, 3, 4	Provided practice-oriented theories, models, techniques, and tools for analysing campaigns (e.g. social marketing) their environments. The digital marketing field's effectiveness orientation and capacity for identifying campaign opportunities and risks helped grasp the perspective of stakeholders. <i>Linked to methodological literature on social marketing and digital marketing and content strategy (newly sampled literature).</i>	Commercial model assumed. Low consideration of political context; ignores social and systemic factors.
Psychology and social psychology	3, 4	Identification of discrimination and stigma, risk perception. Cognitive PH theories explain HIV behaviours and prevention communication. Helped understanding target audiences and PH stakeholders' perceptions, and the role of social groups and dynamics in social media. <i>Linked to culture, innovation, and teams (newly sampled literature).</i>	Individual, micro focus; highly specific so difficult to transpose.
Sociology	1, 2, 4	Broad societal, systemic analyses of social and media and health representations. Perspectives on interrelated systems of health, PH communication, science, and media embedded in sociopolitical contexts. Functioned as background literature, with critical structural thinking on media in society. Conceptions of evidence, media communication, and science underpinning stakeholder interests. <i>Linked to Swiss history, political science, cultural and organisational streams (grey and newly sampled literature).</i>	Neglect specificities of country, and PH; Critical perspective ignores successes; Disconnect from digital marketing.
Media studies	2, 4	Media environment, social media interactivity, and meanings embedded in media narrative structure and symbols. Constitute elements of target audience environments. Considerations of harnessing benefits and minimising harms of media content and channels. <i>Linked to methodological literature on media analysis and social media dominated public space, privacy, and the construction of knowledge.</i>	Underlying assumptions were rarely investigated; Little agreement on effectiveness.

Source: Author

In line with research aims, to develop a theoretical understanding of HIV and STI prevention communication planning processes; and to identify how they can better

fulfil campaign aims, the following research questions were identified, paired with research questions (Table 5).

Table 5: The study's research objectives and corresponding research questions

	Research objectives	Research questions
1	To investigate the production of HIV and STI prevention campaigns in Switzerland and the roles of respective public health stakeholders.	How do HIV and STI stakeholders plan media campaigns?
2	To examine the rationale and interests underlying actions of health stakeholders in prevention campaign planning.	What interests, considerations, and constraints enter into planning?
3	To examine stakeholders' perceptions of effectiveness of health campaign strategy, content, and media channels.	How do stakeholders perceive effectiveness of LL2019 strategy, content, and channels?
4	To assess the overall effectiveness of the Swiss HIV and STI prevention campaign considering stakeholder expectations and international best practices.	How do stakeholders perceive effectiveness of LL2019 strategy, content, and channels?

Source: Author

2.9. Conclusion to Chapter

The multidisciplinary inputs to the chapter viewed health and PH as functions of economic, political, and social phenomena. Principal behavioural theories were assessed for strengths and limitations as bases for interventions that consider “not *who people are* but what people do” [emphasis supplied] (Fishbein et al., 2001 p. 3). In contrast, the literature questioned wider cultural, media, intervention planning, and societal contexts of HIV and STI campaigns. To slow the spread of HIV and STI, a more comprehensive response was needed. Yet, specifically how to do this at national level was unclear, for myriad reasons (McManus et al., 2018). Furthermore, because of high treatment costs, and the contexts of exclusion from mainstream discourses within which HIV tends to spread, targeted and effective communication and prevention are paramount. As communication shifts increasingly to online media, ever broader issues on harnessing the benefits and minimising the harms of media content, channels, and

environments demand consideration in PH campaign planning. After data analysis, further literature was consulted in line with Grounded theory methodology.

3. CHAPTER 3 METHODOLOGY AND METHODS

3.1. Introduction to the Chapter

The chapter reflects on and presents researcher's philosophical positioning and research procedures, as they determine the paradigm of inquiry and research design. Decisions on methodology and methods are considered in light of qualitative research reflexivity, trustworthiness, and validity (Howell, 2013) as they apply in GT.

The following sections detail data collection, analysis, and theory-building methods considering strengths and constraints of each. The focus of this investigation was the HIV and STI prevention campaign, LL2019. Qualitative data include stakeholders' perceptions of campaign planning processes and stakeholder roles obtained in interviews. These aided in analysing upstream campaign planning processes as well as stakeholder perceptions regarding the campaign effectiveness in slowing the epidemic, in line with research objectives. Other data included the LL2019 campaign outputs and videos, as well as the LL2019 digital ecosystem. Ensuing themes, categories and codes were crossed with those issued by interview analysis to enable assessment of planning effectiveness, a main research objective. Interview selection and processes were explained, and the selected campaign and country case was justified. Abductive and explorative analytical routes for coding, and the use of Thematic Analysis (TA) and structured coding were assessed. Methods for maintaining strong reflexivity to reinforce quality of the investigation are reviewed.

3.2. Paradigm of Inquiry

Scientists generate knowledge about reality and truth from scientific and other sources, including expertise, intuition, and practice-based observations (Tie, Birks and Francis, 2019). Most importantly, reasoning, and abstract thinking develop

knowledge—whether inductively or deductively (Fortin and Gagnon, 2016). This research uses mainly inductive reasoning by examining a particular case—LL2019—from which thinking proceeds, based on interview and media analyses, to elaborate a grounded theory of contextualised PH communication (Collis and Hussey, 2014; Bourgeault, Dingwall, and de Vries, 2013). In contrast, deductive reasoning typical to a positivistic view, goes from a general proposition/hypothesis to empirical testing, to specific cases.

For researchers—whether positivists or phenomenologists—theories are ways to describe reality, and as such perpetuate research and the advancement of science as descriptions, explanations, and predictions. Yet, theories may also be used to translate abstractions into practice, thereby becoming their own reality. Since the Enlightenment, positivists view theory as formal propositions identifying relationships among a set of variables, seen as scientifically legitimate in mimicking the natural sciences (Collis and Hussey 2014). In contrast, an interpretive and descriptive view of theory, as in this research, focuses on contexts, groups, and situations (Bourgeault, Dingwall, and de Vries, 2013).

The role of theory in research depends on the researcher’s inquiry “paradigm”—an ancient term that originally referred to models used by demiurges to create the cosmos (Klitenic Wear, 2011). Kuhn (1960) and Meleis (2007) broadened paradigms to an evolving frame of reference including concepts, propositions, and values held by a discipline. Theories are components of paradigms, motors of scientific change (Kuhn, 1970). A paradigm of inquiry is the set of fundamental beliefs, values, and propositions guiding researchers’ methodological choices based on their ontological and epistemological orientation (Guba and Lincoln, 1994). A research paradigm guides

research, integrating practical considerations on the researched subject, according to the researcher's philosophical orientation.

It follows therefore, that each research paradigm has merits and limitations. To use an exclusively positivist approach to study complex social phenomena would be reductionist, however, it is equally illusory to think that constructivism provides the only clear view of complex reality. This thesis focuses on efforts to slow the HIV epidemic, a historical, political, and social phenomenon. Specifically, there is a threefold basis for paradigms: ontological, epistemological, and methodological (Howell, 2013), each of which is treated in turn in the following sections.

3.2.1. Ontology

Ontology asks whether reality is objectively or subjectively experienced and what is the nature of the subjects of study, the form of reality, and what can be known? An empirical research approach is seen as beginning with Descartes, who separated philosophy from science and prescribed use of a positivistic method (Descartes, 2000) and a correspondingly, a realist ontology (Comte, 1963). Hence, reality/truth exists independent of human perceptions and is subject to "objective" experimental manipulations (Howell, 2013) seeking causes "uncontaminated" by subjective speculations (Slife and Williams, 1995 p. 173). Reflexivity of positivist researchers is less important because reality is discoverable, and researcher and subject are distinct entities. Following the rise of modernism, scientific philosophers such as Popper, Maxwell, and Kuhn developed post-positivism, where researcher objectivity is imperfect (Howell, 2013). Kuhn (1962) recognised that prior expectations obscure scientists' capacity to perceive reality. As the literature review demonstrated, research on PH communication tended to use positivistic and quantitative approaches, both of

which fail to recognise the complexities of planning, producing, and implementing a PH communication campaign. Such approaches assume that complex realities and social worlds can be studied using directly observable physical variables, and that relationships between the variables are linear ones.

Relevant to this study was constructivist ontology, open to multiple views of reality wherein researcher and research subjects interact to construct 'truth' (Guba and Lincoln, 1994). Reality is intersubjective, socially constructed and shared and contingent upon actors, contexts, the historical moment, and other factors that change as a worldview changes (Kuhn, 1962). The primacy of research paradigm assumptions means that researchers need to reflect, philosophically, on their own ontology.

This study fell within the qualitative—interpretative—paradigm for two reasons. Firstly, due to the researcher's development aligned with values during the doctoral programme; secondly, the complex social context selected for investigation required contextualised, nonlinear, real-world human data that is not quantitative. Initially, this researcher was closer to positivism, given her habitus as business consultant and educator working within an engineering habitus. Clearly, given the interpretive orientation of this investigation, the researcher's background was important. As Denzin (1989) states, such research "begins and ends with the biography and self of the researcher" (p. 12).

The researcher's ontology determines research epistemology and methodology, which may be one and the same within constructivist research. Such a "relative" ontology is compatible with a grounded theory (GT) approach (Fortin and Gagnon, 2016) used in this investigation. This study was correspondingly interdisciplinary, interpretive, and pragmatic, integrating methods to bring analyses of LL2019 into focus in a new way.

Research objectives were attainable with such an approach by giving access to forms of knowledge and social worlds inaccessible by other means. The methodology of this research was above all reflexive and constructivist, incorporating several methods to give voice to diverse “heretofore muted speakers ... legitimating their noncredentialed interventions into the scientific field and deprivileging the mainstream positivist voice” (Agger, 1991 p. 121).

3.2.2. Epistemology

Epistemology is the relationship between the researcher and those being researched, prescribing how scientific analysis can reach a form of truth. For constructivism, as in this study, “ways of knowing” depend on social processes rather than the mind. Because researchers’ sensory experience and knowledge are contaminated by sociocultural factors, Habermas (1972) saw positivistic objectivity as illusory. Hence, inter-subjectivity is important in the social construction of knowledge (Duberley and Johnson, 2009).

3.3. Research Design

Clarifications on ontology and epistemology inform the design a study. This investigation uses weak constructivism within the overarching grounded theory (GT) approach rooted in sociological thinking (Glaser and Strauss, 1967). GT has been applied in education, management, and PH, among other areas (Rieger, 2019), concentrating on human action within social processes. It emphasizes constant comparisons (Charmaz and Thornberg, 2021) while “... connecting induction and deduction” (Patton, 2002 p. 125).

3.3.1. Justification of grounded theory: definition and appropriateness

Contrary to post-positivism, GT develops conceptual frameworks and new theoretical understandings from empirical data through induction (Charmaz and Thornberg, 2021). This approach enabled exploration of PH stakeholders' perceptions of the Swiss HIV prevention campaign in conjunction with RO (1) and (2), which were absent in the literature. This research set out to fill that gap by investigating the perspectives of medical practitioners, HIV advocates, international experts, and marketing and PH communicators. Integrating other input from media and literature analyses, a GT was developed with the potential to improve PH communication regarding HIV, as well as other likely applications in Switzerland and internationally.

GT provides structure and flexibility and is useful for building a theoretical explanation for as-yet hidden processes within little-known phenomena (Birks and Mills, 2015) such as confidential PH planning processes.

All types of GT have in common:

- an inductive starting point,
- a theory grounded in data,
- constant comparison of theory, sources, and data,
- theoretical sampling,
- and simultaneous data collection, analysis, and theory building.

Mainly, empathy and mutuality with respondents allow researchers to gain insights into inaccessible meanings (Charmaz, 2006). By exercising reflexivity and abductive logic this researcher was able to shed light on the conceptualisation of PH communication planning, an otherwise obscured process.

GT methodology allows for deep and nuanced inductive analysis leading to substantive theory as the product of research processes (Charmaz and Thornberg, 2021).

Despite several genres—typically three—GT shares strong roots. Firstly, Glaser’s “traditional” GT (Glaser and Strauss, 1967), is closest to post-positivism while still revolutionary for its time and foundational for qualitative research in general (Rieger, 2019). The second GT approach is Strauss and Corbin’s “Straussian” or “evolved” GT based on symbolic interactionism, the social interpretation of reality, while maintaining some positivistic tendencies that evolved into constructivism (Strauss and Corbin, 1990; Corbin and Strauss, 2015). Thirdly and most recent is Charmaz’s constructivist GT (2006) adopted in this research methodology.

Charmaz’s GT (2006) uses her sociological approach acknowledges individuals’ subjective meanings ascribed to behaviours, events, or objects (Tie, Birks and Francis, 2019). Constructivist GT uses a relativist ontology and subjective epistemology (Charmaz, 2006) concerning how the world is “made real in the minds and through the words and actions of its members” (p. 523), which is essentially how participants construct meaning. Charmaz defines GT as “a method of conducting qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from the data” (Charmaz, 2006 p. 187). Consequently, theory is not a process of discovery, but rather of co-construction of knowledge through the researcher’s own lived experience and interactions with data. It is a subjective epistemology highlighting reflexivity to reduce bias. As Charmaz (ibid.) sees it, GT makes conceptualizations without necessarily attempting to identify causality.

In this investigation, GT enables the researcher to collect data below the surface, conduct deconstructive readings, and to code and analyse in a rigorous, systematic

manner (Birks and Francis, 2015). Conceptualising and theorising about PH communication is hence possible, as an area amenable to the symbolic interaction upon which constructivist GT is based. Charmaz's constructivist perspective on GT helped understand how PH stakeholders construct meaning in their worlds. This decision was based on the study's objectives, to understand a media campaign planning process theoretically. As a professional doctorate thesis conducted during and as part of the researcher's professional career, the constructivist consideration that researchers should "acknowledge and reflectively incorporate their previous knowledge and experiences" (Rieger, 2019: np) into this study was an essential consideration. Contrary to classical GT, constructivist researchers use prior literature/theories to increase their theoretical sensitivity and may even formulate research questions before investigation (Charmaz, 2006). Such processes are viewed by Glaserian or Straussian GT as undue influence (or bias), and a brake on theme emergence.

3.3.2. Structuring and tools for GT

Design flexibility is key to GT: researchers go into the field without a hypothesis to test then work data to allow themes to emerge (Birks and Mills, 2015). Although there is an initial plan for data collection and analysis, it evolves at any stage according to discoveries made. For Glaser (1992) the research problem may not be apparent at the beginning, and the research question itself may emerge only after data collection. Maxwell (2012) reminds that in GT "... research design ... goes on during the entire study, not just at the beginning" (p. 21).

Similarly, the literature review demands adaptations within GT. For Glaser (1978, 1998) background literature should be restricted to identifying knowledge gaps and

bringing the topic into focus adapted here as a main literature review chapter, “grey” contextual literature on Swiss PH, and finally newly consulted literature on culture, Human Centred Design, and political considerations. In addition, constructivist flexibility on literature was crucial for this researcher, working and engaging with digital media and marketing communication theories professionally every day. Therefore, this researcher ingested quantities of literature prior to research design. Furthermore, the curriculum required partial reviews early on to focus and identify knowledge gaps. Finally, this researcher’s positivist/post-positivist background required familiarity with literature. For this reason, it was with much trepidation that she learned to un-know what she knew, to paraphrase Glaser (1998) as she undertook GT research. Clearly, there was an enviable safety in the predictability of deductive designs.

While flexible, constructivist GT research design has structure. In this ongoing process where data is collected and analysed concurrently, there are stages or steps to follow, including:

1. Purposive sampling (not exclusively).
2. Generating/collecting data (interviews, documents, memos).
3. Initial coding concurrent with data collection.
4. Intermediate coding concurrent with data collection.
5. Advanced coding concurrent with data collection.
6. GT building.

Constant comparative analysis develops coding and categories and continues throughout the research process seeking patterns and divergences to refine these categories and concepts (Charmaz and Thornberg, 2021). Data incidents are identified

and coded, then compared across codes, and iteratively compared with later codes (Tie, Birks and Francis, 2019). Phases 2 through 5 are characterised by iterative theoretical sampling, demonstrating its non-linear approach. Theoretical sampling is used on categories and codes after phase 2 for four purposes: checking speculations, filling gaps in data and/or understanding, pursuing initial clues, and testing early interpretations. Researchers who simultaneously collect and analyse data can better “focus on developing concepts ... and to gather further data that flesh out their nascent concepts” (Charmaz and Thornberg 2021 p. 306). Categories are formed by codes and compared with others using inductive and deductive processes. This process also encourages an abductive process of generation and discovery throughout data analysis. In this way researchers can consider multiple interpretations of data thereby increasing validity of findings. Abduction in this context follows Denzin’s (1978) vision “... as *working from consequence back to cause or antecedent* ... The observer records the occurrence of a particular event, and then works back in time ... to reconstruct the events (causes) that produced the event (consequence) in question.” (Cited in Patton, 2002 p. 470). Such an approach is particularly fruitful when, as is the case here, research aims to understand the effects of prior events (campaign planning) on later outcomes. As Patton (2002) puts it, abduction is also partly detective-work. Again, the metaphor was particularly relevant for studying LL2019 planning, where large pieces of the puzzle were missing due to confidential and opaque administrative processes to which there was no access.

In constructive GT dynamic theorising process is emphasized more than the final explanatory GT output (Charmaz and Thornburg, 2021). GT is established yet it has not attained its potential for theory development. According to critics GT has been mis-

applied to any qualitative studies that feature coding and point to the weaknesses of induction (Timmermans and Tavory, 2012; Clarke, Friese and Washburn, 2015).

Rooted as it is in GT, the use of coding and codes in this research was significant in Thematic Analysis (TA) as well. Typically, such analysis begins with open coding aiming to understand data by allocating codes to data segments. Software exists for such coding, like NVivo, however rich empirical materials from interviews were amenable to manual coding. Open coding identified categories relevant to the analytical questions, resulting in a data-linked list of categories and codes. Data analysed were treated collectively as archive data following GT procedure (Clarke, Friese and Washburn 2015; Charmaz, 2006), including:

1. Interview transcripts and notes.
2. Web ecology of LL2019 site.
3. LL2019 campaign videos.

Analysis was recorded and justified by code notes or memos defining and explaining the code content compiled during analysis as well as questions about them (Charmaz and Thornberg, 2021). In GT memos document hypothetical thinking to identify and develop research-question-relevant categories with observations/reflections on connections between categories. They also document justifications for decisions on methodological and theorising issues. Ideally memos begin early in the research. For Corbin and Strauss (2008) they are the warehouse where researchers document and generate ideas as they interact with data. For Tie, Birks and Mills (2019) memos are quality control: an audit trail documenting events, ideas, and thoughts while aiding reflexivity. During this study memos and notes corresponded most to a warehouse: they were valuable to keep track of emerging themes and ideas throughout, providing

an audit trail. The researcher did not begin memoing early on, but when she did, their value soon became clear.

Clear GT phases provided a rigorous framework and a measure of protection from bias (Strauss and Corbin, 1990) while digging into the voluminous and rich data sets from videos, web, and interviews. Yet the researcher guarded against proceduralism that limits imaginative and reflexive engagement with the data (King and Brooks, 2017).

GT assumes that people being studied “... have perspectives on and interpretations of their own and other actors’ actions. As researchers we are required to learn what we can of [these] ...” (Strauss and Corbin, 1994 p. 280). Therefore, as understanding was sought within the reality of Swiss PH communication planning, and through social constructions. Multiple ways of knowing implied using multiple methods: comparing stakeholder and expert interviews with LL2019 campaign outputs, the researcher identified intentions and ideology of campaign planners. An extensive literature review sensitized the researcher to PH communication from the interviewee’s own constructs, aiding open coding. As categories and interrelationships become clear, they created clusters of interconnections that, reintegrated together, were used in theory development (Holton, 2010). Later codes were assigned to data throughout the analytical process, no matter its type or source, and new codes were assigned as novel topics were identified.

In sum, GT methodology enables the study of complex phenomena in a holistic manner, witnessed by the numerous PH studies using GT (Pusa, Lind and Häggström, 2021; Washburn, 2012; Gagnon, Jacob and Homes 2010, among others).

3.4. The Study's Significance and Purposes

Purposes of this research were twofold. Firstly, exploratory, to understand the precise nature of a problem, the effectiveness of the LL2019 campaign; it adapted to new data and insights, narrowing in focus as more was learned (Marshall and Rossman, 2016). Secondly it was descriptive, clearly presenting the topic, people, organisations, and contexts (Saunders, Lewis and Thornhill, 2019). Such purposes were compatible with constructivist GT as exploratory processes of collecting and analysing data and identifying themes (Tie, Birks and Francis, 2019). Exploration and description were rooted in the poor state of knowledge of media campaign planning and the need to understand participants' assumptions about "what works" as well as stakeholder perspectives and interactions. This investigation sought to "capture" process, meaning, and understanding, identifying avenues for further explanatory or predictive research.

This research was committed to improve PH HIV/STI communication planning process, thereby informing PH communication planning generally. Significance for practice centred on assumption-fuelled interactions between stakeholders planning a communication campaign. PH communication studies typically focus on identifying the conditions (targeting, messaging, content, and media choices) that impact campaign effectiveness (Scriven, 2017; University of Twente, 2019). This research looked upstream to identify variables in Swiss PH planning, uncovering opaque and tacit PH communication processes.

3.5. Methods Overview

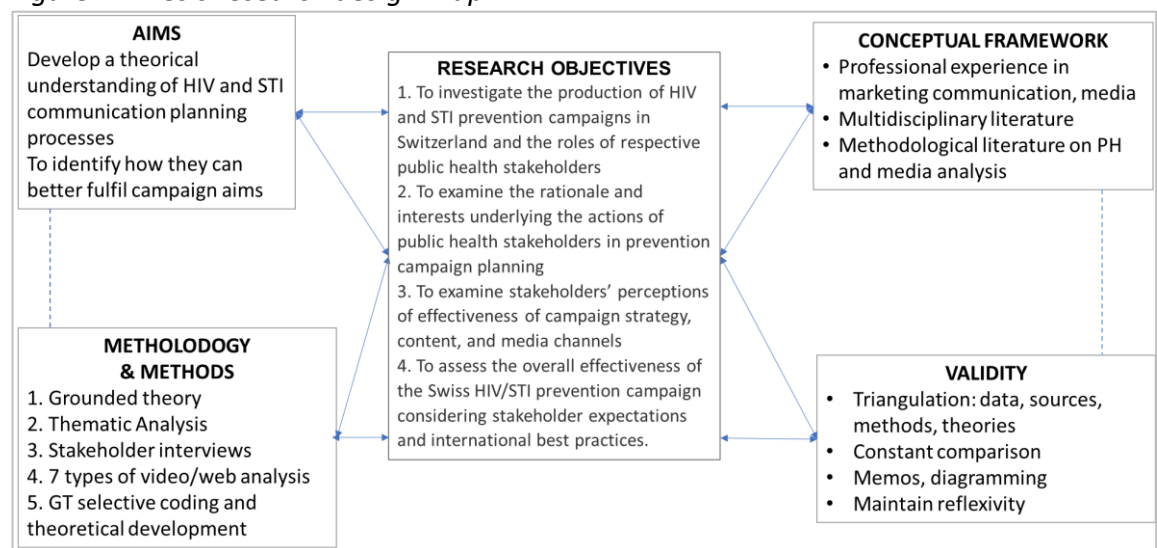
In qualitative research the researcher is the primary instrument of collection and analysis. In this case, the researcher studied and worked in marketing, advertising, and communication since 1991 in diverse sectors and countries. Her interest in HIV/AIDS

and PH communication research began in 2005, culminating in the publication of *AIDS and Business*, a book co-authored with Professor Jean-Claude Usunier (2009). Interest in Swiss PH communication regarding HIV began in 2015, to uncover whether the planning of LOVE LIFE campaigns enabled or hindered effectiveness.

This research examined the LL2019 campaign—specifically the campaign’s media outputs (videos and digital ecosystem) and stakeholders’ roles and participation in line with the first research objective. Stakeholders were questioned as to their interests, roles, and perceptions of LL2019 during semi-structured interviews following the second research objective. Constructivist GT and TA processes brought deep analysis to bear on both interviews and campaign media, working towards research objectives (3) and (4).

As discussed, research design selected specific data sources and analysis methods. Relationships between sample choice, site, and participants and data collection/analysis methods are clarified (Figure 2) and explained in the sections that follow.

Figure 2: Thesis research design map



Source: Author, format adapted from Maxwell (2012) p. 9

It is just as important to clarify what this research did not do. The critical assessment of health interventions typically measures ROI based on spending—or attempts to quantify effectiveness based on infections prevented or behaviours changed (Issel and Wells, 2018). This study did not address these questions. Rather, the aim was to understand the structure and rationale of choices made by health planners behind closed doors, couched within their cultural legal, political, and social contexts within which they were made.

3.6. Overview of Methodological Stages

This was an explorative case study (Yin 2014), attempting to produce new knowledge about a specific phenomenon—PH media communication—by understanding the particular Swiss LL2019 case. As such, it entailed learning everything possible about the campaign from press releases, conference proceedings, billboards, website and social media, and videos. The study combined multiple data sources with stakeholder interviews to investigate the shaping of meaning, and thus the practice, of PH communication. Due to the impossibility of studying internal PH planning processes as recommended by Valente (2002), the substitution of diverse in-depth interviews and campaign output analyses was finally revealing and robust.

After perusing all LL2019 materials for the first time three methodological aims became clear: sampling, contextualisation, and campaign design considerations within awareness of research design and validity threats (Maxwell, 2012). Firstly, due to rich and voluminous data, a sample of media materials was needed. They were viewed multiple times while taking analytical notes, the analysed using TA.

Secondly, contextual information was needed from press releases, campaign materials, the digital ecosystem, and social media to understand the videos. This information, much of it coming from grey literature, fed into TA.

Thirdly, to understand production choices and campaign strategies it was necessary to listen to stakeholders—of whom some actually did participate in planning the final campaign. Interviews with FOPH as main stakeholder were planned, but after a long period of commitment they finally refused. At that point, the sample was broadened to other Swiss PH experts and HIV/STI practitioners. For a broader view international PH and communication experts were included.

To increase validity a cyclical process of data generation and analysis was planned to identify relevant themes, check on theory, then return to observations and refine interpretations to allow clearer themes to emerge. At each stage of analysis following Maxwell (2012) validity was questioned. How might this be wrong? and how do collected data support or challenge? were among the questions asked to question own views and assumptions. Analytical comparisons with literature were used at several points in the study (Glaser, 1998) as part of GT constant comparison, during the initial review, in concurrence with interviews and media analyses, where data analysis indicated a need for additional literature sampling, as iterations between empirical material and theory, and during selective coding and theoretical development.

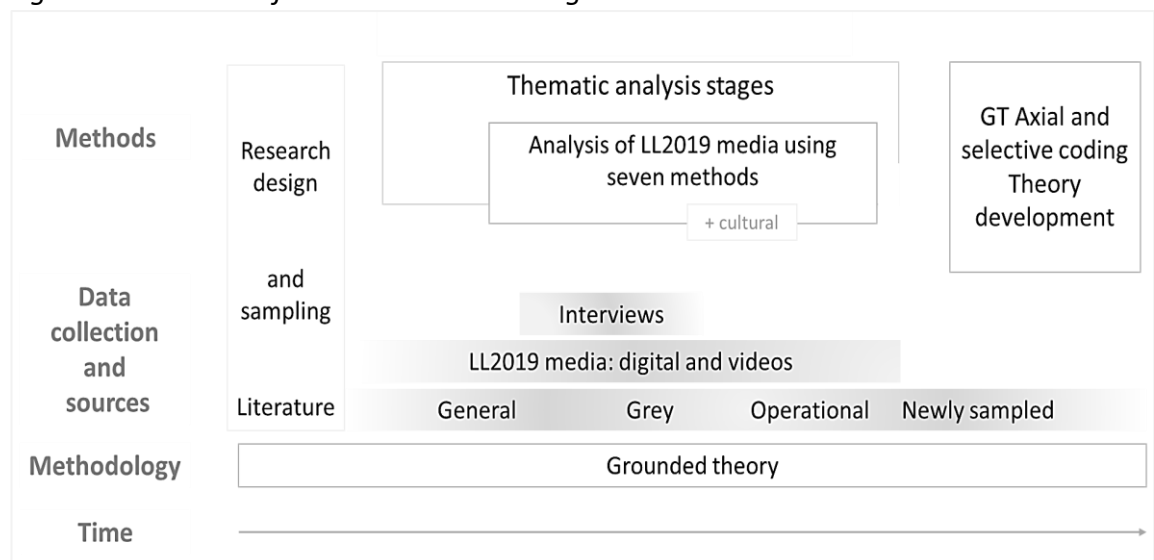
3.7. Data collection Strategies, Challenges, and Sources

Data collection was challenging during COVID-19 pandemic: the very feasibility of this study was questioned when all PH workers were re-assigned to COVID-19. The fluidity and urgency of the PH situation restricted this researcher's access to the interview sample. Therefore, data sources and timeframes (Figure 3) were the following:

1. In-depth semi-structured interviews with stakeholders in HIV/STI and PH communication, In-depth interviews were conducted with a sample of 12 experts from March to December 2021.
2. The LL2019 campaign (digital ecosystem, and videos) web and media analyses were conducted from March 2020 to August 2022, overlapping with interviews.
3. Documentary analysis of the campaign, including planning and strategy documents and records. Documents, such as contextual literature and government PH strategy documentation, were analysed from the outset in 2015 through August 2022. Documentary data relevant to this case study included consulting and service provision contracts, stakeholder meeting notes, internal memos, proposals, and bids for creative agencies (Valente 2002, p. 76). However, internal PH documents were classified or unavailable. Therefore, only publicly accessible PH documents were analysed.

In agreement with constructivist GT, data collection and analysis were conducted in parallel (Charmaz and Thornberg, 2021) across the three sources.

Figure 3: Overview of data collection strategies and sources



Source: Author

3.8. Sampling: Purposive Choice of a Campaign Case Study

Purposive sampling is common in GT, determining which data sources, collection, and analytical processes were needed to address research questions (Charmaz and Thornberg, 2021). Sample parameters provide reasonable constraints in terms of the PH campaign studied and the interviewees with expertise.

The decision to focus on the Swiss HIV prevention campaign LL2019 is effectively a case study. The units of analysis were both the country and the specific PH campaign. In this sense the case "... is not a methodological choice but a choice of what is to be studied." (Stake, 2000 p. 435). A case study is "a research strategy which focuses on understanding the dynamics present within single settings" (Eisenhardt 1989, p. 534). Merriam (1998) sees it as "an intensive, holistic description ... of a bounded phenomenon" (p. xiii). Using a case study approach enables exploration of a phenomenon using various data sources/lenses, allowing in-depth understanding of multiple facets through multiple data sources (Eisenhardt, 1989). Stake (2000) sees four components of this approach:

1. Emphatic: insider's perspective faithful to subjects' experience.
2. Empirical: analyses based on field observations and data.
3. Holistic: accounting for interrelationships between phenomena in context.
4. Interpretive: researcher experience with participants in context reveals the essence of phenomena.

This case definition encapsulates the constructivist GT paradigm. Due to the complexity and specificity of HIV (Piot et al., 2015; Schwartländer, et al. 2011), case study analysis allows researchers to describe and account for levels of meanings,

creating “theoretical constructs, propositions, and/or mid-range theory from case-based empirical evidence” (Eisenhardt and Graebner, 2007 p. 25).

The importance of distinguishing case parameters is underlined by King, Keohane and Verba: “A study of six general elections ... may be ... an n=1 [election system] study. It might also be a n=6 [elections] study” (1994 p. 52). This research designated one country (n=1) case: Switzerland, a small (pop. 8’785’164) western European country bordered by France, Germany, Austria, and Lichtenstein.

There was one campaign (n=1) case: the HIV prevention public media campaign LL2019, the planning for which is analysed to attain the research objectives. The one country (n=1) case, Switzerland, is multicultural with four official language regions (Figure 4).

Figure 4: Map of Switzerland showing linguistic and cultural regions



Source: Author

The German-speaking population is the majority, followed by the French, Italian, and Romansh linguistic regions. Switzerland has 26 cantons (states), in its confederation as shown (Figure 5). Language is a proxy for culture (Deopa and Fortunato, 2021) and Swiss see “linguistic pluralism ... as characteristic of the Swiss national culture”

(Eugster and Strijbis, 2011 p. 403). Its PH experience resembles similarly decentralised, regionalised, or federal nations, such as Austria, Brazil, Germany, India, Mexico, and the USA.

Figure 5: Map of Switzerland showing its 26 cantons and neighbouring countries



Source: Simple English Wikipedia, 2022, The Cantons of Switzerland. Available: https://simple.wikipedia.org/wiki/Cantons_of_Switzerland

Although relatively wealthy, Switzerland is geographically, politically, and socially representative of small affluent European nations. Initially considered was a cross-country comparison using matched cases with either Austria or Denmark to identify commonalities and tease out differences. This option was discarded due to lack of funding but retains interesting potential. One case study limitation is the absence of counterfactuals, therefore, researchers should not assume the inevitability of the study context and variables (Stake, 2000; Merriam, 1998). This researcher was therefore cognizant of other explanations for reduced HIV prevalence, such as COVID-19 lockdowns, increased testing, migration patterns, or social trends.

3.9. Interview Rationale

In depth semi-structured interviews were conducted with a sample of PH stakeholders and experts within the case study approach. Questions were distilled from research

objectives to elicit and explore interviewees' attitudes, memories, and perceptions (Collis and Hussey, 2014; Stake, 2000; Merriam, 1998) regarding LL2019. As GT, they were conducted and analysed in conjunction with media and document analyses, the two other data sources. Interviews were difficult to schedule and time-consuming to conduct and analyse, however they provided information unavailable from any other source (Saunders, Lewis and Thornhill, 2019). Structured interviews were too narrow and superficial for a multidisciplinary panel, but semi-structured ones enabled adaptation of some pre-prepared questions according to the interviewee's expertise.

Sampled interviewees were HIV stakeholders, broadly defined, and communication experts. They included NGO and health administrators, experts from international organisations, medical practitioners, PH advocates, a pharmacist, and marketing communication experts.

Interviews helped attain research objectives regarding:

- Production of campaigns and roles RO (1),
- Rationale of LL2019 and stakeholder interests RO (2),
- Perceptions of LL2019 RO (3),
- And effectiveness assessment RO (4).

Rich qualitative data contributed to an emerging conceptual framework when compared with LL2019 outputs.

Interviews were scheduled over eleven months, rather than clustered together, to allow for reflexive disengagement from the research. Also, later-stage interviews elucidated earlier interview analyses. As a corollary, while the COVID-10 pandemic unfolded the researcher and interviewees became reluctant participant-observers of

Swiss coronavirus communication and policy. Thus immersed, research participants observations could elicit and clarify some parallels with the HIV investigation.

3.9.1. Expert interviews: rationale

Members of organisations with a stake in prevention during a pandemic can answer sensitive questions, however they may not wish to, hence the literature gaps caused by the “black box” of PH practitioner opinions (Kok et al., 2012 p. 715). Campaign planning records were not publicly available due to Swiss HIV sensitivities. This investigation sought understanding of planning on later campaign outcomes—developing explanations of PH planning. Therefore, in-depth interviews were most appropriate data collection method to get a window on planning. Sampled experts have unique and privileged viewpoints and insights about behaviours, culture, and interests locked behind health ministry doors. For the same reasons, group interviews or focus groups were impracticable: Disclosures from one stakeholder to another could cause harm, heightening concerns around complete confidentiality.

3.9.2. Expert interview sampling: Purposive selection and recruitment

In GT purposeful sampling is advised for interviews with respondents believed to “maximize the possibilities of obtaining data and leads for more data” (Glaser 1978, p. 45). The expert sample identified PH stakeholders with heterogenous expertise from relevant disciplines (medicine, PH, or communication) with demonstrated competencies, experience, and/or qualifications. To diversify the cultural and worldview aspects, respondents demonstrating Swiss geo-cultural heterogeneity as well as PH experts from international organisations were included (Figure 6).

To widen the pool of interviewees in line with all four research objectives that include stakeholders, snowball sampling was used. At the close of each interview

recommendations of two experts in the participant's network were requested. This "networking" or "referral" sampling procedure (Collis and Hussey, 2014 p. 132) had threefold utility. Firstly, busy professionals were unlikely to respond to unknown invitations. Secondly, it enabled contacting otherwise inaccessible respondents. Most importantly, this sampling enabled recruiting and scheduling more trusting interviewees because the request came via a fellow network member (Robinson, 2014).

One risk of heterogenous sample is that data diversity would reduce meaningful theme commonalities in analysis (ibid.), which was not later vindicated. Conversely, a limitation of snowball sampling was the solicitation of in-group specialists from one privileged circle characterised by potentially high levels of agreement on dominant discourses. Whence the importance of expanding the interviewee pool according to category criteria through own searches, thereby minimising sampling risks.

3.9.3. Participant selection

Impacting a major data source, interviewee selection partially determines findings. Equilibrium in participant types, stakeholder interests, and data gaps was sought. Predictably, obtaining access to interviewees was not simple, as Van Maanen and Kolb (1982) argue researchers need: "strategic planning, hard work, and dumb luck" (p. 14).

Four criteria for inclusion were established and three for exclusion, to ensure contribution to the study's validity (Robinson, 2014) and help attain research objectives. Inclusion criteria for participants encompassed but were not restricted to the following regarding Swiss HIV/STI PH campaigns or interventions:

1. Active current or significant past involvement,

2. Working with concerned stakeholder organisations,
3. Being a credentialed or documented actor in communication/marketing, medicine, research, production, strategy, or decision-making phases thereof.

These criteria were conjugated according to targeted stakeholder categories (Figure 6) considering their qualifications, employer type, expertise area, and position type and experience within each stakeholder category. This researcher verified that respondents were legitimately representative of inclusion criteria and respective roles. Resources checked included LinkedIn and employer websites prior to selection and during planning, and also confirmed in the interview. Clarifying the sample universe required inclusion and exclusion criteria for participation in line with research aims.

Figure 6: Interviewee inclusion criteria according to interviewee categories

Medical specialists	<ul style="list-style-type: none"> • Qualifications: MD, PhD, specialised diploma, e.g. nurse practitioner, pharmacist, sexologist • Employer: Hospital, HIV/AIDS/STI clinic, NGO, pharmacy, private practice, university • Expertise area: HIV/AIDS, STI, Infectious and tropical diseases • Position type and experience (years): Registered practitioner; minimum five after graduation
HIV/AIDS & STI advocacy	<ul style="list-style-type: none"> • Qualifications: MD, PhD, MPH, BSc or higher in PA, PH, Management, or significant experience • Employer: Hospital, HIV/AIDS/STI clinic, pharmacy, NGO, Swiss administration, university • Expertise area: HIV/AIDS, STI, Infectious/tropical diseases, PH, PH communication • Position type and experience (years): Manager, director; minimum ten
International HIV/AIDS experts	<ul style="list-style-type: none"> • Qualifications: Master's or higher in PH, PA, Business, Communication, Management, Marketing • Employer: International organisation, NGO, consulting, multinational, pharmaceutical, university • Expertise area: HIV/AIDS, STI, Infectious/tropical diseases, PH, communication, social marketing • Position type and experience (years): Manager, director; minimum ten
Marketing communication experts	<ul style="list-style-type: none"> • Qualifications: Bachelor's or higher in business, communication, management, marketing, media • Employer: Advertising agency, consulting, media, NGO, self-employed, Swiss administration • Expertise area: Communication, marketing, media, + HIV/AIDS, STI, Infectious diseases, PH • Position type and experience (years): Consultant, communicator, project manager; minimum ten

Source: Author's analyses

Correspondingly, it was important for diversity and quality of data to establish exclusion criteria, encompassing but not restricted to the following:

1. Imbalance if more than two interviewees in same stakeholder group/sector.
2. Conflict of interest with researcher transparency and goodwill goals.

3. Irregular, distanced, or discredited participation in campaign planning stages; should not exclude disenchanting ex-participants having a critical perspective.

Strict inclusion and exclusion criteria helped the researcher to not succumb to the temptation of a convenient interview offer, ensuring the quality and robustness of data collected (Robinson, 2014).

3.9.4. Interview testing and preparation

The sensitive historical context of COVID-19 and difficulties of access to interviewees heightened the need for irreproachable relevance and validity of interview questions (Lincoln and Guba, 1985). Questions were formulated in correspondence with the research objectives, then re-formulated multiple times before settling on a manageable number of the most effective and relevant ones (Collis and Hussey, 2014).

Questions were tested using pilot interviews (Stake, 1995), prior to the UoP ethics approval process. The initial questions were tested twice. Firstly, after a test interview with research supervisor, Professor Atul Mishra, some wording was adjusted as well as question order thanks to feedback on interview content. A second test interview was conducted with an experienced Communication Lecturer and trilingual specialist. Due to her Swiss cultural sensitivity, word choices were modified. As a result of both tests, probing questions were added to help the pace and flow of the interviews (Collis and Hussey, 2014). Interview questions verifiably aligned with the purpose of research, strategy, and objectives, and were approved in the UoP Ethics Approval process (see Appendix 3).

3.9.5. Interview procedure

Lincoln and Guba (1985) outline five steps for useful research interviews: identifying interviewees, preparation, a warm-up phase, question pacing/probing, and closure

with thanks. Expert interviews considered the importance of anonymity, confidentiality, professionalism, and transparency; Respondents minimised time spent on niceties as per Swiss transactional culture (Usunier and Lee 2013).

Interviewees were recruited by email two months prior to the proposed interview date. A formal study outline was emailed to prospective respondents. For those who accepted, an email was sent thanking them, confirming the date, time, channel, and parameters. Two weeks prior they were sent a participant information sheet, explained by email and "Informed Consent Form" to sign.

Forms were explained in writing and verbally in French and German to respondents. No issues affected capacity to consent: all were adults and professionals. Some interviews were carried out over internet channels (Zoom, MS Teams, Skype) so prior recording permission was obtained. Nevertheless, face-to-face interviews were best for openness and trust needed when sharing personal insights, observations, and opinions (Collis and Hussey, 2014). Online or physical location was negotiated as a function of availability and perceived risk of COVID-19 and lockdowns. Online interviews required extensive planning and interpersonal skills (ibid.) for which this researcher completed a bias-reducing training course.

Conduct of the interviews was "depth" type where between peers of equal power (Lincoln and Guba, 1985 p. 269). To improve response quality, a comfortable discussion feeling was fostered, rather than an interrogation (Frey, 2018). Participants' openness and honesty were promoted through trust; No deception was used. Trust in the researcher helped this interpretive research go beyond simple answers and professional façades to experience the individual's perspective within their world.

Question formats were primarily open-ended, considering comparisons and hypotheticals to solicit rich and elaborated answers (Collis and Hussey, 2014). Probing questions (on clarity, exemplars, depth, and significance) confirmed understanding, dug deeper, and elicited examples (Lincoln and Guba, 1985). The researcher sought to reduce own implicit biases by asking the questions in the same way to each interviewee, while adapting the question order and probing questions about the expert's experience, organisation, productions, publications, or research. The researcher noted non-verbal signals such as facial expressions, hesitations, posture changes, and tone. In addition to recording or filming most interviews—with which some did not agree—copious notes were taken during interviews, recording descriptive and reflective information (Zuo and DeepBench Team, 2020) in accordance with constructivist GT (Charmaz and Thornberg, 2021). Hence data collection and analysis were undertaken simultaneously, of which note-taking was an example (Marshall and Rossman, 2016).

Questions were asked neutrally while the researcher's neutral, listening attitude encouraged responses. She did not fill in words or complete the participant's sentences (Collis and Hussey, 2014), assisting recall, considering interviewees were relying on memories. When appropriate, agreement with a reformulation was requested. Potential misunderstandings were thereby averted, and further insights were gained (Zuo and DeepBench Team, 2020).

Interviewees were assured their information was untraceable to them or their organisation, coded as "organisation A, B, C" and so forth. They were informed their data was to be destroyed should they withdraw. They were reminded of their right to withdraw, and to refuse to reply as confirmed in writing and orally. All interview notes,

recordings, transcriptions, and digital traces were collected and will be stored in secure locations for destruction in compliance with GDPR and Swiss data protection laws.

Each interview ended with a snowball sampling request and a confirmation of willingness to re-contact for further questions. In closing the researcher expressed sincere appreciation for their time and confidence. A follow-up email reaffirmed gratitude and confirmed pending issues, such as a referral's address.

3.10. Interview Questions

Generic interview questions were distilled from the study's research objectives, questions, and research gaps identified in the literature, and approved by UoP ethics board (Table 6).

Table 6: Cascade from Research Objectives to Research Questions to Interview Questions (key elements)

Objective	Research questions	Interview Questions key elements
1.	1. How do HIV and STI stakeholders plan media campaigns?	1. Planning the LL2019 campaign? 3. Roles different HIV prevention stakeholders? 6. Communication aim, message, objective? Controlled / implemented? 7. Different power levels of stakeholders
2.	2. What planning interests, considerations, and constraints?	2. What root causes for the spread of HIV? 4. Theory or perspective basis for campaign effectiveness? 8. Advertising/digital agency role?
3.	3. Perceived effectiveness of strategy, content, and channels?	4. Theory or perspective basis for campaign effectiveness? 5. Effective PH campaign example? 11. Extent metrics correspond campaign expectations and reality?
4.	4. Effectiveness indicators campaigns? LL2019?	8. Advertising/digital agency role? 9. Overall campaign effectiveness, reasons? 10. Identify metrics of campaign success? 11. Extent metrics correspond campaign expectations and reality?

Source: Author

To obtain multidisciplinary information, this researcher adapted question terminology, emphasis, and context to each interviewee's stakeholder category and expertise area

(For examples see Appendix 4). For some interviewees, certain questions were not relevant, while others deserved 20 minutes of discussion.

3.11. Interviewee Profiles

Table 7 shows 12 multidisciplinary interviewees from stakeholder categories. Snowball sampling increased interviewee possibilities. Interviewees often recommended ideologically similar professionals, activating the potential bias exclusion criterion; ideologically non-conforming respondents were therefore sought to increase theoretical sampling scope. Credentials of recommended interviewees were checked using LinkedIn and institutional websites, reducing selection bias. Interviewees' name and organisation were coded due to anonymity/confidentiality. It was hard to secure interviews due to forced conversion of PH priorities to COVID-19.

The first interviewee type (green in Table 7) was qualified Swiss medical HIV/AIDS specialists, currently active within cantonal structures and private practice, having more than ten years (the pharmacist seven years) of clinical experience with research outputs.

The second type of interviewee was active advocacy (NGO and other) executives (pink in Table 7) who were highly experienced and broadly recognised experts.

The third type was active HIV/AIDS experts (blue in Table 7) with more than 30 years' experience in relevant international UN-affiliated organisations, intended to provide a detached outsider perspective.

The final type was marketing and communication expert practitioners (yellow in Table 7) with direct experience in HIV/AIDS advocacy field. Their role was to scrutinise the

LL2019 campaign from the viewpoint of marketing communication theory and experience.

Table 7: Interviewees and their attributes

Code	Function/role	Organisation name, type, or code	Sex	Interview channel, date
A	Practicing Medical doctor and researcher, HIV and STI	Swiss University Hospital	Male	Online
B	Practicing Medical doctor and researcher, HIV and STI	Swiss Sexual health clinic	Female	Online
C	Specialist nurse and sexual health counsellor, researcher	Swiss University Hospital, Infectious Diseases Dept.	Female	In person
D	Practicing pharmacist	Pharmacy, Lausanne	Female	In person
E	Executive level; HIV/AIDS experience	Swiss Advocacy organisation, HIV/AIDS	Male	Online
F	Communication executive; previous HIV/AIDS experience	Swiss Advocacy organisation, communicable disease	Female	In person
G	Practicing sexologist and health communicator; previous HIV/AIDS experience	Swiss Private practice, advocacy	Male	In person
H	Communication executive	International organisation, UNAIDS	Male	Telephone
I	International organisations executive-level expert; previous HIV/AIDS experience	International organisation in health	Male	Online
J	Communication specialist; previous HIV/AIDS experience	Swiss University Hospital	Male	In person
K	Advertising executive	Swiss Advertising agency with PH focus	Male	Online
L	Consultant, marketing communication; previous HIV/AIDS experience	International marketing communication consulting firm	Male	Online

Source: Author

The response rate for 32 sent invitations was 15 positive responses; 12 interviews were conducted. Some never replied despite reminders, while others declined citing concerns about controversy. Four women and eight men were interviewed. The catalogue of HIV/STI practitioners and advocacy workers was male dominated, possibly a legacy of earlier AIDS activism. The male bias was clear in all respondents' input—even if female. Females—whether members of the public, migrants, PLWH, or sex workers—were not generally mentioned unless asked, possibly due to preponderance

of males in “concentrated” epidemics. This researcher compensated using newly sampled literature.

Two major planned interviewees refused to participate. Firstly, the advertising agency producer of LL2019 materials, citing sensitivity as contractor. Secondly, the FOPH reneged on their commitment to an in-depth interview, months afterwards and too late to renew ethics approval. This second refusal was a real setback, requiring the set-up of alternative interviews.

3.12. Analysis of Interviews

Interviewees shared personal, subjective views as well as sensitive insider knowledge and criticisms. They revealed viewpoints about behaviours, culture, interests, and campaign stakeholder relationships, shedding light on all research objectives. Interviews took place in person and online due to COVID-19 and distance considerations between September 2021 and February 2022. Both English and French were used, with some parts in German. This researcher is bilingual in French, and proficient in German; Because Swiss-German vernacular is highly regionalised, external validation was sought from an experienced trilingual Communication Lecturer, Ms. Marcelle Brücher from University of Applied Arts and Sciences Western Switzerland, regarding interpretations.

Interview notes were taken on metaphors, linguistic symbols to communicate subjective meanings, and other cues, integrated later in analyses (Kress and van Leeuwen, 2020; Vaismoradi and Snelgrove, 2019). As interviews progressed, patterns and themes began to emerge even as this researcher “bracketed” understanding, increasing reflexivity through memos and notes to prevent undue influence of ensure early assumptions, and maintain salience of alternative explanations (Husserl, 1982).

After initial line-by-line familiarisation, interviews were analysed through the first three TA stages—the last three requiring checks/cross-checking with other data sources. As discussed, TA seeks reoccurring topics/patterns within data, a technique useful when the phenomenon is little understood.

3.12.1. Sample size and saturation: Interviews

How many interviews to conduct is the weighted outcome of epistemological and pragmatic considerations (Robinson, 2014). Unlike quantitative studies, qualitative methodology texts provide little guidance (Saunders, Lewis and Thornhill, 2019); Baker and Edwards's (2012) scoping review recommends conducting 30 to 50 interviews. However, for in-depth interviews, a small sample was more realistic due to the labour-intensive analysis (Malterud, Siersma and Guassora, 2016). Indeed, one interview alone may suffice for case studies and Denzin's (1999) "method of instances" analysis.

Another road exists, however, for qualitative GT: "saturation" determines the optimal number through the principle of theoretical density: evidence of sufficient depth of observations and theories. Theoretical saturation occurs when new data cease to reveal new or deeper theoretical insights, for which Strauss and Corbin (1998) identify three conditions:

1. No new relevant data emerge in a category.
2. Category dimensions, properties, and variation are sufficiently developed.
3. Relations among and between categories are sufficiently established.

Similarly, Lincoln and Guba (1985) refer to informational redundancy, when further sampling adds nothing new. More precisely, qualitative health researchers Malterud, Siersma and Guassora's (2016) consider "information power" which holds that "the more [relevant] information the sample holds ... the lower amount of participants is

needed” (p. 1753). In this study “information power” was merged with “code saturation”, when codes relevant to research questions were “heard” (Hennink, Kaiser and Marconi, 2016). Hence, by fulfilling these defined conceptualisations, twelve interviews sufficed in this study. Crucially, interview findings were corroborated with findings from other data sources, most significantly with media outputs defined in the next section.

3.12.2. Purposive samples of LL2019 media and campaign planning documents

In addition to in-depth interviews and media analyses, documentation on HIV in Switzerland and FOPH strategies were integrated within TA, as is typical of case studies (Stake, 2000; Merriam, 1998). Case study researchers need to be sensitive and sceptical about relevance to the studied case (Stake, 2000), involving sense-making by “consolidating, reducing, and interpreting what people have said and what the researcher has seen and read.” (Merriam, 1998 p. 178). Documentary analysis assisted stakeholders and planning processes contextualisation within the case study, but was less informative than other analyses. Campaign planning generates volumes of meeting notes, reports, statistics, and so on; Many were classified, regarding politically-charged negotiations and interest-laden exchanges. This research was limited to publicly available documents.

Other LL2019 campaign data sources, its digital ecosystem, and videos, were analysed within Braun and Clarke’s (2021) reflexive TA prior to situating findings contextually within GT for comparison and synthesis with interviews and literature. Media analysis required painstaking analysis—whence the necessity for precise video and content sampling within the digital universe. Aligned with research objectives, this researcher focussed on most emblematic materials of the campaign’s ethos: videos, as for most

web and social media campaigns. Specifically, LL2019 revolved around five website videos titled “Get it on” with the following characteristics:

- Duration: between three to seven seconds, depending on channel.
- Content: live action intimate interactions of couples in a bathroom, bedroom, sofa, tent, and terrace.
- Soundtrack: music, no dialogue.
- Textual components: campaign branding, slogan, and federal endorsements in four languages.
- Promotion: available on www.lovelife.ch, social media, and www.youtube.com

In addition, context-specific analysis was conducted on a sample of the website and digital ecosystem of www.lovelife.ch conforming to the third research objective. Specifically, sections holding explanatory power to the campaign and its stakeholders were selected for analysis, of which specifics are provided in the analysis chapter.

3.13. Data Analysis Methods

In accordance with GT methodology, a variety of texts demonstrate discourses, strategies, and technologies in accordance with research objectives seeking to understand LL2019: interviews, documents, and online texts, including videos. TA and structured coding fed into GT, as does much research combining GT with other methods and for theory construction (Charmaz and Thornberg, 2021)—not an unusual configuration.

Stakeholder interviews, the LL2019 digital ecosystem and videos were analysed methodically, using pre-existing rigorous frameworks and models. The goal was not to compare stakeholder types, yet critical analysis identified current themes and

discourses in PH HIV communication in stakeholder views, whether convergent, divergent, or conflicting.

As a first step, content analysis helped digest a quantity of empirical material, rendering it amenable to closer investigation: “disaggregating the text ... subsequently describing the contents of each component to increase understanding of what is communicated and how” (Collis and Hussey, 2014 pp. 166-7). When analysing, researchers become themselves instruments of analysis through subjective immersion in researched realities. Through identification and categorisation, units of analysis and themes yielded analytical insights to tell the phenomenon’s story (Braun and Clarke, 2021; Vaismoradi and Snelgrove, 2019).

3.13.1. Thematic Analysis

A sample of LL2019 campaign materials was analysed using inductive and iterative review; coding units were within video, photographic, and text materials. A restricted sample was necessary due to massive volume of texts. Video materials were amenable to examination as artworks—echoing pioneer Winslow’s (1920) definition of PH as: “the science *and the art* of preventing disease ...” [Emphasis supplied]. An ethnographic approach, assuming a “valid and unique insight ... can be acquired by carefully observing, analysing and theorising its visual dimensions and manifestations” (Pauwel 2020, p. 14) helped understand cultural, historical, and institutional contexts of samples.

Braun and Clarke’s (2021) reflexive six-step TA structured analyses (described in Table 8), enabled data familiarisation, code generation, theme identification, as well as definition, naming, and revision to inform findings (Guest, MacQueen and Namey, 2012). Correspondingly, Charmaz and Thornburg’s (2021) constructivist GT research

design, already discussed, encompassed six stages corresponding approximately with TA stages. TA themes were patterns of meaning resembling GT conceptual categories GT (Braun and Clarke, 2021). Reflexive TA produced robust analyses by researcher engagement with datasets in a recursive and reflexive manner, an abductive process because hypotheses are formed following examination of data that are supported—or not—during analytical processes leading to conceptualisation (Tie, Birks and Francis, 2019).

TA is theoretically flexible, not a methodological nor general epistemological approach which alone does not allow theory building, emergence, nor generation. In this study, once TA was completed, it informed the broader reflexive processes of GT that continued with further inputs, notably of literature. Contrastingly, TA data were collected prior to coding and analysis (Braun and Clarke, 2021). As with qualitative content analysis, interviews, videos, and digital texts were digested into smaller units, then scrutinised by multiple inductive readings to decipher figurative and rhetorical aspects (Collis and Hussey, 2014). As a GT precept, codes and themes were constantly compared to bring out primary meanings (Vaismoradi and Snelgrove, 2019). Typical TA progression through iterative stages and coding were steps intended to guide, not prescribe. TA may be recursive, where the analysis moves “back and forth between different phases” (Braun and Clarke, 2021 p. 86), allowing systematic interpretation, interrogation, and reporting grounded in a dataset’s patterns.

Table 8: TA method phases (Braun and Clarke, 2021)

Phases of analysis	Processes used
Familiarisation with data	Reading, taking note of initial ideas, developing ideas, drafting memos, transcribing (when needed)
Coding : Generating initial codes	Systematic coding and collating data, capturing important and relevant (to the research question) features across data sets
Seeking out themes	Collating data and codes into possible themes, gathering needed data relevant to each possible theme
Revising/reviewing themes	Checking theme congruence in relation to coded extracts (LEVEL 1) and entire data set (LEVEL 2) Naming and renaming similar themes while retaining inclusivity of original descriptions Generating a thematic map of analysis Theoretical sampling commences (Charmaz & Thornberg 2021)
Defining and naming themes and clusters	Ongoing refining theme specifics; generating definitions and names for themes; identifying the “story” told by analysis for each theme
Writing up: Comparison of themes, final revision, theme naming	Final revising and refining of major clusters in main map with sub-maps and descriptions; Comparison of main themes description; Selection of compelling, vivid extracts that relate to the research questions and literature

Source: Adapted from Braun and Clarke, 2021

Like GT, TA uses mapping or diagramming during analysis and in findings elaboration to demonstrate theme interconnections and construct relationships (Charmaz, 2014). By alternating between generation and discovery researchers consider multiple interpretations of data, thereby increasing validity of findings. Charmaz (2009) sees abduction as iteratively alternating between data and theory. Such an approach was particularly fruitful in this study where research objectives aimed to understand the effects of prior events (campaign planning) on later outcomes.

In accordance with constructivist GT, TA coding progressed from initial, to focused, to theoretical (Tie et al., 2019). Therefore, TA distilled GT, helping this researcher to structure these stages (Table 9).

Table 9: Comparison of GT coding stages and TA stages

GT coding stages	TA six stages
Initial	Familiarisation with the data, generating codes
Focused	Identifying possible themes, reviewing and revising these
Theoretical	Defining and naming themes to inform findings for theory development

Sources: Adapted from Tie, Birks and Francis (2019); Braun and Clarke (2021)

Data analysis and theme development require researchers' creativity and intuition to transcend current assumptions and provide innovative answers to research goals (Evers, 2016). Patterns of rhetoric cues and devices, such as emphasis, metaphors, and repetitions, highlight themes by indicating—even subconsciously—respondents' viewpoints and attitudes, even ideology (Langdridge et al., 2021). Although primarily considered as a figure of speech enabling experience of one situation/concept in terms of another (Kövecses, 2010) as in “conceptual domain A is conceptual domain B” (p. 4), the metaphor's power is conceptual, structuring thought, knowledge, and language (Lakoff and Johnson, 2003, 1989; Barthes, 1977). Slogans can metaphorically frame a subject, such as “Silence = death”¹¹ or LL2019's “Get it on!”. Contrasts clarify metaphors, as in designating PLWH as “guilty” due to their sexual orientation (Sontag, 1989). Some metaphors are understood across cultures, however, effective ones are culture-specific (Usunier and Lee, 2013).

Theme identification leads to explanations, interpretive constructs, and hypotheses (Braun and Clarke, 2021). Theme absence may be due to selective blindness or recall, fear of censure, or disagreement. Crucially, the comparison of interviewees' discourses compared with those of the LL2019 outputs enabled discovery and assessment of their underlying meanings and attributions to situate them critically.

Flexibility and deep understanding afforded by TA are criticised for perceived lack of objectivity. Therefore, to augment the auditability and rigour of the research, matrices were constructed to show code concurrence, interpretations, theme content and structure, as well as theme hierarchies and inter-relationships clearly and transparently (Elo et al., 2014). Using matrices requires methodically asking the same

¹¹ Slogan by ACT UP, New York City based activist organization for the treatment and care of people with AIDS founded in 1986. See: <https://actupny.com/>

questions of each data set, hence guarding against overlooking non-confirming data, minimising potential bias.

3.13.2. Analysis of PH stakeholders

Research objectives (1) and (2) investigate the roles of stakeholders in LL2019 campaign planning as well as their considerations, constraints, and interests—whence the importance of identifying and studying them. Campaign stakeholders were identified using context literature and policy documents, as individuals having a vested interest (Schmeer, 2000) in LL2019. This study originally planned an institutional¹² stakeholder analysis. However, FOPH data were unavailable due to confidentiality of interactions and internal documentation. Yet, analysis yielded a wealth of data for deducing stakeholders' interests and worldviews, more than sufficient for attaining this study's RO (1), (2), and (3). The goal was not to compare stakeholder types, yet critical analysis identified convergent, divergent, and conflicting themes and discourses in stakeholder views.

3.13.3. Alternative methods considered

Selected methods need coherence with the research design, epistemology, and ontology, as discussed. Quality research demands transparency for peer evaluation purposes as to methodological choices on data sources, analysis, and theory-building.

Initially, other data sources and methods were considered such as stakeholder analysis (as discussed), survey and/or focus groups, FOPH meeting observations, and Delphi. A survey was eliminated due to its' necessarily superficial nature, incompatible with the need for understanding deep motivations and reflections (Saunders, Lewis and

¹² Use of qualitative and quantitative data to identify key actors, interests, roles, and differential power levels (World Bank, 2001)

Thornhill, 2019). For reasons previously reviewed, focus groups were not possible due to stakeholder discretion and reticence about sharing information and opinions with others on PH planning in Switzerland. With the arrival of COVID-19 emergency measures, any direct involvement, such as participation observation, was ruled out. As for the Delphi method, its potential was clear, structuring communication with an expert panel to gain in depth insights into complexities of PH, communication, policymaking, and education (Parvanta, Nelson and Harner, 2018; Maibach, Schenker and Singer, 1997). However, because Delphi is cumbersome, and may present threats to confidentiality and anonymity, expert interviews were instead conducted.

3.13.4. Data analysis process: 1. TA of interviews

As discussed, this researcher recorded, transcribed, and took extensive notes on in-depth interviews. Interviewees shared unique and privileged viewpoints about behaviours, culture, interests, and stakeholder relationships impacting campaign planning and its audiences. Due to subjective aspects divulged in interviews—as well as potentially compromising insider knowledge and criticisms—heightened confidentiality was exercised while coding (see ethical section).

3.13.5. Data analysis process: 2. TA of planning documents and contextual literature

Parallel to interviews, as discussed TA was used to analyse publicly available LL2019 documentation and literature. Access was limited to publicly available documents, excluding classified strategic documents between FOPH and the advertising agency (Rod AG); Requests for access were refused. Subsequently, Swiss literature on prevention campaigns and HIV response were integrated to pinpoint discourses and roles of actions, stakeholders, and strategies.

3.13.6. Data analysis process: 3. TA of media campaign outputs—videos and digital ecosystem

Sampled LL2019 campaign and digital ecosystem materials were the third data source, comprising emblematic LL2019 videos (hence derived clips, stills, billboards, and banners). Seven main media analysis methods were used, as examined in Analysis chapter:

- SM mix (Lee and Kotler, 2019)
- Extended SM (Hastings and Domegan, 2018)
- Identification of intervention theoretical indicators (Flowers et al., 2019)
- Grammar of Visual Design (Kress and van Leeuwen, 2020)
- Social semiotics (Riddell et al., 2022; Bezemer and Jewitt, 2009)
- Goffman's (1959) theatrical frame
- Goffman's (1976) gender in advertising.

The frameworks are explained and justified in Analysis chapter as well as additional analyses on the digital ecosystem. This media-analytical approach was determined by RO (3) and (4) of this study, to critically examine and evaluate the LL2019 campaign. Analytical examination permitted assessment of its effectiveness and fitness to attain stated campaign prevention objectives. In this study, analysis worked towards RO (2) by revealing stakeholder interests and rationale.

Analysts of texts and media should critique the media's reflection of reality: who produced and published them, and for what interest? (Baudrillard, 2007; Foucault, 1972). Methodical reporting on choices of subjects and types of content—as well as absent discourses—reveal publisher interests and political purposes (Couldry, 2016; Herman and Chomsky, 1988). As Marin (2006) described, digital content and interfaces

contain “ideal” semiotic objects (p.112) encoded by creators (Langdridge et al., 2021; Hall, 1980). Hence, multiple prisms of analysis allowed emergence of the campaign’s latent ideology and meanings. The media deconstruction process demonstrated in this research, enabled attainment of evaluative RO (2) and RO (4).

3.14. Quality and Rigour in the Research Process

Rigour is a central criterion against which research is measured to be considered “scientific”. Originating in Greek *rhigos* (cold), scientific usage comes from French *de rigueur*—compulsory or indispensable (Partridge, 1978). Positivist research is commonly the standard for rigour: such designs control for extraneous variables and aim for generalisability—external validity. Standards and guidelines determine how to draw valid inferences, and identify/measure causation or correlation relationships (Trochim, 2006; Kerlinger and Lee, 2000). However, to make testable hypotheses, positivists break phenomena into variables to be studied independently, potentially ignoring the systemic view (Warburton, 2011), resulting in reductionist and specific findings (Howell, 2013). Furthermore, while positivistic quantitative analysis appears to reinforce rigour, Patton cautions “numbers do not protect against bias; they merely disguise it.” (2002 p. 574).

In constructivist research like this one, a systemic view was possible, but the concept of rigour posed different problems. Qualitative researchers may acknowledge a “trade-off between the rigor of the process ... and the real-world contribution and generalizability of the study” (Day and Antonakis, 2012 p. 50). The relativist ontology of this study was open to different realities, so ‘truth’ was constructed during researcher-subjects interactions (Guba and Lincoln, 1994). Epistemologically,

constructivists accept researcher-subject links, historically-situated values, and subjectivity (Howell, 2013) with clear warnings for rigour.

Lincoln and Guba (1985) identify different standards used to evaluate science: positivists reinforce internal and external validity, reliability, and objectivity. For qualitative research rigour is much debated. Most difficult was “intellectual rigour”: theoretical development and clarification of it in a way that can be easily understood (Daft, 1983 p. 12). Some suggest a qualitative correspondent to rigour as “trustworthiness”, defined as confirmability, credibility, dependability, fairness, and transferability of research (Collis and Hussey, 2014; Patton, 2002; Lincoln and Guba, 1985). In the following sections each criterion is examined relative to its quantitative correspondent, and evaluated according to potential for increasing this study’s trustworthiness.

Credibility (internal or construct validity) refers to believability and trust that fellow scientists can have in the findings; possibly the most important criterion for assessing quality (Krefting 1990). It depends on researchers’ own confidence in accuracy of findings based on the research design and lack of data distortion (Collis and Hussey, 2014; Howell, 2013). For constructivist researchers, acknowledging multiple realities, these should be presented as deeply, faithfully, and recorded as accurately as possible (Krefting, 1991). This researcher increased credibility by engaging at length with informants, conscientiously documenting interviewee interactions, media analyses, data treatment, and theory development in maps and memos undertaken with TA and GT (Clarke, 2021; Lincoln and Guba, 1985).

Positivist internal validity increased by triangulation: examining subjects from different angles using different data sources and methodologies (Denzin and Lincoln, 1994), to

ascertain if what is observed and reported “carries the same meaning when found under different circumstances” (Stake, 1995, p. 113). Qualitative triangulation brings together methods/methodologies, perspectives, samples, or theory (Knafl and Breitmayer, 1989). Such triangulation (or “multiplisms” according to Guba and Lincoln, 1994) was operationalised in this study by constantly comparing and corroborating across methods (1) such as TA and seven media analysis methods, among others; (2) constant comparison of data sources (interviews, media and digital ecosystem, and literature); and (3) finally during synthesis and theory development incorporating newly sampled literature within comparisons, in accordance with GT methodology (Strauss, 1987).

Transferability assesses relevance of qualitative research to different contexts or populations, corresponding to positivistic external validity (Guba and Lincoln, 1981); case study researchers can also argue for generalising to theory (Yin, 2014). Constructivist researchers define boundary conditions for their theory or research as to where, when, and under what conditions research can be “transferred”. Geertz’s (2000) ethnographic view urges scientists to use thick descriptions and interpretations. A similar qualitative strategy is to provide detailed auditable full disclosure on informants and data, enabling scientists to evaluate transferability (Krefting, 1991; Lincoln and Guba, 1985). Using a nominated sample, where a panel transparently identifies informants, is another possibility (Field and Morse, 1985). In response to heightened political sensitivities, this researcher maintained interviewees’ confidentiality and anonymity, inhibiting full disclosure. However, detailed contextual and historical information highlights stakeholder roles and contexts. Furthermore, this researcher considered transferability of findings to other PH campaigns on climate

change, vaccines, or psychological wellbeing. Structural findings concerning the case country's federal structure enabled transferability to other federal countries like Brasil, India, Mexico, or the USA (Heslop, 2021).

Dependability, also known as "auditability" (Lincoln and Guba 1985, citing Halperin's 1983 categories) consists of transparent, accurate records throughout a study, enabling peers to check validity of the scientist's analyses, assumptions, data collection instruments, processes, raw data, and how these contributed to the logic of findings, forming an audit trail (King, Keohane and Verba, 2021). To augment dependability this researcher methodically documented interviews, media analyses, and literature, and meticulously auditable coding records and memos (Charmaz, 2014).

Fairness or balance goes beyond trustworthiness, as the researchers' responsibility to respect different value structures, and listening to diverse voices in research. An equality principle gave equal weight to each—particularly relevant for health and social justice (Lincoln and Guba, 1989). Diverse participants were purposefully selected despite difficulties—specifically in recruiting females—and given equal importance. To correct for male preponderance, this researcher sought new literature after interviews were completed. Methodical coding, structured through TA and GT verified procedures assisted in equitably and transparently analysing and documenting data.

Consistency is another qualitative aspect of increasing reliability (Guba, 1981). Constructivist scientists need to make their assumptions transparent through unimpeachable documentation, such as quantitatively coding qualitative data (Antonakis et al., 2014), used in content analyses in this study. Quantitative studies "clean" data, eliminating outliers, however qualitative researchers may see outlying or atypical data as potentially elucidating a research problem (Krefting, 1991; Field and

Morse, 1985). In efforts to increase consistency, this researcher clearly documented assumptions as well as the evolution of her thinking.

As for authenticity, the very rhetoric of reporting potentially expresses the researcher's immersion in the research (Ferraro, Pfeffer and Sutton, 2005), as participants in the realities under examination, and fosters self-awareness and reflexivity (Howell, 2013; Patton, 2002). However, following UoP recommendations, the thesis utilised the third-person form. Notwithstanding, the researcher's spirit remains alive in this work as a research instrument and active participant in studied realities.

Finally, reflexivity is the motor for increase research rigour and trustworthiness, discussed in the following section.

3.15. The Importance of Researcher Reflexivity in Research Quality

While positivists negate the influence of their own values in research, and phenomenologists integrate them, sociologist C. Wright Mills (1959) exhorts scientists "...use life experience in intellectual work: continually to examine and interpret it" (p. 196). Seen thus, reflexivity demands trusting one's own experience, while remaining sceptical of it. Recognising validity risks posed by researcher's subjectivity and bias, stating her subjectivity summarised researcher's positionality to the research context (Preissle, 2008). Subjectivity "stems from the circumstances of one's class, statuses, and values interacting with the particulars of one's object of investigation" (Peshkin, 1988 p. 17). Specifically, her cultural, experiential, ideological, professional, and social assumptions and biases inevitably influenced the researcher. This recognition increased self-awareness during the study: identifying potential for subjectivity and insider/outsider perspectives (Preissle, 2008) including 25 years working in marketing

communication and media. Therefore, she identified her acculturated normative and cultural values and experiences as researcher and marketing communication practitioner at several points. Similarly, she acknowledged respondents' diverse medical, marketing, and PH worldviews¹³. A third, final layer of reflexivity was respondents' interests, knowledge, and values interacting with the researcher's own. Such recognitions were neither extraneous, nor damaging to the study's credibility: Contrarily, reflexive researchers acknowledge they assist in learning from research participants.

Further, for phenomenologist Husserl, researchers may "parenthesize" the external world, setting aside questions of objective reality to focus on conscious experience itself (Law, 2013; Moustakas, 1994). Husserl (1982) advises three strategies for developing reflexivity and cognitive discipline necessary for trustworthy research. Firstly, through bracketing (*epoche*), researchers suspend preconceptions and set aside own references to see phenomena as if for the first time (Moustakas, 1994). Secondly, *eidetic reduction* moves from particular facts of research to general essences. Thirdly, the researcher moves to *phenomenological reduction*, bringing the phenomenon into view in a way that is undistorted by preconceptions (ibid.). Conscious exercise of these processes helped this researcher mentally transcend the specifics of the investigated phenomenon to create an in-depth description, "captur[ing] its essence." (Bourgeault, Dingwall, and de Vries, 2013 p. 231). The mutual influence of researcher-researched is appreciated by Howell (2013): "with the knowledge that pure objectivity cannot be attained *the research can become more objective.*" (Emphasis supplied, p. 134).

¹³ "basic set of beliefs that guide action" (Guba, 1990 p. 17)

For some, reflexivity is the essence of research. For instance, Geertz (2000) argues that researchers should understand a phenomenon as if actively immersed in its meanings and symbols. Hence, compartmentalising the researcher's experience and knowledge (Tie, Birks and Francis, 2019; Clarke, 2014) is unproductive. Further, the scientist's own "tacit" knowledge is central to knowledge construction and hence undesirable to eliminate from research (Serrano-Zamago and Altamirano-Bustamante, 2021; Crawford, 2015).

More concretely, this researcher utilised analytic triangulation, also known as peer debriefing, to improve her reflexivity as well as the trustworthiness of her research. Accordingly, neutral peers external to the study critically probed researcher choices and perspectives (Marshall and Rossman, 2016; Nguyen, 2008; Lincoln and Guba, 1985) during analysis, coding, research design, and writing up. These rationally challenging and disinterested exchanges in academic and conference settings ensured the salience of alternative explanations and possibilities throughout (Krefting, 1991). Doctoral supervisors provided second opinions and constantly questioned researcher's assumptions.

Research findings were a function of design: scientist's choices regarding informants and conditions of research (Guba, 1981). Incorporating reflexivity in research design helps select cases or observations that increase reliability. Specifically, in a case study when random samples are unavailable, implicit bias can intrude on sampling in the absence of deliberate, reflexive identification of it. Similarly, political scientists King, Keohane and Verba (1994) identify risks for researchers attempting to "... explain the outbreak of war with studies only of wars, the onset of revolutions with studies only of revolutions" (p. 129). Sampling bias blocks learning from other cases where neither

war nor revolution happened. This researcher factored this in by considering multidisciplinary literature sources and campaigns outside HIV, fostering reflexivity, and creating critical distance. As a non-judgemental repository of assumptions and criticisms, maps and memos interlinked analyses and sources, understanding new conceptualisations, and visualising contrasts and links across data streams.

3.16. Ethical Principles and Challenges

This research did not require interactions with vulnerable people, such as PLWH. Attaining research objectives meant meeting with recognised experts in PH, communication, and HIV/STI practice. The respondents' trust was vital to obtain their agreement and ensure honest and complete disclosure. The mandated advertising agency refused to participate, citing confidentiality. Above and beyond UoP ethical approval (Appendix 2), respondents were protected from risks of potential conflicts with other stakeholders due to disclosure (Collis and Hussey, 2014). Hence, the primary ethical concern was protecting respondents' anonymity and confidentiality by maintaining anonymised records, and by removing all identifying information from data (ibid.; Saunders, Lewis and Thornhill, 2019).

UoP ethical procedures were helpful; Informed consent with full disclosure on the study's purpose and risks was essential in social sciences (Collis and Hussey, 2014). Anonymity, confidentiality, and privacy were facilitated in a quantitative study by randomization and numerical codes (Saunders, Lewis and Thornhill, 2019) whereas in interpretive studies, identity disclosure may be facilitated by respondent quotes, allowing perceptive readers to deduce a name or affiliation from distinctive patterns of expression (Collis and Hussey, 2014).

For this reason, the researcher ensured water-tight isolation of individuals from their pronouncements, anonymising any identifying attributes (Collis and Hussey, 2014; Allmark et al., 2009). This study focused more on the categories, codes, and situations leading to theme emergence, rather than identifiable respondents in line with TA (Braun and Clarke, 2021). Furthermore, for credibility Glaser (1978) sees quotes functioning as “illustration and imagery” (p. 134), not as “proof” (ibid.). Quotes were used parsimoniously in this thesis, while keywords/phrases were preferred.

There were no conflicts of interest in relation to the researcher’s professional practice, who was neither currently employed in the specific area of research, nor in PH. Further, there were no personal or professional gains to make from this research, its results, or impacts. No incentives were provided to interviewees.

3.17. Chapter Summary

The paradigm of inquiry, ontology, epistemology, and research design were discussed in relation to research objectives. Samples and data collection and analysis methods, and the appropriateness, limitations, and strengths of each were detailed. Evaluative criteria for qualitative research were reviewed, and specifically how credibility, transferability, dependability, confirmability, and fairness were integrated. Finally, researcher reflexivity was discussed considering reflexive techniques and strategies for improving research quality and trustworthiness. Now the paper turns to interpretative analysis of data collected from interviewees and texts, integrating with the researcher’s own theoretical sensitivity.

4. CHAPTER 4 ANALYSIS

4.1. Introduction to the Chapter

The aim of this study was to explore perceptions of LL2019 effectiveness and its relation to campaign planning. Overall, findings identified a campaign that could have been more effective in communicating HIV prevention to the general public. High-level summaries of the findings are provided in response to each research question in this introduction, following which the chapter explains how the findings were arrived at in detail, with reference to each data source and process of coding and categorisation within TA and GT.

Summary of findings on RQ (1) How do HIV and STI stakeholders plan media campaigns?

Findings from media analyses, interviews, and theoretical literature showed upstream planning needs more diverse and inclusive multistakeholder processes, with deeper engagement between communication efforts and policy, and heightened sensitivity to ideological encoding within campaign materials and their effects on audiences' attitudes and behaviours.

Summary of findings on RQ (2) What interests, considerations, and constraints enter into planning?

Interviewees and literature identified constraints faced by PH bureaucracies seeking to formulate a media communication plan while functioning within a federal and pluricultural system. The rationale for and importance of a media campaign was questioned within the wider HIV/STI policy and political context. Resulting cultural and

ideological variables encoded within campaign materials, deconstructed by media analyses, potentially hindered their effectiveness on general public targeting.

Summary of findings on RQ (3) How do stakeholders perceive effectiveness of LL2019 strategy, content, and channels?

Interviewees identified a need for deeper audience insights and better targeting to enable more aligned and effective campaign channels and content. Interview findings aligned with literature and media analyses that effective campaigns support practitioners' health promotion efforts and individual preventive behaviours. Problematic aspects considered cultural/ideological differences, and absence of female-controlled prevention and PrEP access.

Summary of findings on RQ (4) What are indicators of effectiveness in HIV and STI prevention campaigns? Specifically, LL2019?

Literature and respondents identified campaign effectiveness as centered on audience identification with the campaign via targeted channels and quality of content. Both data sources concurred on the importance of campaign alignment with recommendations made by international instances such as WHO and UNAIDS regarding female-controlled methods, an accessible national PrEP policy, and HIV/STI stigma awareness and reduction. Media analyses brought these findings into crisp focus with ineffective aspects of LL2019.

Rationales for each finding were presented in this chapter, starting chronologically with open coding TA (Braun and Clarke, 2021) collected from three main sources as detailed in Methodology (1) contextual and theoretical literature, (2) interviews with PH stakeholders, and (3) LL2019 videos and digital ecosystem. Methods and tools

deployed on the data, consistent within GT as constant comparison across sources and codes, was conducted throughout to ascertain data support for emergent categories (Strauss and Corbin, 1998). The identified samples provided data central to comparisons and triangulation needed to build and corroborate the categories' properties. Six TA stages thread temporally through the chapter, the completion of which was synthesised and reconfigured with GT axial coding, in conjunction with GT selective coding in the following chapter.

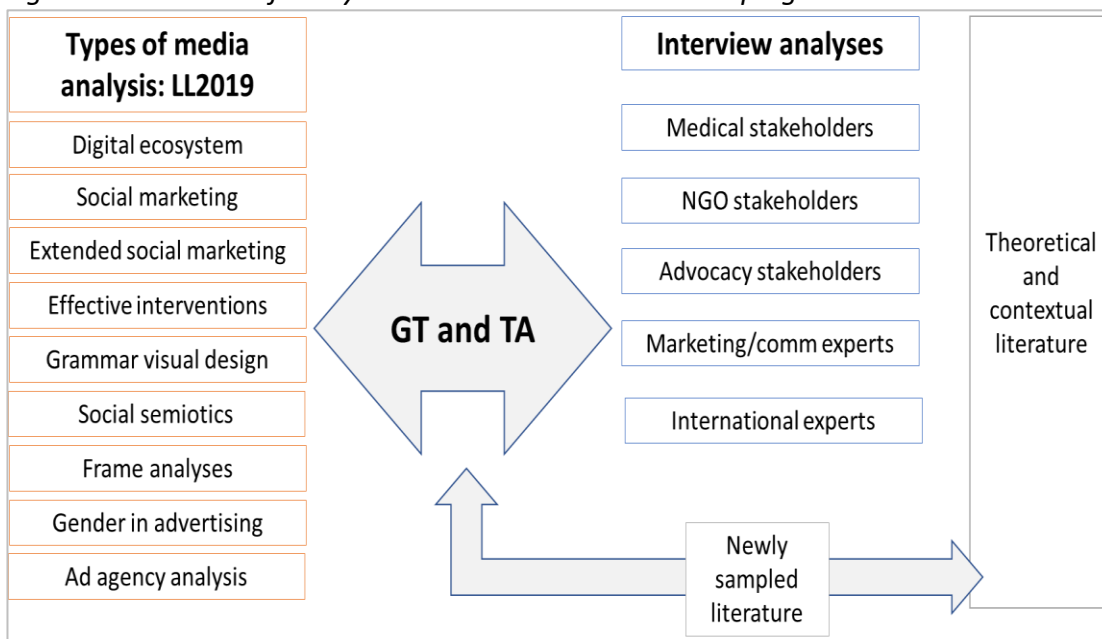
4.1.1. Note on COVID – HIV

The historical context of this research was particularly pertinent, during a pandemic of HIV and COVID-19: Social science researchers are “timeless and time-bound” (King, Keohane and Verba, 1994 p. 43). Initially, fieldwork and analysis were isolated from current events, however interviewees revealed they too were examining the parallel HIV pandemic through a COVID-19 lens. Observing the Swiss coronavirus response illuminated the HIV response in unexpected ways, as others also identified (Staupe-Delgado and Rubin, 2022; Kwon, 2022; Motta et al., 2021; Hargreaves and Davey, 2020). Such historical factors assisted this research to formulate powerful lessons for managing media campaigns in current pandemics, and those that inevitably follow.

4.2. Analysis and Coding Procedures and Tools

Using Braun and Clarke's (2021) TA, interview responses and LL2019 digital ecosystem were coded inductively with open, then axial coding. As depicted (Figure 7) campaign materials were analysed thematically through seven analytical frameworks. Similarly, this researcher conducted cultural media analyses. GT methodology remained central to the study, while TA integrated codes across all materials, including some supplementary codes added in later TA stages as theory-building began.

Figure 7: Overview of analyses conducted on LL2019 campaign media and interviews



Source: Author

Charmaz (2006) and Tie, Birks and Francis (2019) provided clear coding frameworks, consulted throughout, to ensure rigour. This constructivist research intertwined analyses with data collection from interviews and the campaign (Stake, 2000; Merriam, 1998). Coding began line by line, asking analytic questions about data by viewing them anew and comparing data fragments following Charmaz and Thornberg (2021). To understand interviewees’ perspectives this researcher used Charmaz’s (2006) gerund-based technique, rereading interview notes and listening to recordings while remaining open-minded and asking questions of data, such as what is this person trying to tell me? What is this about? What is going on? During coding certain quotations, words, and examples were identified as indicative of a given worldview (Glaser, 1978), as small building blocks of theoretical credibility.

Notes were taken concurrently of ideas, hypotheses, and questions that occurred to inform subsequent analyses and later interviews. Best practices involve several coders on the task (Guest, MacQueen and Namey, 2012) however, this level of procedure was

not available: the self-funded student could not afford it. Therefore, she worked alone with input from a Communication Lecturer, limited by COVID-19 restrictions.

4.3. Researcher Reflexivity and Data Analysis

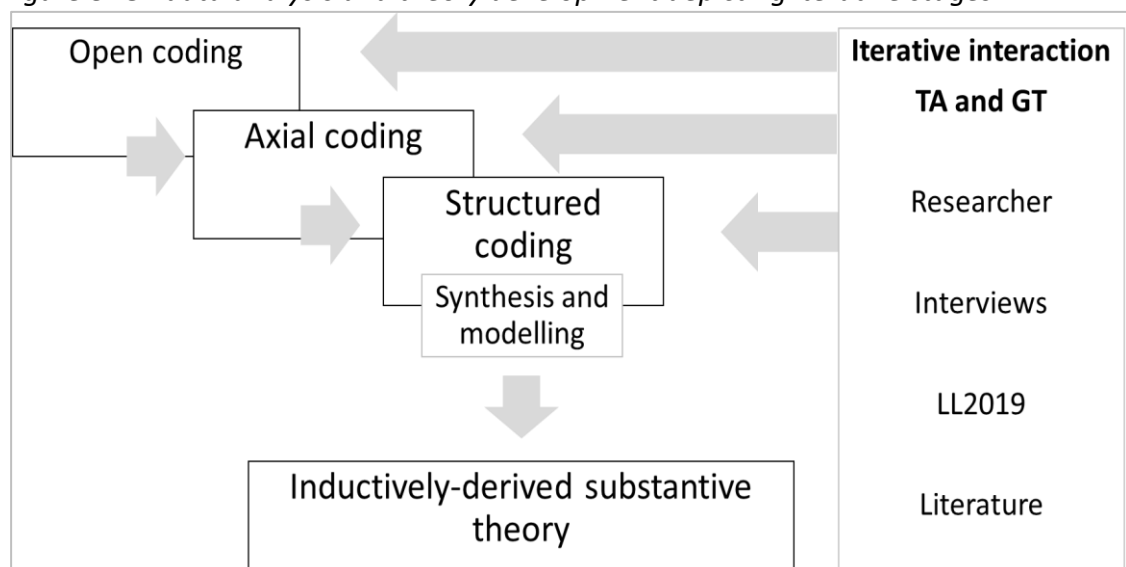
The researcher's constructivist grounded theory (GT) methodology integrated with TA for video and interview analysis, a procedural approach that helped data familiarisation, code generation, identifying possible themes, reviewing and revising, defining and naming, and weaving these back into GT to inform findings. Situational analysis (Clarke et al., 2018), memoing and likewise diagramming (Charmaz, 2014; example in Appendix 10 Figure 10.1) helped to transparently visualise and interlink concepts. Memos recorded significant insights and observations temporally close to analyses. A compromise was found between the organic nature of GT and conventional thesis organisation, in accordance with UoP policy. Still, Maxwell (2012) reminds that "... in qualitative research, design is something that goes on during the entire study, not just at the beginning" (p.21). Hence, new literature threads, notably on culture and political science, were integrated at two stages, and three additional analyses on culture (Appendix 8) were conducted as deemed necessary when theoretical integration and understanding built on the researcher's own interaction with data (Charmaz, 2014). Assisting in reflexivity was seeing one's research through the eyes of others, thereby re-examining its assumptions and values. Given recommends (2016) critically discussing researcher and researched with disinterested others, also known as "analytic triangulation" on data interpretation. He suggests peer debriefing, as extensive discussions throughout, with the goal of understanding the role of the researcher's own values and posture in the inquiry. Assuming this role were

a Communication lecturer, as discussed, and peers at my three conference presentations.

4.4. Data Collection and Analysis

Analysis was comprised of three stages: open, axial, and structured coding within GT (Strauss and Corbin, 1998; Glaser, 1978), throughout which inductive-abductive processes were key. As Figure 8 shows, open coding was the initial step, then repeated data reduction and recoding led to category emergence as part of a constant comparative technique for generating GT (Glaser and Strauss, 1999). Hence, media and interview analyses were compared and analysed concurrently, finally interconnecting them with codes (Saldaña, 2015; Holton, 2010), being attentive to contradictory affirmations and “outliers” where a respondent diverged from others. Critical analysis helped identify current discourses, whether divergent, convergent, or conflicting, to understand the data limits and strengths to enhance credibility. As new data confirmed those already collected, theoretical saturation was possible (Green and Thorogood, 2014; Uruqhart, 2013).

Figure 8: GT data analysis and theory development depicting iterative stages



Source: Author, adapted from Glaser and Strauss, 1967 in Howell, 2013; Corbin and Strauss, 1998)

Because GT is iterative, interviews, web content and videos were analysed concurrently, which made clear the limitations of theoretical sampling: more non-conforming and targeted data were needed. Going between newly sampled literature and coding, some tantalising clues emerged in Corbin and Strauss Coding Paradigm (1990) not covered in enough detail during interviews. These pointed to potential causal conditions and avenues for future research.

4.5. Thematic Analysis

Accomplishing six steps of TA (Table 10) data processes and treatment enabled exploratory propositions and conceptualisations on HIV and STI prevention communication. This researcher chose to forego computer-assisted analysis to fully engage with data; Further, hand transcription and analysis allowed data immersion which assisted in a cumulative and holistic view.

Table 10: An overview of TA applied to the current study

Phases of analysis	Processes used	Data inputs and treatment
1. Familiarisation with data	Reading, listening, watching while asking essential questions of the data	www.lovelife.ch website, 5 videos Campaign documents, Interviews, Swiss context "grey" literature
2. Generating initial codes	Levels of analysis Tentative coding and collating data across data sets that seem relevant	Initial coding and analysis
3. Seeking out themes	Collating data and codes into possible themes, gathering needed data	Identification of themes
4. Revising/reviewing themes	Checking theme congruence in relation to coded extracts and entire data set Naming and renaming similar themes	Identification, definition, cross-checking with literature
5. Defining and naming themes and clusters	Ongoing refining of theme specifics; generating definitions and names	Naming and definition of all themes; emergence of clusters
6. Theme comparison, final revision, naming	Final revising and refining of major clusters in main map	Triangulation across data sources, codes and themes: Assembling of critical multiplisms

Source: Author, based on Braun and Clarke (2021)

4.6. Overview of Contextual Literature

Peer-reviewed contextual literature was sought in January 2021 using UoP's PRIMO database. Most of the articles found were positivistic and post-positivist in outlook and methods, using variations of RCT and statistical analyses in the main. This confirmed previous research showing minority of publications (1.4% between 2000-2010) that used systemic analyses and critical perspectives, partly due to publication bias (Huda 2020; Kim et al 2010). Documentation on Swiss specifics was located at the University of Lausanne libraries. Administrative documents on Swiss PH communication planning were not publicly available. A short review of contextualised literature follows, to understand LL2019 planning and implementation in the broader environment of PH.

An historical perspective can identify truths and their effects on shaping current realities, in line with Foucault's archaeological (1972; 1973) and genealogical (1982; 1984) approaches. A skim through the history of Swiss HIV/AIDS and health responses more generally had some relevance to understanding the context of LL2019. More information is supplied in Appendix 1. Swiss PH history mirrored events elsewhere on the continent with divergence in the 20th century as Switzerland's culture and consociational political environment formed more neoliberal health policies than its neighbours.

The Swiss had the second-highest life expectancy after Japan (Confédération Suisse 2018b). As the COVID-19 pandemic showed, national borders do not block microbes, Antibiotic resistance, new epidemics, and disease resurgence touch Switzerland too. Over the past half-century, as in Europe, the social security system weakened (Palier, 2015). The formerly Swiss social solidarity wherein all contributed for mutual benefit eroded to become privatised and contractual (Fraginière, 1998), threatening

socioeconomic inclusivity that characterises national prosperity (Acemoglu and Robinson, 2013). For Donzelot (1991) neoliberal health trends are compatible with market economies, as cost efficiency and economic rationalisation within the health “market” restrict access to benefits, mandate technologies, and place the onus of prevention on the atomised individual (Bell and Green, 2016; Culyer, 2005). Further, neoliberalism undermines medical practitioners by terminating their participation as health and social policymaking stakeholders, “relocating experts within a market governed by the rationalities of competition, accountability, and consumer demand” (Rose 1996, p.41). As a corollary, they face increasing attacks on scientific legitimacy in public fora and social media by conservative politicians and organised anti-science groups (Deopa and Fortunato, 2021; Otto, 2016).

As discussed, PH policy was complex and multi-layered, from international, regional, and national, to canton and community; major HIV and STI responses are typically designed nationally. Further, Switzerland, as a federal state, has multilevel implementation of federal health policies by cantons, of which there are 26 (Sager, Mavrot and Hadorn, 2015). As in other federal countries, such decentralisation weakened the COVID-19 response through interstate conflict and inertia (Huberfeld, Gordon and Jones, 2020).

4.6.1. The HIV/AIDS situation and response in Switzerland

In 2020 Switzerland had an estimated 17'100 PLWH (an estimated 0.2% of the population), with 290 new HIV diagnoses—decreasing since 2008 (SAF, 2022; Swissinfo, 2020). The FOPH attributed advances to better treatment and increased testing, particularly in key populations (FOPH, 2021), while the SAF believed COVID-19 lockdowns reduced sexual opportunities and testing (Keystone-SDA/ts, 2020). Most

Swiss PLWH (79 percent) were males, of which half reported sex with other men, and around one quarter reported heterosexual sex. Among female PLWH 69.6 percent reported heterosexual route of infection while the rest did not know (all figures: FOHP, 2021). STI cases were rising, particularly sharply since 2000 (FOHP, 2018) were chlamydia (4.9 times increase), gonorrhoea (8 times increase), and syphilis (3.8 times increase).

UNAIDS characterised the Swiss epidemic as “concentrated” in gay and MSM populations where 10-15 percent were carriers of HIV, with figures rising to as much as 30 percent in transgender sex workers. General population figures were much lower, at three in 1’000 (FOHP, 2020). Other groups at higher HIV risk were IDUs, migrants from high-incidence regions, and prison populations (Cochand et al., 2022; FOHP, 2020). In terms of performance according to the UNAIDS 90-90-90 goals an estimated 16 percent of people with HIV were transmitting it, implying Switzerland could reach HIV/AIDS elimination by 2030 (ECDC, 2019). However, needed reductions were happening slowly (Zöfel, 2022); additionally, UNAIDS raised the bar to 95-95-95¹⁴.

As with all communication, LL2019 was a product of these specific conditions—ensconced in economic, historical, and political contexts affecting the geographic and temporal trajectory of HIV and STI. To ignore context would be to embark on a frail vessel, so the following section briefly summarises the dramatic effects of official Swiss actions on HIV/AIDS, with more details in Appendix 1.

¹⁴ Goals set by UNAIDS in view of “ending AIDS by 2030”: 95% of PLWH to be diagnosed, 95% of diagnosed people to be taking treatment, and 95% of those on treatment to have an undetectable viral load (WHO, 2022).

4.7. The Genesis of LL2019

LL2019 was part of FOPH strategy to maintain low HIV levels in the general population through education and information (FOPH, 2018). Swiss HIV/AIDS communication costs more than two million Swiss Francs yearly including advertising, games, and social media (FOPH, 2015). In 2019 a national sex survey, mandated by FOPH, confirmed the ubiquity of male condoms, however almost 60 percent refused them, blaming them for reducing sensations, and their application “interrupts” (RTS, 2019). In response, as detailed in this study, FOPH designed LL2019 to broadcast male condom-positive video storytelling of sex while camping, on the terrace, or indoors, focusing on a male condom package. The tagline “Get it on!” commands male condom application for penetration. Following earlier campaigns, LL2019 was designed in a multistakeholder process, primarily with partners SAF and Santé Sexuelle Suisse. The FOPH (2018) strategy claimed inclusiveness and non-discrimination, and that it addressed HIV prevention at behavioural and structural levels. Communication targeted the general population and higher-risk groups with an emphasis on individual responsibility. NGOs experienced with key populations support national media campaigns (Voegtli, 2016) with their own.

4.7.1. Latest developments and PrEP

While Swiss HIV prevalence was comparatively low, other affluent countries were improving faster, potentially due to robust national PrEP policies. Numerous studies show that broadened PrEP access for U=U reduced new infections (Weber et al., 2021). Most EU countries’ health services provide PrEP free of charge, including France, Germany, and Norway (Weber et al., 2021). In contrast, each Swiss canton made its own PrEP policy, giving low cost/free access for a very limited number of individuals

(Cardoso, 2021) if they enrol on the SwissPrEPared monitoring study. At the time of Swiss approval in 2016 PrEP was prohibitively expensive at CHF 900.00 per 30 pills (Rumpf, 2019), while cheaper (CHF 65.00 per 30 pills) generic (unbranded) versions were sold online.

Swiss PrEP uptake concerned approximately 1'500 people in 2019 (FOPH, 2020). Experts such as leading HIV researcher Professor Jan Fehr, contended that in Switzerland, “prevention is not a strength” without freely accessible PrEP (Zöfel, 2022). The SwissPrEPared analyses (Hovaguimian et al., 2022) demonstrated PrEP access barriers. Firstly, participants were older (average age: 40) MSM, almost half of whom were university graduates (ibid). Further, PrEP necessitates costly medical accompaniment and testing, which insurance may not cover due to lack of a national strategy—currently under consideration by policymakers (Weber, 2021; Schmidt et al., 2020). In June 2020 PrEP manufacturer Gilead applied for federal approval for health insurance coverage. As yet there was no response, prompting advocates (including SwissPrEPared study lead investigators) to launch a petition (<https://www.swissprepared.ch>).

Due to COVID-19 pandemic pressures, the revised national HIV and STI program was postponed for two years. When announced in 2021, some protested the LOVE LIFE (LL) campaign as the only continuing official mainstream HIV/STI message. In a statement, PLWH advocate Positive Council (2021) termed LL2019 “exasperating and useless”. Further, he said that while such videos and content may have been effective two decades ago, they make today’s audiences “yawn”. Concurrently, some pointed to potential increases in HIV, hepatitis, and STI infections due to a cumulative COVID-

related hiatus (RTS, 2021), citing Switzerland's weaknesses on testing and PrEP relative to neighbouring countries.

Swiss internet use

To understand LL2019 audience, cited as the general population in planning documents, an overview of Swiss media use was relevant. In 2021, the majority (96%) of the population aged 15-88 years use the internet daily with decreases after 45 years. Although almost half (48%) expressed concerns about data protection, only one third implemented online security measures and one fifth used private browsing.

Digital competencies, as measured by European Digital Competence Framework for Citizens, were unequally distributed. They were concentrated in youth but declining after 34 years of age. Men were more digitally competent (2-13 points difference) than women on all measures. University-educated users were more digitally competent (29-51 points difference) than were high-school educated on all measures. These three gaps widened between 2017 and 2021. Slight competency differences were also reported according to language regions, with Swiss-German regions leading, Swiss-French closely behind, and the Swiss-Italian region at least seven points lower (OFS, 2021). With a grade of 40, Swiss digital competencies were higher than EU-27 average of 26, on a par with Ireland but lower than Norway (43), Iceland (45), Finland (48), and Netherlands (52) (Eurostat; OFS – Omnibus TIC, 2022).

4.8. Intermediary Summary on Contextual Literature

Swiss responses to the HIV/AIDS pandemic alternated between innovative effectiveness and ineffective conservatism. The forces of openness grappled with the forces of closed-mindedness throughout Swiss HIV/AIDS history. A little more than a

decade after Swiss women obtained the federal right to vote in 1971, Switzerland was among the first worldwide to embrace effective targeted activism by gay men with their progressive condom-centred STOP AIDS campaign. Then, after prolonged conservative-fuelled paralysis as to how to control the IDU problem, they demonstrated that humanely medicalized harm reduction works: the programme prevented more than 15'000 HIV infections, including in the general population (Marzel et al., 2018).

In 2008 the avant-garde Swiss Statement asserted U=U, repeatedly confirmed in subsequent studies (Eisinger, Dieffenbach and Fauci, 2019; Vernazza and Bernard, 2016). It was particularly ironic that PrEP is still under tight control in Switzerland, while less affluent neighbouring countries provided it free of charge. Meanwhile, the sole mainstream national narrative on HIV and STI is to wear male condoms. The audiences frequently used digital media, however there were media use competency gaps. Like the Alps, Swiss HIV/AIDS prevention had high progressive summits of achievement and effectiveness—and chasms of conservative paralysis, inefficiency, and poor judgement. Which one gripped the country currently? Was it on its way up or down in the fight against HIV? Potentially, this study gave indications, as detailed in TA and GT analyses in this chapter.

4.9. TA stage 1: Familiarisation with Data—Web, Video, Interview, and Documentary

During open coding a short list of key issues relevant to analytic aims were rapidly identified. In terms of an audit trail, after interviews a codebook was developed alongside (Figure 9) memos. The main processes of this first stage of Braun and Clarke's TA (2021) were threefold: reading and watching materials; taking note of

initial and developing ideas; and transcribing interview notes, translated where needed. Stage 1 goals required initial understanding of the data contexts, specifically:

1. Interview familiarisation.
2. Familiarisation with www.lovelife.ch website and digital ecosystem.
3. Contextualising campaign videos with other countries and earlier years.
4. Researching context and history of HIV/AIDS PH interventions in Switzerland (“grey” literature).

Familiarisation meant taking notes while reading, watching, and listening, concurrently asking the following questions of the data (inspired by Howell, 1998): What were the contours and structure of the phenomenon? Who were the actors concerned, organisations, individuals, and stakeholders? When and where were the phenomenon and its components active? Why did it exist, according to what forces, interests, intentions, and purposes? What strategies and adaptations were occasioned by it? In response, data was allowed to emerge inductively. To ensure relevance to data and quality during coding, the list of research objectives and questions was consulted during each analysis session. This section reports on interview familiarisation before moving to the second stage of TA.

4.9.1. Interview familiarisation question by question

First analyses of responses to interview questions yielded the following sections, analysed in depth in stages 2 and 3. Due to the Swiss cultural discretion, interviewees were at first hesitant to share criticisms of the process or other stakeholders (Usunier and Lee, 2013). However, when they identified this researcher as trustworthy and as an “outsider” to the multistakeholder campaign planning process, respondents became more candid. They then shared personal insights and observations, as well as

doubts and frustrations. Each section proceeds question-by-question, providing context and general features of responses (for the detailed interview question list, probing questions, and tactics refer to Appendix 4).

Question 1: Please describe the process for planning the LL2019 campaign.

Aiming to complete understanding on RO (1) and RO (2), respondents were asked their thoughts on how PH communication and campaigns were produced, including a description of own and other roles in the multistakeholder process. After usual pleasantries and researcher explanations, this first open question allowed respondents to express their views freely. Typically, the affluent setting was acknowledged, with basic health amenities available to residents and mandatory health insurance. There was very low awareness of LL2019 in all respondents except NGOs, most of whom admitted having to seek it on the internet. Views expressed on LL2019 were unfavourable. Some expressed anger, frustration about HIV PH measures including LL2019 but more generally as well. Such behaviour was perhaps triggered by the COVID pandemic stresses and parallels with HIV. Furthermore, it also reflects interviewees' strong commitment to and engaged with communities they serve. The budget allocated to LL2019, seen as excessive, was a specific talking point. The lack of stigma/discrimination topics was criticized. International respondents saw Switzerland as a leader on HIV communication and policy in the past, however no longer.

Interview Question 2. What do you see as root-causes for the continued spread of HIV in Switzerland?

This question and its attendant probing questions attempted to solicit stakeholders' rationale and interests in planning LL2019 (RO 2), including their tacit beliefs and

theories. The same structural factors as identified in the literature were cited for HIV epidemiology by all respondents: stigma, discrimination, and marginalisation. All practitioners emphasized concerns about HIV spread risks in migrants and sex workers within Switzerland and underlined the concentrated nature of HIV here, mainly among MSM and gay men. Some advocates and practitioners expressed the belief that a lack of understanding of HIV key populations at federal level contributed to a lack of prioritization of HIV. PrEP policy and provision, and lack thereof, were consistently brought up in an emphatic manner. International viewpoints converged on these points, most notably on HIV stigma.

Interview Question 3. How do you see your organisation's role in preventing spread of HIV/STIs in Switzerland?

The question aimed to understand views on the roles of different stakeholders in preventing Swiss HIV and STI spread in line with RO (1). It probed perceptions of each stakeholder as a reference point relative to the others. Apart from international respondents, interviewees saw struggles and conflicts as central to stakeholders in HIV prevention. International respondents did not have local knowledge of the Swiss case. The term "stakeholders" was defined in its broad sense (Freeman, 1984) for discussion purposes, because many did not know who campaign planning stakeholders were. Practitioners saw themselves as stakeholders because invested in positive outcomes for PLWH even if none were involved in campaign planning. They expressed frustration at not being consulted by FOPH and felt isolated from PH decisions. Conflicts between levels of federal government were often cited in addition NGO/FOPH "power struggles". Unexpectedly to this researcher, cultural conflicts between the German-

speaking linguistic majority, and the “Latin”¹⁵ regions were consistently mentioned, as were those between federal level administration and cantonal levels. Political and social conservatism in LL2019 and more broadly were criticised by all.

Interview Question 4. What theory or perspective underlies your view of an effective prevention campaign?

This question sought to elucidate RO (2), (3), and (4), specifically regarding medical, PH, political, and sociological components of stakeholders’ worldviews that determine their actions in the multistakeholder PH planning process and beliefs about what is effective, particularly in the case of LL2019. Practitioners were, unsurprisingly, unaware of PH prevention theories; However, their beliefs about effectiveness aligned with literature. NGO and marketing communication experts could not identify PH prevention theories undergirding LL2019. The website’s Safer Sex Check (SSC) was seen as useful because personalized. International experts were critical regarding operational PH theory of LL2019—questioning its existence—and expressed doubts about target audience identification, the implementation of sex appeal, and weak targeting strategies. While not a specific PH communication theory per se, HIV stigma (and/or discrimination) was seen as a neglected aspect of LL2019 and its digital ecosystem.

Interview Question 5. Is there an example of a PH communication campaign that you would cite as particularly effective (also international examples)? Why?

The question was intended to build on Question 4, and to check if a politically correct reply was made to the above. It was designed to enable candid expression of beliefs, being asked in a manner that was disconnected from LL2019 (RO 3 and 4). However,

¹⁵ French- and Italian-speaking cantons

the responses were not very helpful. Many respondents could not recall clear examples, however the discussions sparked by this question allowed them to give examples of what they believed was/was not effective in PH communication. Typical examples were lack of clear “call to action”, limp messaging, using realistic identification to engage audiences, and specific targeting. Addressing stigma/discrimination was seen as effective for HIV.

Interview Question 6. When you started planning the campaign what did your organisation want to communicate to target audiences? What was your primary message/objective?

Interview Question 6a. Was your message effectively carried through during the planning process? How? Also, did you feel in control of your objectives/message during the planning process?

This set of questions, 6 and 6a, were designed to solicit stakeholders’ intentionality in the planning process to elucidate RO (1), (2), and (3). For some, the question remained hypothetical due to indirect or non-involvement in LL2019 processes. For the latter, certain practitioners for example, the question became what do they believe the LL2019 message should have been or in future should be? All respondents believed LL2019 needed improvements, citing similar criticisms as in questions 4 and 5. This question allowed clarification and confirmation of earlier responses. Specific responses included criticisms of the timing of communication, seen as too rare over the year with concentration around Pride month (summer) and International AIDS Day (December). The strategic focus on advertising discourses was disapproved, with LL2019 seen as “just another product ad” or too much of a “brand” to break through media noise with its vital messages. Similarly, they noted the need for a fresh and clear social media

channel strategy, with target audiences' attention seen as diverted from LL2019 media due to "heavy" "recycled" content. Messages too were seen as unclear, with much disparaging of the condom as primary message. Several praised the website's SSC as a strength.

The second part (6b) elicited emotional reactions from practitioners and marketing communication experts that "absolutely" key populations and providers on the front line should be intimately engaged in campaign planning, because they were most personally impacted and knowledgeable. One NGO cited the necessity of community participation.

Interview Question 7. You interacted with several organisations while planning this campaign. Did any one of these seem to have more power over the planning process, to communicate their own message more strongly?

This double question was intended to gain understanding on RO (1) and (2), specifically if there are power imbalances of individuals, groups, organisations, or cultures within the multistakeholder planning process, and to pinpoint sources of power that determine which voices are heard in negotiations. Respondents generally felt left out of the planning process and were not clear about who exactly was involved except the obvious FOPH. Power differentials and a feeling of distance from the seat of power were common themes. A relatively conservative Swiss-German majority in LL2019's planning and implementation processes was cited by most Swiss-French respondents, but no Swiss-German speakers. The FOPH was seen as having too much bureaucratic and decision-making power over PH campaigns and policy. The importance of a wider structural response was often brought up by practitioners and advocates, such as "very high" testing cost borne by individuals or insurance companies; a PrEP policy void and

corresponding costs to individuals; and the unique male condom prevention focus. Broader concerns about the rise in STIs in the general population were another area of consensus.

Interview Question 8 Tell me about the role of the advertising/digital agency specifically, regarding their advertising/marketing worldview and effectiveness in relaying PH messages.

This question was intended to solicit respondents' views on the role of the advertising agency with reference to other stakeholders in PH communication planning in line with RO (1), (2), and (3). Respondents were given the opportunity to confirm or deny the suggestion in literature that undue weight was given to promotion and advertising discourses in such processes. Many respondents interpreted the question more broadly, affirming that federal campaigns used too much "advertising" to the detriment of interpersonal communication between practitioners and patients, and more targeted non-digital channels such as brochures and the condom distribution. Billboard advertising and "splashy" short-lived campaigns were most reproached.

Interview Question 9 Was the campaign successful overall? What made it work [or not]?

This question was designed to consolidate understanding towards RO (1), (2), and (3), probing underlying assumptions, beliefs, interests regarding campaign content, media channels, and strategy specifically. Often asked at the end, the question was used as a final opportunity to express any other comments or suggestions, allowing further discussion on key concerns and perceived lacunae. Because respondents were from diverse backgrounds with specific expertise areas this question allowed some more in-

depth exploration of subject-area topics. With one exception, respondents did not believe LL2019 had any effect on HIV and STI spread. The campaign itself was generally described as “weak”, “ineffective”, “irrelevant” to give some typical qualifiers. If asked for one single criticism most cited lack of understanding of target audiences. Most respondents believed that a PH prevention campaign should be integrated with policy and structural measures on PrEP, testing, and community involvement—for gay communities particularly. HIV involvement was seen as unsatisfactory regarding migrants, sex workers and women, while some saw MSM as a special case as well.

Interview Question 10: What metrics are used to measure success of the campaign?
And Question 11: Do the metrics correspond with your expectations and beliefs, and reality, about the campaign?

Initially two separate questions, these were combined due to many similarities in responses, of which Question 10 became subordinate to Question 11. These were designed to gain understanding on stakeholders’ perceptions of the indicators of effectiveness in line with RO (3) and (4) primarily, as well as their underlying beliefs and assumptions. Practitioners unanimously viewed campaign effectiveness as reflected in their patients’ better awareness and knowledge. Advertising and marketing experts pointed out the discrepancies between social media and campaign metrics such as click-through rate¹⁶, views, and real attitude and knowledge changes in target audiences. They disconnected campaign awareness from better health knowledge and behaviour.

¹⁶ Rate of users clicking on a call-to-action link delivering additional content. When high it indicates that content is attractive.

4.9.2. TA Stage 1: concluding summary

Main analyses at this stage consisted of familiarisation with:

1. LL2019 digital ecosystem.
2. LL2019 campaign and videos.
3. Interviews.
4. Contextual (grey) literature.

Analysis began by closely reading, listening, and watching each record and data source, writing notes, memos, and brief summaries. Texts were analysed at open code level where the language of social reality indicates how it was constructed and maintained (Alvesson and Kärreman, 2000). Presented first are some of the most impactful and surprising initial observations from interviews, considering other data sources.

Most impressive were interviewees' tepid or disparaging perceptions of LL2019 campaign videos/posters, including some hostile reactions. These were noted in congruence with RO (3) and (4).

Conflicts of different types cited, notably between cantonal and federal levels, and views of problematic Swiss-German/Latin cultural differences were much more pronounced than expected. Interviewees saw the campaign as excluding certain communities, such as migrants, non-German-speaking residents, and women. The tone of frontline practitioners was frustrated and resigned with LL2019. Mostly, they adapted their practice, taking initiative to educate their patients on HIV and STI prevention. These were noted in congruence with RO (1) and (2).

Content analysis revealed an exceptionally high frequency of the word "PrEP", mentioned in almost every interview; in some multiple times—36 times by one

clinician alone. PrEP importance was paralleled in the literature. Respondents noted lack of reference to PrEP in LL2019 videos and related frontline content, with the notable exception of partner SAF's website. Practitioners specifically identified mention of PrEP only at the conclusion of the SSC, only if the user highlights risky practices. The content—but not the format—of the SSC was generally viewed positively. These were noted in congruence with RO (2) and (3). Having stated the most noteworthy affirmations, a methodical examination follows in stage 2.

4.10. TA stage 2: Generating Initial Codes

The TA stage 2 analytical objective was to compare interview data between respondents, to identify similarities and differences. In the case of the digital ecosystem relevant data were digital representations (images, hyperlinks to other channels/content, questionnaires, and texts (MacQueen and Milstein, 1999).

Stage 2 goals concern initial coding and analysis of the three sources of data:

1. Interview transcripts and/or notes.
2. The www.lovelife.ch website and ecosystem.
3. LL2019 videos.

4.11. Initial Interview Coding

There were two main processes in this second stage of TA (Braun and Clarke, 2021):

- Tentative coding.
- Tentative collating data across relevant data sets.

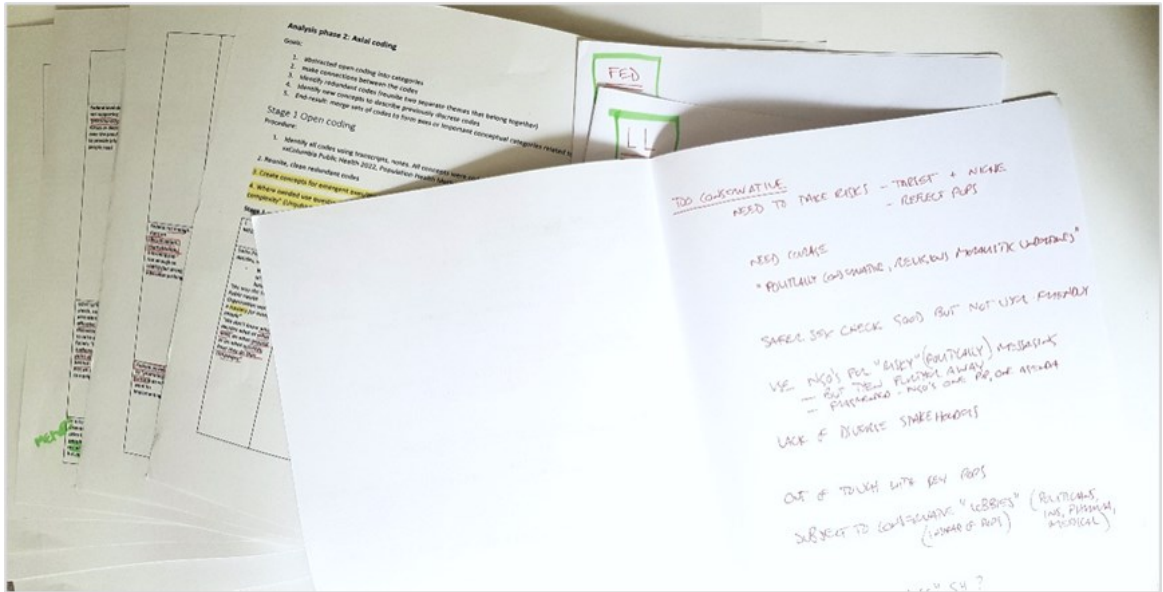
The coding units consist of themes expressed within the material, using an ethnographic lens to understand and interpret the historical, institutional, and cultural contexts. During this first cycle of coding the researcher used descriptive initial coding.

4.11.1. Major interview themes: Mechanisms of coding

Several matrices were constructed while coding interviews; preliminary codes and categories were identified. At first, interview questions were matched with responses using the transcript and notes according to the respondent's confidentiality-protected code. Following this, interpreted and categorised responses were transcribed, with representative quotes, to a general matrix for purposes of comparison (Figure 9). This process enabled similarities and differences to clearly emerge. Several unanticipated typologies were noted in interviews. Formal coding thus began with continuous comparison between the 12 interview matrices and the general matrix. As stated, these analyses were conducted "by hand" due to a preference for engaging fully with the data rather than through software. The emphasis was on extracting meanings rather than frequencies; however, frequencies were noted. Codebooks were elaborated for each code using coloured pens to visually highlight similarities and differences among emerging codes and categories in the responses.

Using Saldaña's (2015) typology, descriptive, or open, coding provided short summaries of the general topic of a segment of qualitative data (interview, video, website). Coding, code categories, and coding patterns were indicated within data in three ways. Firstly, differences and similarities within and between responses were indicative. Secondly, frequencies of occurrence (magnitude) were considered without assuming that frequency alone indicated significance. Finally, the researcher considered the correspondence of responses in relation to other responses, stakeholder types, or data sources.

Figure 9: The general matrix and codebooks used for interview analysis



Source: Author

4.12. Maintaining Researcher Reflexivity

The coding of each successive matrix clarified data reduction and precision. It was sometimes a struggle to maintain reflexivity “... the turning around of thought upon itself” (Andrejevic, 2017 p. 168). Grappling constantly to maintain a reflexive stance was important for the ontological authenticity of the research, as well as its credibility/truth value (Guba and Lincoln, 1981). It was also vital for maintaining a critical awareness of researcher’s own influence on the data that could otherwise hinder applicability and transferability of the research (ibid.), notably implicit values (Bacharach, 1989).

4.13. Interview Analysis: Initial Codes

In line with RQ1 and RQ3, relating to the media planning process and stakeholder perceptions on effectiveness, strategy, content, and channels, interview analyses within TA sought deeper understanding of upstream campaign planning processes and stakeholder perceptions. Interviews provided complementary data to that extracted from LL2019 media, that was not discernible from media outputs themselves. At this

first stage the code outcomes were cursory—the most prominent and obvious. More followed as analysis proceeded more finely. Tables 5.1-5.9 in Appendix 5 detail the initial interview codes through to final ones with corresponding interviewee keywords quoted for illustration, indicating interview question numbers for ease of cross-checking with the question list provided earlier.

The main codes to emerge were *LL2019 ineffectiveness* and *Weak strategy* (Table 11), regarding perceived lack of impact on audience knowledge regarding preventive behaviours for HIV and STIs about which finer definitions follow in later TA stages detailed in Appendix 9 and Appendix 10.

Table 11: Initial definitions of main codes LL 2019 ineffectiveness and weak strategy

1. Final code/theme	LL2019 ineffectiveness	Ques.
<i>Preliminary code/category</i>	Ineffective campaign at communicating vital health information	4,5
<i>Sub-category (If any)</i>	“Waste of money”, misleading about condoms, audiences do not identify with it, lack of theory base, lack of testing information, “nothing” on PrEP	6
<i>Counter-code (If any)</i>	Website contains “useful” SSC if people complete the questionnaire properly	4
2. Final code/theme	LL2019 weak strategy	Ques.
<i>Preliminary code/category</i>	Channels, messaging, actors, “target audience too broad”, not research-based; no theory basis clear	1, 10,11
<i>Sub-category (If any)</i>	Videos, digital ecosystem, social media	10
<i>Counter-code (If any)</i>	Still present in 2022 although rather than an indicator of success it was due to COVID-19	9

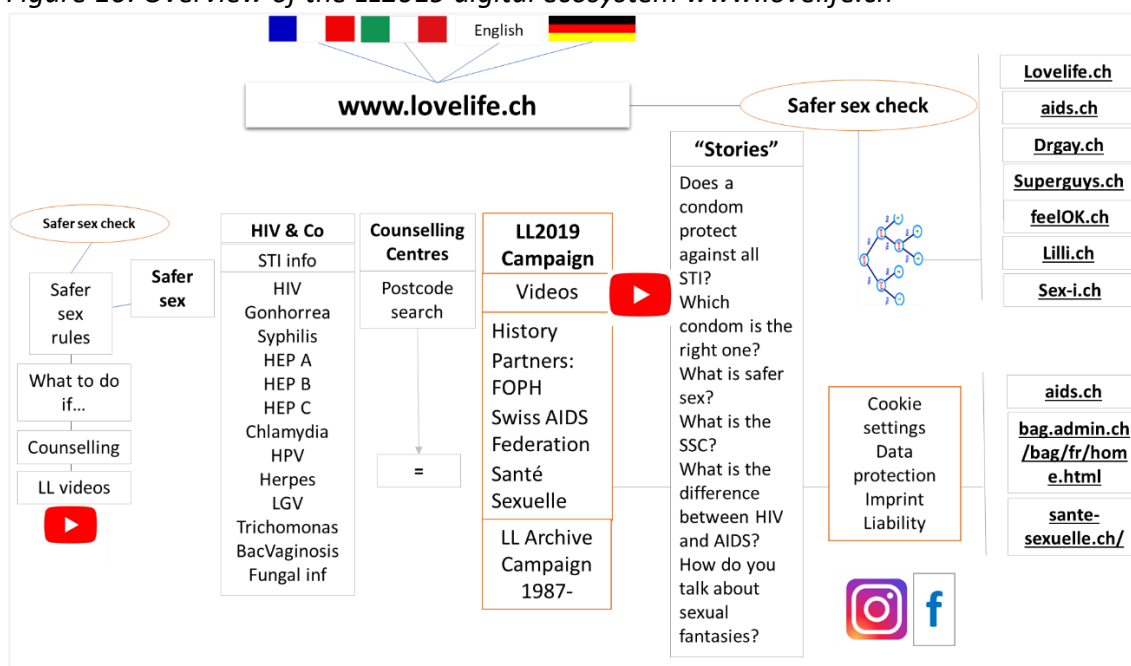
Source: Author

4.14. Digital Ecosystem Analysis

In line with RQ4, seeking understanding on planning processes and effectiveness, and perceptions thereof analyses were conducted within TA on the LL2019 digital ecosystem. This analysis aims for understanding the website to situate and contextualise the LL2019 campaign, www.lovelife.ch. A repertory of website functions and tools, notably SSC, was conducted, identifying linkages. However, linked channels

and sites were outside the study's purposes, as were Instagram, Facebook, Twitter (X) and YouTube except for embedded www.lovelife.ch videos. Refer to Appendix 6 Tables 6.1 and 6.2 for details on linked sites (Dr. Gay, FOPH, Swiss AIDS Federation, Santé Sexuelle Suisse). Although the campaign launched in 2019, the website was still largely the same in March 2022. An overview of the LL2019 digital ecosystem (Figure 10) depicts internal and external links as well as repertory of content types.

Figure 10: Overview of the LL2019 digital ecosystem www.lovelife.ch



Source: Author. Note: This study focuses on orange-outlined boxes: (1) “LL2019 Campaign” in the centre column (2) Safer sex check (SSC) and (3) Data protection

4.15. Digital Ecosystem Analysis: Overall strategy

An initial analysis of the digital ecosystem reduced content to its component parts, (highlighted in Figure 11) such as branding, messages, objectives, linked channels, promotional elements, and so on (Chaffey and Ellis-Chadwick, 2019). Each is detailed in following sections, interlinking with literature.

The stated objective of LL2019 was:

“To regularly stoke awareness among sexually-active people of the importance of safer sex. The [male] condom is seen as a reliable, low-cost and effective

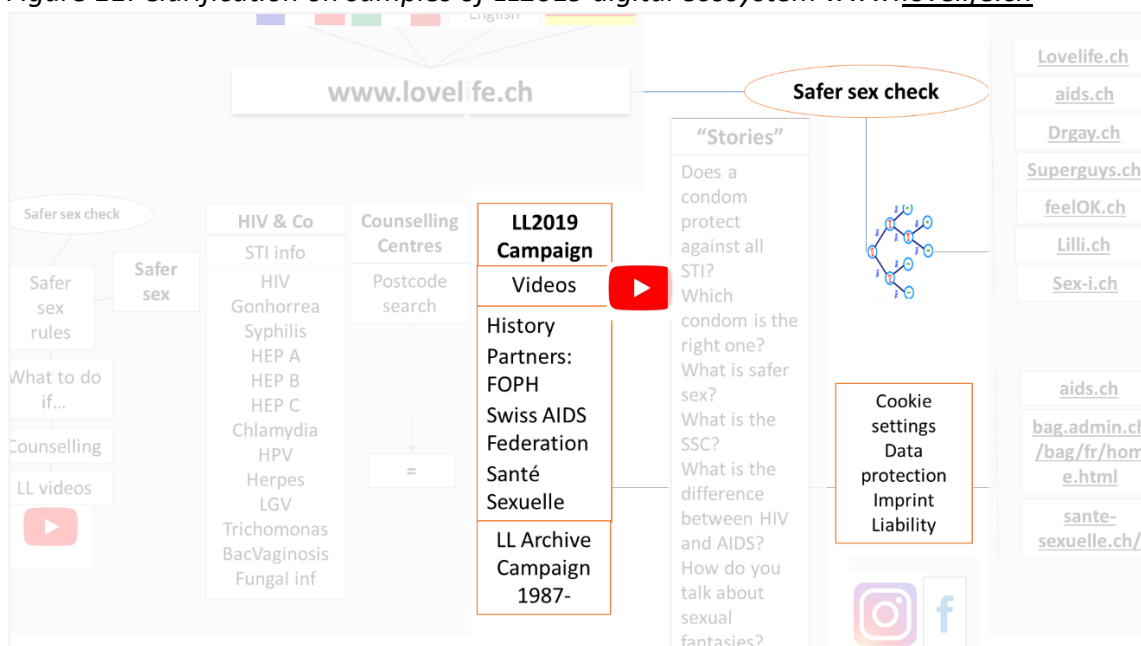
barrier method to protect against HIV and other sexually-transmitted infections. Thanks to these strong arguments the male condom is the spearhead of the LL2019 campaign” (www.lovelife.ch).

Main stated messages were:

“Protect yourself from HIV and other STIs with a condom” (www.lovelife.ch) and secondarily: “Do a Safer-sex check where you learn to protect yourself from HIV. The Safer-sex check explains all you need to know about other STIs, and you can obtain other sexual advice” (www.lovelife.ch).

Refer to Appendix 6 for specifics on strategy and content, voluminous and not all centrally relevant for the study. The primary hub of the LL2019 ecosystem was www.lovelife.ch, specifically highlighted samples in Figure 11.

Figure 11: Clarification on samples of LL2019 digital ecosystem www.lovelife.ch



Source: Author. Note: To be interpreted in conjunction with the previous figure.

4.15.1. Digital ecosystem analysis: Safer Sex Check content and UX

The SSC was explicitly recommended in the campaign (<https://lovelife.ch/de/safer-sex-check>). It functioned like an individual diagnostic tool, stating it was developed by doctors and sexual pedagogical experts; also, that it is “especially” “simplified” for “young people”.

SSC asks the following questions:

1. User's age [select]
2. How many sex partners in the past 12 months [select]
3. Do you have male or female sex organs [select]
4. Which sex organs do your partners have [select]
5. Which sexual practices do you do [select]
6. Have you paid for sex in the past 12 months [select]
7. Have you been paid for sex in the past 12 months [select]

Based on user responses, "personalized" recommendations were made on completion totalling 2-3 A4 pages. The site recommended downloading these as pdf, printing, and bringing to a medical consultation. To understand user experience (UX) and content, this researcher completed SSC 12 times, reporting six times as a woman and six as a man with varying ages and risk levels. Depending on "personalized" recommendations, resulting SSC information includes following frequencies of female condoms, male condoms, and PrEP:

- 6 or more mentions of the MC (with a link to MC shop www.aids.ch).
- 0-1 mention of the female condom (FC).
- 0 mention of PrEP.
- Other information such as hepatitis vaccination.

Hyperlinks "more information" to NGO partners: www.aids.ch, www.du-bist-du.ch, www.drgay.ch, www.sexuelle-gesundheit.ch.

The clunky SSC survey format was off-putting, although efforts were clearly made to facilitate it. Due to webpage design, insufficient attention is attracted to the SSC: its location and design were less noticeable than the rest of the page, particularly less compelling than the sex-scene video on autoplay, where applicable. Design features

that minimised SSC visibility and effectiveness included (Nahai, 2017; Krug, 2013): position on top right side; button format that does not appear when a mouse cursor hovers over it; and presence exactly below (one centimetre on an average laptop screen) a prominent black button labelled “stories” featuring a downward arrow. In sum, there was much competition for the user’s attention.

4.15.2. Digital ecosystem analysis: data protection and cybersecurity concerns

Naturally there was a Cookies statement for agreement, but the site retained user’s IP address by default and derogates to the conditions of use. These specified that Swiss Data Protection legislation and European GDPR were in force but allowed processing of personal data which may include “... your name, address, e-mail, telephone number and IP address.” Data uses were to:

... “fulfil our legal responsibilities and to comply with any contractual obligations. ... in pursuit of overriding interests – in particular, economic and legal interests. Our overriding interest lies, in particular, in the optimisation of our online offerings and of our website. Data is collected and processed for ... permitting optimisation of our online offerings, as well as for internal statistical purposes. The IP address and country are analysed only in the event of attacks on the network infrastructure of the website, or for statistical purposes.”

Source: Bundesamt für Gesundheit BAG, 2021 Data Protection Statement¹⁷

Users may have felt it disproportionate to disclose intimate personal details in exchange for website improvements, and particularly when “unspecified”. Furthermore, LL2019 videos were site-embedded using YouTube iFrame allowing U.S.-based Google (Alphabet)-owned YouTube LLC, to store trackers/cookies on the user’s device. Google’s proprietary tracking tool, AdWords/AdSense, loaded automatically and transferred users’ personal data—even if the video was not played. It tracked and combined datasets of LL2019 website visitors’ behaviour across applications, Google

¹⁷ Available at: <https://lovelife.ch/en/data-protection/> Accessed 17 August 2022

services, and websites (New York Times, 2020). Given perceived HIV/STI stigma, users may have feared browsing site contents, SSC, and viewing LL2019 videos on autoplay. The onscreen statement was not reassuring: “If you wish to ensure that no user data is stored [by YouTube] do not click on the embedded videos.”¹⁸ which was not explicit regarding developers’ use of privacy-enhanced embedding mode. *Swiss Federal 2020 Act on Data Protection (FADP), effective September 2023, should protect “sensitive” personal data on health (Article 5 section 2, Swiss Confederation, 2020)*. In 2020 Swiss authorities identified the U.S.A. as having “inadequate” data protection (Federal Data Protection and Information Commissioner, 2020) while LL2019 video/website users’ data were processed in the USA. As seen earlier, Swiss had high levels of digital competencies, and proportional data privacy awareness. Therefore, they may have preferred neighbouring (Austria/France/Italy/Germany) GDPR-protected sites to www.lovelife.ch, decreasing its effectiveness. Specifically, concerning SSC data protection lacunae, due to highly intimate disclosure, users may have left it incomplete. Contrary to comparable questionnaires, there was no anonymity and confidentiality declaration. Metrics on questionnaire abandonment may be unavailable, therefore the magnitude of this problem may have been unknown to planners.

Foregoing data protection and design risks linked to broader societal and ethical concerns around dataveillance¹⁹ and influence (Colon, 2021; Zuboff, 2019; Foucault, 1995). This technical analysis regarded RO(4) investigating LL2019 ineffectiveness due to users’ perceptions; Specifically, users’ self-label of social vulnerability may have

¹⁸ Source: site owner Bundesamt für Gesundheit BAG, 2021 Data Protection Statement <https://lovelife.ch/en/data-protection/>

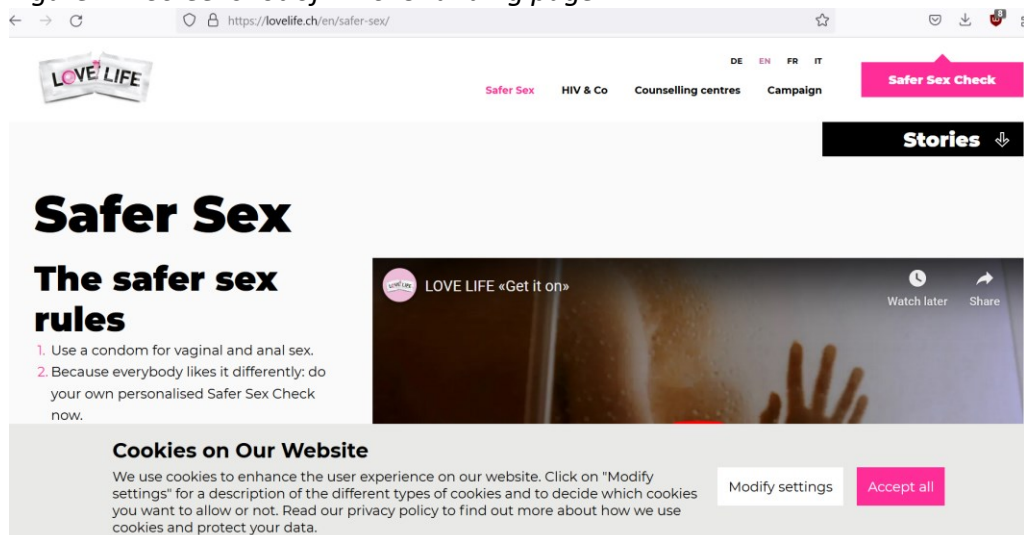
¹⁹ Continuous monitoring of online data by companies and institutions for unspecified purposes (Van Dijck, 2014)

magnified perceived data protection and transparency risks, causing them to quit navigating the site.

4.15.3. Digital ecosystem analysis: technical and usability

Inefficiencies and malfunctions plagued LL2019 design. Firstly, third party code, embeds, and multiple analytics plus unused Javascript slowed loading times. Secondly, unclear taxonomy obscured content such as “stories”—actually questions answered as the user scrolls; the misnomer hid useful information. Thirdly, the content of the pink buttons was illegible (Figure 12): the proportionality of the main text, “story” title, was not uniform for the other story buttons, potentially from images sized using unset width/height attributes. UX was not facilitated by information hierarchization and disposition, of which an example is depicted at scale. The screenshot shows the laptop landing page in English—identical to that in three national languages. Overall, the site design merited UX and carbon footprint²⁰ optimisation.

Figure 12: Screenshot of LL2019 landing page



Source: Screenshot of <https://lovelife.ch> on author’s laptop (date: 14 December 2022)

²⁰ LL2019 website www.lovelife.ch obtained a score of 72% from <https://ecograder.com/>

As stated, central to LL2019 were five short storytelling videos conjugated in different ways for outdoor, social media, and online promotion campaigns. In the following sections media analysis tools delved deeper into the meanings of the videos.

4.15.4. Summary of codes identified in LL2019 digital ecosystem analyses

While analysing emerging open codes of LL2019 media environment, RQ2 and RQ4 were omnipresent, as were learnings from the contextual literature and issues raised by interviewees particularly concerning absent elements; Refer to Table 12 for a list of these initial codes.

Table 12: Initial coding of LL2019 digital ecosystem

<p>LL2019 coding: mentions/occurrences or depictions</p> <ul style="list-style-type: none">• MC = only solution• One mention for pregnancy for each STI• Mechanistic/performative aspects of sex• Instrumentalization of bodies• Omnipresent implication penetrative sex = norm <p>Absence of mentions or depictions:</p> <ul style="list-style-type: none">• No holistic men's issues• No LGBTQI+ issues• No holistic emotional or psychological aspects• No FC• No holistic women's issues except link to www.lilli.ch• No moral, ethical aspects: amoral?• No mention of consent, nor sexual violence <p>"PrEP" not visible, occurs in hidden areas of site (see content analysis)</p>

Source: Author

4.16. Initial analysis of the five LL2019 campaign videos

Following best practices for media analysis (Lindgren, 2022; Braun and Clarke, 2021; Couldry, 2016), videos were actively, critically viewed repeatedly, each time isolating a

different facet to examine in the next stage of TA. The following were noteworthy, integrated methodically within the seven analytical procedures in TA Stage 4:

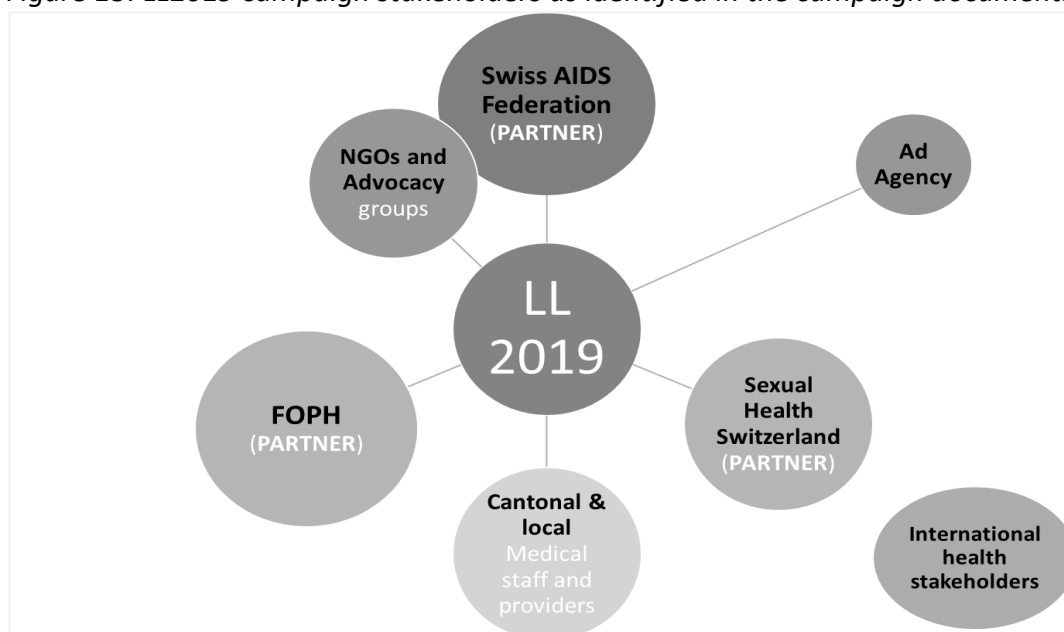
- Actors' appearance and physical qualities, acting/interactions, non-verbal cues.
- Sequencing and narrative aspects.
- The soundtrack, tone, atmosphere, colours; Sets, background, props.
- On-screen texts in all languages; partners, "safer sex rules", branding.
- Socio-behavioural theory assumptions, such as intended observational learning (Bandura, 1977), norms and social modelling (Green et al., 2019; Laranjo, 2016).
- Lack of operationalisation of HBM, ELM and any community-based theory.

4.16.1. Stakeholder mapping

As discussed, in-depth stakeholder analysis was impossible due to process confidentiality and interviewee discretion. Defined most broadly, stakeholders are parties with an interest in the process or outcome of a given problem. Using situational analysis (Clarke, Friese and Washburn, 2017), broadest LL2019 stakeholders were mapped (Figure 13).

In Switzerland HIV and STI stakeholders were tripartite, each with own cultural, economic, and financial interests. Firstly, national (federal) government included the FOPH ministry of health and social security, and the ministry of finance. The second level was cantonal (state) health officials and finance. The third was local (city, commune, or community) comprising community health officers and medical staff.

Figure 13: LL2019 campaign stakeholders as identified in the campaign documents



Source: Based on www.lovelife.ch analyses; with addition of international stakeholders

Also relevant were international health stakeholders such as the EU, UN, UNAIDS and the WHO, patient advocates and activist organisations, and civil society. In line with RO (1) and (2), this research sought understanding on stakeholders' roles in informing LL2019 planning.

4.16.2. TA stage 2: Concluding summary

This stage identified tentative codes and collations of data across data sets (Braun and Clarke, 2021), seeking category interconnections and comparisons. Numerous initial codes were identified with relevance between different data sources, the interviews, campaign and videos, and digital ecosystem.

4.17. TA Stage 3: Seeking Out Themes

This stage connected categories/sources to identify main categories and themes (Uruqhart, 2013; Glaser and Strauss, 1999). To reassemble data fragmented during open coding, definitions, source-codes links, code/word frequencies, and co-

occurrence matrices unified different data sources, examining interrelations (Saldaña, 2015) and identifying data saturation points.

The main processes of TA stage three (Braun and Clarke, 2021) were:

- Data and codes collated into possible themes.
- Needed relevant data gathered for each possible theme.

The main goals of this stage across this study's three data sources were:

- LL2019 videos—collated data/codes into possible themes; gathering more relevant data if needed.
- LL2019 digital ecosystem—collated data/codes into possible themes and gathering more relevant data if needed.
- Interviews—collated data/codes into possible themes and gathering more relevant data if needed.

4.18. TA Stage 3. Analysis of Campaign Outputs: Videos

A sample of LL2019 videos and media was analysed, permitting data to emerge through an ethnographic approach, interpreting cultural, historical, and institutional contexts of samples. Video analysis provided insights into experience by “...carefully observing, analysing and theorizing its visual dimensions and manifestations” (Pauwel, 2020 p. 14).

Content was translated from French and/or German/Swiss German for methodical analysis, faithful to FOPH intentions. Proficient in both languages, this researcher understood nuances and found the closest English translation, verified by a trilingual Communication Lecturer, Ms. Marcelle Brücher. Results of analysis were dialogically integrated with interviews and literature. At this stage no clear operationalisations of socio-cognitive theories were identified, although a weak degree of the Theory of

Reasoned Action may be inferred by the attempts to reinforce positive attitudes and individual intentions on condom use (Ajzen, 1991). Similarly, the Theory of Planned Behaviour (Fishbein and Ajzen, 2010) is hinted at through attempts to modify social norms around condoms. Protection Motivation Theory (Floyd, Prentice-Dunn, and Rogers, 2000; Rogers, 1975), which was relevant to the campaign message due to its focus on threat appraisal—what may occur in the absence of condom use—was absent from the campaign videos and messages. Due to the strong symbolic fields surrounding actors and settings, social semiotics (Kress and van Leeuwen, 2020; Bezemer and Jewitt, 2009) and dramaturgical aspects (Goffman, 1974; 1959) clearly emerged as areas to investigate further. Finally, emerging strongly from LL2019 videos was Social marketing, to be discussed in the following sections. TA of campaign videos was informed by the following seven analysis methods as discussed in Methodology.

4.18.1. 1st video analysis method: Social marketing mix

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness in LL2019 videos, SM mix analysis (Riddell et al., 2022; Lee and Kotler, 2019) was applied within TA. Already defined in the Literature Review, SM analytical criteria were:

- Product: benefits/value of male condoms and safer sex; user-male condom outcomes.
- Place: Channels and media for messages.
- Price: Costs of male condoms; related emotional states and HIV.
- Promotion: Messages, messengers, and formats.

Refer to Appendix 7 analytical Table 7.1 for results; A synthesis is provided simultaneously with Extended Social Marketing, next section.

4.18.2. 2nd video analysis method: Extended social marketing

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness in LL2019 videos, analyses dug deeper in TA by going beyond SM to five “Extended” SM (ESM) factors (Hastings and Domegan, 2018). The first two were behaviour change focus and theoretical framework, addressed in the next theoretical indicators section. Three treated here were (1) Customer orientation—audience/user research, pretesting; (2) clear audience segmentation and targeting; (3) motivational exchange and Competition—why would audiences consider adopting target behaviours and what was attractive in competing behaviours. Appendix 7 Table 7.2 reports analyses.

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness of LL2019 videos, analyses revealed ineffective measures according to Social Marketing and Extended Social Marketing mix analysis through the prism of LL2019 digital ecosystem, interviews, and literature. Both SM conceptualisations assumed strong segmentation and audience analysis prior to planning. However, findings question the quality and depth of audience research and segmentation, particularly of customer orientation emphasised by Hastings and Domegan (2018). These were partially implemented in campaign planning due to weak understanding demonstrated in “benefits” and motivational messages as well as the models used. Similarly, findings questioned integration within a campaign organising principle such as SOSTAC® (Chaffey and Smith, 2017), or other, requiring better audience insights. Finally, SM assumes other parallel measures—not merely promotion—such as low-priced male condoms, which was not the case here, thereby affecting effectiveness.

ESM Customer orientation: LL2019 demonstrated a lack of empathy for most people's unfavourable viewpoint on condoms (Sotomo, 2019) as an interruption, not a go-ahead "Get it on" signal. Actors and contexts portrayals in LL2019 showed low understanding of the public, jeopardising effectiveness. Hence audiences cannot identify with them, diminishing narrative effectiveness as well (Lakoff and Johnson, 2003; Bandura 1977). An international expert emphasised that, to be effective, audiences should relate to the campaign "as if they were the actors acting in that campaign". A marketing expert affirmed the campaign should echo realities, such as "most casual sex is gritty". Interviewees overwhelmingly characterised LL2019 as "vacuous" and "empty", as well as "too clean" and not "relatable" nor "believable".

ESM clear audience segmentation and targeting: As a result of the previous factor, LL2019 demonstrated a lack of clear audience segmentation and targeting except for the prototypes/stereotypes of MSM, heterosexuals, and over 50's. Indeed, by definition the LL2019 strategy specified the general public as target (FOPH, 2011). One practitioner praised the grey-haired female actor, because over-50's demographic experienced rising HIV infections. The foreground gendered, aged (young), and racialised hands were a targeting and identification opportunity, however no technical targeting was enabled. Because online/social media channels lure users through influence, linking, and promotion (Chaffey and Smith, 2017) it was concerning that only ephemeral billboards and social media attracted them www.lovelife.ch. All interviewees identified the lack of targeting, demonstrating their awareness of marketing and PH research. An international expert said, "laser targeting" is the current prevention state of the art instead of "spraying the world with campaign messages." A practitioner stated: "it's all over the place ... targeting everyone from age

6 to 90". Another affirmed that "you have to go niche if you want it to work". A marketing expert said LL2019 "effectively excludes anyone who is not white, attractive and affluent". A communication expert said the premise that "people identify with superheroes and good-looking people" is not borne out in the literature (Flowers et al., 2019; Lakoff and Johnson, 2003).

Motivational exchange and competition: LL2019 provided no arguments to motivate male condom use as better, safer, or cheaper, despite recommendations to provide reasons for action instead of requesting it (Katz et al., 2018; Noar et al., 2009). Male condoms were portrayed as monopoly on choice, however, patients know "many alternatives" to male condoms according to three practitioners: all agreed audiences knew about PrEP, female condoms, and other preventive behaviours. Finally, respondents and ESM analysis concurred that LL2019 only partially implemented ESM.

4.18.3. 3rd video analysis method: Identification of intervention theoretical indicators

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness within LL2019 videos, analyses within TA sought to evaluate theoretical indicators embedded within them. They focussed uniformly on male condoms attitude/BC but diverged individually in terms of specific content targeting MSM, older adults, and heterosexual couples. Indicators were identified by a pioneering analysis of 19 international HIV interventions defined in the Literature Review (Flowers et al., 2019). Refer to Appendix 7 Table 7.3 for analytical table of results.

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness of LL2019 videos, analyses revealed the following main

findings on theoretical indicators through the prism of LL2019 digital ecosystem, interviews, and literature.

Theoretical indicator on commitment/action planning received a reasonable score thanks to available links to SSC, however more information would facilitate linking (Krug, 2013). Testing needed more prominence as the literature and respondents repeatedly emphasized. Typical of all practitioner respondents, one said: “We know we need to get more people tested”; An international executive said, “testing is the key”; An advocate said: “testing not done enough”.

Theoretical indicator on social approval: to reinforce this effect a statistic could “prove” most people use male condoms. Similarly, naturalistic settings, actors, realistic user voices, or texts would reinforce homophily and identification, as the literature supports (Cialdini, 2016; Bandura, Ross and Ross, 1961).

Theoretical indicator on incentive outcome: LL2019 is particularly ineffective due to implied link to sex act after male condom application. One cannot assume that this step and outcome were understood. Behavioural theories recommend explication of benefits and outcomes (Fishbein and Ajzen, 2010; Rosenstock, 1994) for effectiveness.

Theoretical indicator on emotions: Inauthentic emotions plagued videos with a slight exception in “Terrace”. Soft-porn codes resulted in lukewarm believability for health messages. Media theories emphasise importance of authentic emotions and context for identification, transport, and engagement (Wrigley and Straker, 2019; Nahai, 2017; Hosein et al., 2016).

Theoretical indicator on social environment: Again, the link between male condoms and sex acts in follow-up videos could not be assumed. Because the male condom was

the campaign's primary message it should have been clearer. Other social environment possibilities, such as testing, PrEP, cheap and high-quality male and female condoms should have been visible (Green et al., 2019).

Theoretical indicator analysis provided a granular tool to break down LL2019 into its PH components. In that sense it was useful, but the grading system granularity would have been improved as an extended Likert scale.

4.18.4. 4th video analysis method: Grammar of Visual Design

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness of LL2019 videos, analyses using the social semiotic perspective of the Grammar of Visual Design (GVD) were used within TA for fine-grained methodical description and analysis within an interpretive framework (see Appendix 7 Table 7.4 for an overview). As presented in the Literature Review, Kress and van Leeuwen's (2020) GVD was intended for images (Langdridge et al., 2021), however, short LL2019 films were amenable to analysis frame-by-frame, like an image series (Riddell et al., 2022; Rose, 2016). As a corollary, metaphorical analysis was conducted as well. Refer to Appendix 7 for GVD analytic Tables 5-7, split into three parts for legibility. GVD findings are discussed together with those on the 5th method, Social Semiotics (next), due to discipline affinities.

4.18.5. 5th video analysis method: Social Semiotics and narrative

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness of LL2019 videos, TA integrated with GVD additional semiotic elements to analyse in LL2019 narrative videos: Actors, Goals and Vectors containing essential metaphors, and archetypes, treated each in turn. Social semiotics denote embedded meanings and discourses, aiming to pinpoint stakeholder

constructions of LL2019 campaign meanings (Langdridge et al., 2021; Bezemer and Jewitt, 2009). Both types of analyses revealed the following main findings through the prism of LL2019 digital ecosystem, interviews, and literature.

1) Actor: The implied Actor was the viewer, whose hands alone were visible. All shots were from the Actor's viewpoint, who held the key to the next narrative step: the male condom. The other Actor, known as "Goal", because being acted upon (Kress and van Leeuwen, 2020), were at mid-shot (social) distance, pleading with their eyes, lips, and body language for the Actor to apply the male condom. The representation was unidirectional, with the Actor as hero holding the Vector (male condom) to carry both to the narrative's Event or climax.

The models playing Goals reflect idealised Jung's "Everyman" archetype (Hunt, 2012; Jung et al., 1968), intended to represent typecast middle-class citizenry for audience identification. Their binary sexual dimorphism was clearly expressed. In all videos exclusively Caucasian/European types were used, with bodies like narcissistic cult objects (Baudrillard, 1998), epilated, healthy, fit, thin, and unblemished. Hair was cut, coloured, and styled fashionably (for 2019) and females wore conservative cosmetics. Expressions appeared complacent, consensual, playful, and sated. As interviewees identified, the actors seemed unreal and sterilised, instead of effective symbolic incarnations. Female actors were particularly seen as unrepresentative of women, as incarnations of advertised sexual attractiveness ideals, existing within the male gaze—dependents not agents (Beauvoir, 2015). As such, neither males nor females triggered requisite levels of emotion and identification for message elaboration (Khouri et al., 2017; Iguarta and Casanova, 2016) and even less, transportation (Green and Brock, 2000).

2) Vector or process: There were only three, male condoms, a slogan, and a pair of hands presented as the means for action. Hands and male condoms were leitmotifs, semiotics expressing the central targeted behaviour of LL2019 campaign as catalyst for sex. Hands are heavily symbolic, omnipresent in religious representations (Forstner, 1967) and a most expressive instrument of non-verbal communication. There was silence on PrEP, PEP, and female condoms despite best practices recommendations (Groves et al., 2021; WHO 2021a; Nelson, 2018; Young and Flowers, 2016; Pebody, 2015).

Filmmaking may have been a metaphoric field (Marin, 2006; Lakoff and Johnson, 2003) framing LL2019, as two respondents identified. The half-open male condom package connoted the bi-colour clapboard for camera activation. The French tagline was particularly eloquent: “et ... action”: open the male condom package to initiate action. Potential associations include camming²¹ or sex taping, without, however, full frontal nudity and male condom application.

Other metaphors represented by male condoms were a shield, magical cloak, or portal as “source domains” using Kövecses (2016) taxonomy, with male condoms as “target domain”. Further, the male condom and its representation on the package as the “o” in “LOVE” is suggestive in round-ish shape and pink colour. The Self is one of Jung’s twelve archetypes—universal patterns with which humans are born and strive to create as a harmonious and full circle or ring (Jung et al., 1968; Heraty, 2014). The ring is itself a metaphor and powerful symbol. Northern-European mythology feeds into Swiss culture, such as the *Nibelungenlied*, where magic rings empower wearers. Since ancient times rings symbolised membership and are talismans against illness and

²¹ Interactive online sex work (Jones, 2020)

physical weakness (Forstner, 1967). Significantly, rings and other symbolically potent items such as crowns and wreathes are circular with no beginning nor end, signifying social (married; senator, bishop, winner) or spiritual status, as a halo. Circular wheels also convey to a destination. Highly significantly, none of the LL2019 condom-holding hands wore an engagement/wedding ring, connoting that this is casual sex.

The male condom acts as protective barrier, cloak, or shield against HIV and STI, which were latter-day Shadow archetype “monsters”. This portrayal of male condoms and males imbued them with exclusive control of protecting BOTH partners: He literally holds both lives in his hands, like god and beast, as Beauvoir quoted Nietzsche (2015). Choosing this configuration to the detriment of other protective solutions—such as female condoms, dapivirine ring, and PrEP—revealed campaign planners’ ideology.

In LL2019 advertisements the male condom package was positioned in the foreground of Goal’s genitals/mouth. In this depiction, male condom shields users/viewers against potential contamination. Again, the representation was exclusively male oriented. Thus *Actors*, *Goals*, and *Vectors* expressed the following metaphors, symbols, and archetypes: Hands, shield, ring, circle, Everyman, Shadow.

Word choices carried strong symbolism as well: LOVE LIFE was the campaign brand; Love is possibly the most noble and exalted emotional state, at least “a strong liking for something, or a belief that it is important.” (Collins, 2022). The word is ancient, and for the last five centuries “making love” means sex (Online Etymology Dictionary, 2022). Colloquially, “Love life” encompasses intimate spheres and sexual activities. Such word choices exalt sex as love, much as McDonald’s “I’m loving it” debases love. Similarly, the use of English in the campaign name LOVE LIFE was a common form of cultural imperialism inherent in Swiss media.

LL2019 taglines were themselves *vectors*, interpreting and clarifying for audiences what they needed to do to conquer the *Goal*. However, as Table 13 demonstrates, the need to put on male condom is not actually verbalized: It is implied in all four languages, of which three were official Swiss languages and the fourth is English.

Table 13: Tagline translations and interpretations

Source term	Translation and interpretation	Translation sources
German / Swiss German "Auf Gehts"	"Let's go!" "Come on!" Familiar, friendly tone	Pons Dictionary, 2022 https://en.pons.com/translate/german-english/auf+geht%27s
French "Et ... Action!"	"Action!" and "events, excitement" Slang unless used in the cinematic sense "camera!" From cinema lingo	Cambridge Dictionary, 2022 https://dictionary.cambridge.org/dictionary/english-french/action French movie expressions, 2022 https://www.frenchtoday.com/blog/french-vocabulary/french-movie-types-vocabulary-terms/#french-movie-vocabulary-film-crew
Italian "Evaai!"	"yeah!" and "come on"; An expression of joy or a form of encouragement, familiar in tone	Collins Dictionary 2022 https://www.collinsdictionary.com/dictionary/italian-english/evvai

Source: Author. Videos at <https://www.youtube.com/user/lovelifech/videos>

The campaign also published English translations of text and some of the website and social media content was in English. This was due to a recognition, and a Swiss media norm, that simple English was universal, and covered segments of the population that did not speak Swiss-German, French, nor Italian. The tagline in English "Get it on!" which like the other translations was familiar in tone, even slang, denoting (1) "to become enthusiastic, energetic, or excited" or (2) "to engage in sexual intercourse"; to hurry or start a fight (Merriam-Webster 2022). Even if unfamiliar, within context "get it on" was understandably referring to male condom application. Regarding the two "Safer sex rules", there is "overwhelming evidence" (Ball and Wozniak, 2022 p. 1813) that such language stimulates audience reactance and is to be avoided (Reynolds-Tylus, Lukacena and Truban, 2020).

3) The Setting is the stage or movie-set within which the action takes place—a context or background. Each setting was different per video, and detailed analysis follows. Settings were calculated to imbue a “slice of life” realism to the videos. According to this well-worn advertising technique the “life” portrayed should recognizably correspond to the lifestyles of target audiences (Dibb et al., 2016) to enable identification for reasons already specified previously; Otherwise the premise falls flat. LL2019 settings were contemporary, clean, sunny, and airy in style. Green plants and “evidence” of affluent urban/suburban social status were on all videos. Such settings were representative for an elite, dulling the identification effect of Slice of Life. Specific analyses and examples follow in the theatrical frame.

Semiotic findings demonstrate the male condom at the centre of power and agency, attained by exploiting condom positioning and associated symbols. The viewpoint was demonstrated by the condom-holding hands in the foreground, indicating salience of the campaign only to white-skinned, healthy, and fit individuals. The compositional salience was not wholly clear; Visual proofs and message support were primarily textual, using the campaign funders as credibility crutches.

Hierarchy of information was fuzzy due to multiple texts, information, audio, and images, especially online and mobile. According to these findings the federal government and relevant agencies whose logo was on-screen in LL2019 agreed that on one mode for sex—penetrative—and one form of HIV and STI protection—the male condom. Indeed, the public was ordered using specific commands: “Love life” and “Get it on” as well as “Rules” for safer sex. Findings on social semiotics of *Actors* demonstrated that implicating the viewer as the visible male condom-holding hands and viewpoint was a good idea to nudge identification. However, the exclusive use of

bimodal gender identities, Caucasian/European type actors, and sterilised bodies and sets made them unreal. Emotional circuits were unlikely to be stimulated by the semiotic aspects and bland format. Non-homophily *Actor* portrayals exclude large swathes of the population from identification, decimating effectiveness. GVD supported these findings, as did interviewees, who overwhelmingly identified these points.

Social semiotics findings on LL2019 *Vectors* showed male condoms were the one-and-only vector in Switzerland for people aiming to have safe sex. Heavy symbolism was conjured around male representations and power invoked around male condom use, however the GVD did not support their delivery. Further, LL2019 brand was (logically) part of this, yet unclear for the audience—was it a condom brand advertisement?

Social semiotics findings on *Settings* used in LL2019 were affluent, comfortable, and urban middle class, corresponding to an elite with which most Swiss people could not identify, further hindering effectiveness in a social identification mechanism.

As was the case with many other HIV campaigns, GVD and social semiotics disinterred the visual language of pornography, used as enticement (Langdridge et al., 2021), and drawing attention. This was part of a broader “pornification” trend for health messaging (Boyle, 2018; Lim et al., 2017). Similarly, the videos emphasised social norms surrounding male condom use as protected and fun sex, assuming the intention was to deploy social-cognitive learning using role models (Bandura, 1977). It is unclear whether such depictions and scenes can change attitudes in line with theoretical HBM, for instance (ETR, 2015), such as the general public’s overwhelmingly negative affect towards male condoms (Langdridge et al., 2021; Green et al., 2019; Sotomo, 2019). Further, interviewees identified multiple other perspectives and protective

technologies, notably PrEP. Interviewed marketing experts and an advocate pointed out with an eyeroll that sex appeal in advertising was predictable and unimaginative.

The videos' storytelling approach is theorised to be adaptive (for example Le Guin, 2019; Boyd, 2009; Armstrong, 2006). Primitive myths and stories taught lifesaving information, such as the toxicity of plant species for hunter-gatherers. As societies complexified, so did the stories that socialised their members, thereby fostering human evolutionary success (Nystrom, 2021; Salmon 2017). Interdisciplinary thinkers on language and history identify how mythology shapes society, and in return the intellectual, political, and social climate shape society's stories (Malik; 2019). Language researcher Christian Salmon (2019), historian Karen Armstrong (2006), and sociologist Jean Baudrillard (1998) for instance, identify contemporary societies as suffering from conflictual, elitist, incoherent, or fake myths diffused and shared by modern media. Hence, stories alone were not fail-safe avenues of salvation. Interestingly, HIV and STI prevention storytelling takes us back to primitive lifesaving origins—at least that was the intention of planners. This study aimed to identify to what extent Swiss PH authorities succeeded.

Storytelling psychologically and physically affects audiences, as affective neuroscientists Pansepp and Biven (2012) identified. Their research showed that story exposure stimulates imagination and powerful emotional circuits such as Anger or Lust. Despite the fictional nature of metaphors, protagonists, and semiotics, audience identification is physiological, triggering deep emotions along neurotransmitters, enabling the elaboration that campaign planners hope will change attitudes and behaviours (Langdrige et al., 2021; Igartua and Casanova, 2016). It follows that LL2019 video narratives attempted to stimulate emotional circuits of Lust, Seeking, and

Play (Pansepp and Biven, 2012). Seeking is a euphoric expectation commonly solicited in thriller genres; it was expressed weakly in LL2019 due to low identification and caring about the Actors. Lust is the elaboration of sexual desire manipulated ubiquitously in media communication as linked to pornification (Boyle, 2018) and alienating simulations of sex depicted as “liberated” (Baudrillard, 1998); In LL2019 it was the entire *raison d’être* of the videos. Play is a highly significant adaptive behaviour suggested in the technically produced light tone (Baudrillard, 1998) and a simulated playful sex-attitude in LL2019 Actors’ coy expressions and postures; sex portrayed as leisure. As findings on social semiotics and GVD demonstrate, lacking persuasive aspects of authority, likeability, and engagingness (Luttrell and Wallace, 2021; Green et al., 2019; Cialdini, 2016), LL2019 was unlikely to elicit deep affective responses needed to motivate attitude and behaviour modification, as theorised in the ELM (White, 2019; Hopper, 2019).

These analyses confirmed the mobilisation of meanings, representations, symbols, and visual design elements intended to convey the male condom message. The Actors and Settings were affluent, attractive, bi-modal gender, healthy, racially white, slim, urban, mainly young, unlikely characteristics of homophily in the general public. When there is no identification, the most effective media effect of transportation cannot occur, leading audiences to be swept away as they absorb the message (Khoury et al., 2017; Hanby, 2016). These characteristics did not have demonstrable effectiveness for the audience to adopt the social norm (Green et al., 2019; Bandura, 1977), formally endorsed by the federal government and its agents in LL2019, that sex is a state-sanctioned activity requiring protection using the male condom.

4.18.6. 6th video analysis method: Goffman's theatrical frame analysis

In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness within LL2019 videos, TA analyses sought to evaluate effective mobilisation of Goffman's (1974) theatrical frame within them. This analysis assumed the performativity of social interactions: how dramatised media representations influence audiences (Goffman, 1959). Such analysis enables testing "... assumptions about the relationship between life and theatre" (Birch, 2018 p. 120), here the relationship between onscreen LL2019 representations and their impacts on audience reception of health messages. Originally intended for synchronous interactions, Goffman's (1959; 1956) dramaturgical theory complete with actors, audiences, roles, scripts, and a stage, is applicable to asynchronous multimedia performances such as videos and social media (Smith and Sanderson, 2015; Bell and Milic, 2002). Audiences interpret cues, or "documentary evidence" (ibid. p. 1) communicated by actors' appearance, behaviour, clothing, expressions, and utterances, that may result in stereotyping. Theatrical metaphor further identifies "front" of stage and backstage. Like actors, fronts use "expressive equipment": their ambiance, appearance, and exploitation of the physical layout (Beames et al., 2021).

For Goffman (1959) impression management is key to individuals' "interest" to control others' perceptions (ibid. p. 3). Extrapolating to media, the "interest" of PH campaign planners is to control audiences' perceptions of HIV and STI. Thus, media producers and screenwriters mobilise symbols and narratives to frame and control audiences' perceptions using embodied actors and sets. These elements were used to methodically analyse and deconstruct the videos, validated by Bell and Milic (2002) with the recommendation of further contextual analysis, which this study did conduct.

The campaign framed male condoms using storytelling and metaphors. There was one narrative: a couple consent to sex and before penetration the male condom package is opened. The text call-to-action (“Get it on”) informed what happened next. Safe sex was framed as exclusively possible with male condoms. Refer to Appendix 7 Tables 7.8-7.12 for detailed analytical results on these dimensions for each video.

Film (1) “Tent” (Appendix 7 Table 7.8) was framed theatrically coherent with the series. Expressive equipment included soft porn codes, from suggestive posing and wiggling to woman’s facial expression. It was a racially “white” representation in setting as well, depicting Swiss middle-class standards of body-care, and costly leisure pursuits (camping); Documentary evidence supported the latter assertion. Editing and the model’s selection ensured her extremely thin and desirable appearance. This represented the narrative’s beginning, before male condom application.

Film (2) “Terrace” (Appendix 7 Table 7.9) was slightly different from the series due to its subject matter and protagonist, a grey-haired woman. Expressive equipment included codes adopted from slice of life advertising formats suggesting a realistic playful moment shared between the protagonists with time on their hands. It was a racially “white” representation in body-type and setting, depicting fitness and health, body-confidence, affluence, and sufficient revenue to furnish a large terrace or penthouse and the time to design and maintain it. In obedience to cinematographic codes the woman had grey hair indicating an age over 40 but her skin quality and tone appear younger, remaining pleasing to males. The film framed the male condom as the solution to the actors’ problem. This represented the narrative’s beginning, before male condom application.

Film (3) “Bathroom” (Appendix 7 Table 7.10) was framed theatrically coherent with the series. Expressive equipment included cinematic codes of handsome boy-next-door. It was a racially “white” brunette representation. He and the manicured hands of his partner depicted Swiss aesthetic standards (for instance the gelled nonchalant hair, the shaved chest). Affluence was implied by his spa towel and postcards on the mirror, the designer fixtures and tub, and the status-marking bathroom window. These and sparkling cleanliness and purity of the entire set express a young urban professional context. The male model was attractive to both sexes. The film framed the male condom as the solution to the actors’ problem. This represented the narrative’s beginning, before male condom application.

Film (4) “Bedroom” (Appendix 7 Table 7.11) was framed as theatrically coherent with the series. A painstakingly designed portrayal and setting with expressive equipment included codes adopted from advertising, as for laundry detergent, mattresses, or room deodorisers. The model smugly cuddled under the luminous-white duvet with a suggestive and expectant expression while looking up at his partner. Documentary evidence seemed to position him as a fresh, new, younger, or less experienced partner. Depictions of the setting and props indicated affluence and comfort—the design details visible in the furniture, flooring, and contemporary space. The half-read books also suggested educated middle class status. This represented the narrative’s beginning, before male condom application.

Film (5) “Sofa” (Appendix 7 Table 7.12) was theatrically framed differently using a less-developed portrayal and setting. Expressive equipment included codes adopted from soft porn, from suggestive posing and wiggling to woman’s facial expression. Documentary evidence used the portrayal style of the lace-clad “stripper”, working to

arouse her male partner. It was conveyed she is not a professional, but a woman who believes she needs to attract her partner in this way. Depictions provided indicators on affluence and comfort in the limited visible features of a middle-class designer sitting room. The chosen model was very thin according to prevailing attractiveness standards, so recognisably pleasing and desirable. The film framed the male condom as the solution to the actors' problem. This represented the narrative's beginning, before male condom application.

4.18.7. 7th video analysis method: Gender in advertising frame analysis

In line with RQ2 and RQ4, seeking understanding on rationale, interests, and indicators of effectiveness in LL2019 videos, Goffman's framework for gendered performances (1976) was integrated in TA. "Gendered" representation analysis identifies semiotic media resources conveying stereotypical bias, particularly useful for LL2019 films explicitly showcasing male/female representations. For Goffman (1976) mediated sexual dimorphism produces and reproduces gender relations and roles; He advised researchers to focus on media's implied and subtle details reflected in six analytical gender representation categories (Table 14).

Table 14: Goffman's analytical categories of gender in advertising depicting 3 unused categories in grey

Gender in advertising category	Category description
Feminine touch	Portrayals of gentle female hands, caressing, or self-touching
Family	Depiction of a heterosexual nuclear family with children
Function ranking	Depictions of gender-stereotypical occupational or task activities
Licensed withdrawal	Degree to which actors are isolated, and/or dependent, whether physically or psychologically, relative to a protagonist or situation
Relative size	Height, body mass, and positioning in a photo conveying power and superiority
Ritualisation of subordination	Portrayal of facial expressions, posture, or body positioning that place the actor to be lower relative to others, implying assimilated inferiority.

Source: Goffman (1976)

This study selected only three relevant categories, defined as follows. Firstly, the *feminine touch* referred to portrayals of women's hands gently caressing or hugging, as opposed to holding firmly, grasping, or grabbing. It includes touching own body or hair.

Secondly, *licensed withdrawal* describes dependence on others or a situation. Hence, women were depicted modestly, partially hidden behind hands or hair, eyes averted.

Thirdly, *ritualisation of subordination* implies assimilated inferiority by depicting female expressions or positioning as physically or psychologically lower than others; They were smaller, positioned behind or below others, bending or tilting in bashful, off-centre postures.

Goffman's (1976) gender in advertising framework increased the granularity of analysis of the LL2019 campaign sample videos sought by RQ2 and RQ4. These were identified and explored analytically, providing a diagnostic tool for the gender portrayals of actors and their ascribed roles (detailed in Appendix Table 7.13). In line with RQ2 and RQ4, seeking understanding on rationale and interests as well as indicators of effectiveness of LL2019 videos, analyses using Goffman's Theatrical and Gender in advertising frames revealed the following main findings through the prism of LL2019 digital ecosystem, interviews, and literature.

The film framed the male condom as the solution to the actors' problem. This represented the narrative's beginning, before male condom application. This analysis highlighted the dependent role of the Actor awaiting the male condom application. The Actor's inferior status, portrayed alone, awaiting the implied viewer ("hands") and male condoms underline this dependence (licensed withdrawal). Regardless of gender, those awaiting the condom were helpless, passive, dependent upon male condom

application through ritualisation of subordination. Two of five Actors were males (Bedroom and Bathroom). Only one of the five “hands” representing the viewer were female. These proportional representations alone demonstrated sex role expectations of female performativity (Butler, 1999). The male condom was framed as allowing permission for sex, and the male held this key, almost exclusively. Every scene, actor, and narrative progression depended on it. Seen reductively, such framing connoted nudging (Colon, 2021; Green et al., 2019), however without real-world male condom access changes—or a QR code enabled discount—it remained theoretical.

Interviewees expressed lower awareness of the lack of female representations, perceiving Swiss HIV as more of a male problem (corroborated by statistics). However, the stated goal of LL2019 was the general public, largely 50 percent women, *not key populations, mainly male, already targeted* by specialised campaigns. The marginalisation of females in LL2019, even if symbolic in media representations, reflected and reinforced societal structures that disempower women (Fargnioli, 2021; WHO, 2021; Vu et al., 2020; Bindel, 2017; Beauvoir, 2015).

4.19. TA stage 3: Concluding summary

At this stage the researcher continued with constant comparison techniques, this time not only within, but also between data sets, across interviews, videos, and digital ecosystem. These processes helped clarify codes towards the goal of theoretical saturation, where no new dimensions or properties emerged (Saldaña, 2015; Green and Thorogood, 2014). Seven media analysis methods critically examined LL2019 videos, from which findings highlighted issues of figurative content, social representations, and selective messaging. Advertising and soft-porn cinematographic codes were pervasive (Langdridge et al., 2021); as a practitioner respondent said “sex

is everywhere. Why add to the chorus?”. Male condoms were depicted as the only solution to the actors’ problem, removing potential agency through other protective techniques (Beames et al., 2021; Green et al., 2019; ETR, 2015; Becker, 1974). Further, identification was constrained to homogenous characteristics, preventing self-efficacy theorised for health message effectiveness in diverse populations (Bandura, 1997; 1994). Representations tamely framed each actor alone, relying on pornification and implication for male condom behavioural messaging. Weakly implied social interactions in narratives reduced the effectiveness of theorised social modelling and self-efficacy (Green et al., 2019; Bandura, 1977). Sex appeal further limits argumentation and reasoning, which can modify attitudes and behaviours as in TRA (Katz et al., 2019; Fishbein and Ajzen, 2010) and TPB (Kaufman, et al., 2014). Further, narrow framing cannot address pre-existing beliefs, such as those around risk (Bogale et al., 2020), nor broader structural issues that prevent healthy behaviours as in community models like CHAM (Nutbeam, Harris and Wise, 2010).

Like researchers (Langdridge et al., 2021; Boyle, 2018), interviewees objected to “banal” soft-porn framing and exclusive use of racially white and affluent-looking Actors confirmed by foregoing analyses, preventing identification for diverse audiences. As practitioner interviewees identified, latter demographics were statistically more likely to contract HIV, corroborated by epidemiological literature concerning access to prevention and testing measures in Switzerland (Hovaguimian et al., 2021; Weber, 2021; Schmidt et al., 2020). As discussed, when audience identification is low, elaboration, media engagement, and vicarious learning of HIV protective behaviours through role models cannot happen, rendering the campaign ineffective (Langdridge et al., 2021; Igartua and Casanova, 2016; Bandura, Ross and

Ross, 1961). These findings question the quality and depth of audience research and segmentation implemented in campaign planning, and whether it was integrated within a strategic framework (Luttrell and Wallace, 2021; Chaffey and Smith, 2017), that prevents such a disconnect.

Following the foregoing discussion on findings, and results of comparisons and merging (Figure 14) of LL2019 “website” themes and LL2019 “video” themes as nine emergent categories: *Ad/sex appeal codes*; *male condom performance*; *Low PrEP, stigma, testing*; *No female protection*; *Individualistic frame*; *Female subservience*; *Cultural/racial exclusion*; *Paternal/social conservatism*; and *Penetrative sex framing*.

These were further refined and redefined in the fifth TA stage.

Figure 14: Comparison and merging of categories from analyses of LL2019 media (web and video) sources with associated emergent themes

Media analysis types	Results and categories	Emerging categories / themes
Social marketing	Advertising/promo-only=No PrEP/condom policy, No stigma, low testing Sex = fun/legitimate if affluent/white + MC Male condom only protects=No FC, female methods, nor other prevention	Ad/sex appeal codes
Extended Social marketing	Low audience orientation, empathy lack (except adaptation of SSC results) Exclusive white urban affluent target (stated “general” population) Conservative targets: no LGBTQ+, no migrants, no sex workers	Male condom performance
Intervention theoretical indicators	Low audience orientation = Exclusive white conservative affluent target Low incentive/info value HIV options, Stigma, PrEP, Testing (except SSC)	Low PrEP, stigma, testing
Social semiotics & GVD	Marketing codes = sex/soft porn appeal; LL brand; Linguistic exclusion Norms = penetration/ejaculation, male condom dominance Metaphor/symbol = MC protects; Mechanistic/performing male Viewpoint, Actors, hands = male (4/5)	No female protection
Theatrical & Gender frames	Stereotyped white Swiss middle-class, two stereotyped genders Female = passive, sex object, subordinate, cannot protect self (4/5 videos) Male + condom = active, decider, initiator, protagonist (5/5) Advertising representations = Sex as leisure lifestyle, aspirational Gender = bimodal only (non-inclusive)	Individualistic frame
		Female subservience
		Cultural/Racial exclusion
		Paternal/social conservatism
		Penetrative sex framing

Source: Author

The difference was striking between the interviews on the one hand and the emerging themes from LL2019 videos and website/digital ecosystem analyses on the other, notably regarding penetrative sex which for the interviewees was a given; and the strong findings regarding female representations in LL2019 campaign. More striking

yet were the similarities on emerging themes, notably surrounding promotion of the male condom to the detriment of PrEP, stigma, and testing; cultural and diversity aspects; and conservatism. Each aspect was further refined as TA progressed.

4.20. TA stage 4: Revising and Reviewing Themes

The main processes of TA stage four (Braun and Clarke, 2021) were threefold, concerned with synthesising data, codes, and themes across data sources:

- Congruence of themes and codes checked across all data.
- Naming and renaming similar themes while retaining inclusivity of original descriptions.
- Generate a thematic map of analysis.

TA stage 4 processes and goals concerned harmonisation/merging of data, codes and themes into clusters and diving again into the relevant literature where needed to help define and revise:

- LL2019 videos—identified themes in five videos; checked with literature on dramaturgical, PH, and communication theory, among others.
- LL2019 digital ecosystem—identified www.lovelife.ch themes; checked with PH communication literature, among others.
- Interviews—identified interview themes; integrated with other analyses.

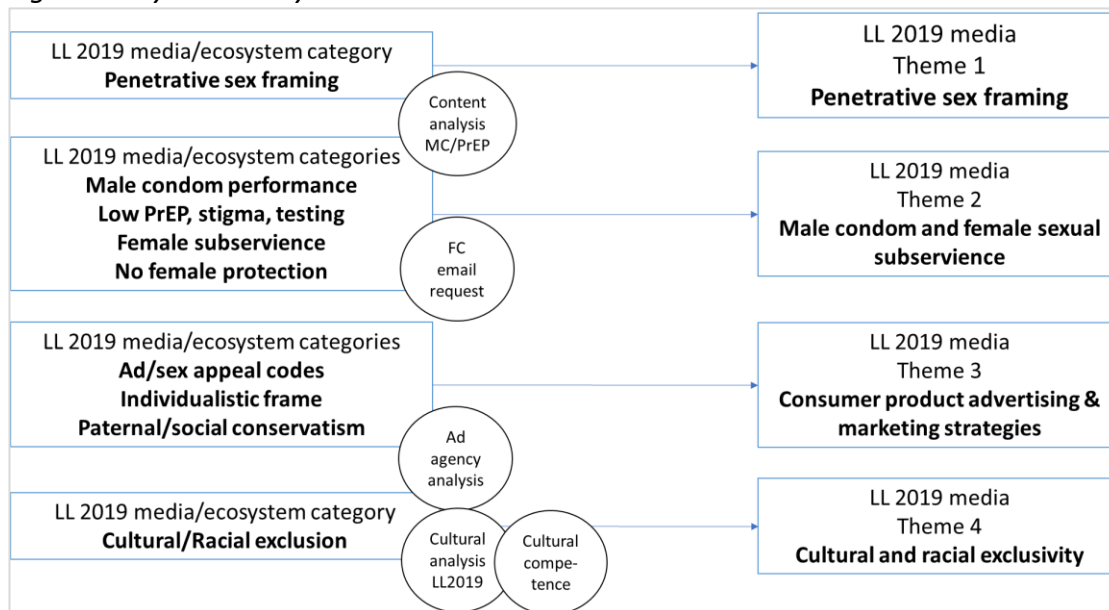
At this stage a nagging need for clarification was resolved. GT methodology allows asking of the data what was previously thought unimportant (Charmaz and Thornberg, 2021), as interviews informed and sensitised the researcher on digital ecosystem and video analysis, and vice versa. While revising themes this researcher realised more in-depth information was needed on four aspects: (1) regarding the advertising agency's cultural profile; (2) cultural coding in LL2019; (3) cultural competence, and (4) PrEP and male condoms in the digital ecosystem. In response, four supplementary analysis

methods were deployed as detailed later as was an email request to female condom manufacturers, and depicted as circles in Figure 15. Locating findings within wider literature helped make connections and sense of data (Green and Thorogood, 2014). The health communication, dramaturgical and communication theory literatures were also newly sampled and checked regarding emerging themes.

4.21. Themes Identified in LL2019 Videos and Campaign Materials Analysis

After conducting seven types of analysis on LL2019 videos and digital ecosystem the researcher identified four main themes: (1) Penetrative sex framing, (2) Male condom performance and female sexual subservience, (3) and (4) Cultural/racial exclusion based on the categories emerging from the seven types of analysis. Categories were merged according to relevance and importance (Figure 15) in a manner that transparent according to the principle of validation (Corbin and Strauss, 1998). Explanations and definitions of these follow. Thereafter is the analysis of the advertising agency stakeholder, producer of the campaign, providing clarification as to LL2019 outputs.

Figure 15: Merging of LL2019 categories into four main themes from LL2019 videos and digital ecosystem analyses



Source: Author

4.22. Main Video and Digital Ecosystem Theme Definitions and Explanations

4.22.1. LL2019 Theme 1: *Penetrative sex*

Only one sexual behaviour was depicted in LL2019; Other forms of sexual activity were imagined in the SSC questionnaire treated in the LL2019 digital ecosystem analysis but not directly in the videos and campaign. Such an orientation prevented identification by those with a broader view of sexual activity in diverse LGBTQ+ communities, for instance—indeed it silenced any of those possibilities (Butler, 1999). As discussed, identification of audiences with actors, context, and situations depicted by media was needed to learn BC messages (Iguarta and Casanova, 2016; Bandura, 1977). Exclusive sex framing in LL2019 videos and campaign materials was penetrative—as such risky for HIV and STI. Given the power of media representation, LL2019 amplified and normalised penetrative sex to the detriment of multiple forms of human intimate expression, eroticism, and sensuality (Langdrige et al., 2021; Baudrillard, 1998). While

this was unlikely to have been the intention, the monolithically mechanistic framing was the observable outcome.

GT researchers should seek absences as in artefacts: reasons for omissions may be significant (Corbin and Strauss, 1998). As seen, LL2019 excludes holistic concepts such as care; The word “love” in campaign name LOVE LIFE was the only marker of emotional connection between sex Actors—although, we know it refers to sex. This instrumentalization of bodies in LL2019 alienates them, whence the absence of consent or affect more generally (Langdrige et al., 2021). Digital communication and identification were most effective when mobilising emotions (Chaffey and Smith, 2017; Green et al., 2016) however sexual arousal is physical rather than affective.

The sex-positive tone refuted deeper moral reflections; LL2019 acknowledged any sex acts, even those connoting the use of blood (see SSC). Related to the previous point, abstention from an ethical or normative stance in depictions of “emancipated” sexuality as spectacle may approve and promote sexual anomie and alienation (Baudrillard, 1998). As a corollary, LL2019 omitted mention of consent and sexual violence. Concurrently, Swiss statutes do not adequately protect sexual violence victims (Amnesty International Switzerland, 2021).

Another implication of LL2019’s performative expectation regarding male condom use was that males must be sexually fit and in good health to apply male condoms. However, no common problems such as erectile dysfunction, that prevent male condom use, were mentioned. Similarly lacking were references to psychological well-being, even where relevant such as “addictions” to media, pornography, and sex.

The narrow penetrative view of LL2019 ignored specific needs of the growing diversity of gender and sexual orientation—communities increasingly part of the general population. The final implication of this theme is: by focusing on penetrative sex the campaign was operating on an *exclusive*, not an inclusive, model for the general population it aims to target. In sum, LL2019 excluded a growing percentage of people not fit for male condom use and reduced sex to a mechanistic and instrumentalized affair devoid of an emotional or sensual dimension.

4.22.2. LL2019 Theme 2: *Male condoms and female sexual subservience*

Male condom omnipresence was unsurprising, as a stated goal of the campaign. Yet, analyses brought out the striking emphasis on male penetration being the sole framing of sex in LL2019. The male condom was presented as the sole preventive method, with an omerta on female-controlled measures, such as the female condom, microbicides, or PrEP. As seen, PrEP itself was absent from the videos and was hardly mentioned on the website, making men and women both dependent on male condom behaviour; Women, specifically, were subservient to partners' male condom acceptance. As media analyses demonstrated, female participation in sex acts was portrayed subserviently in the main, and as wholly dependent upon penetration once the male applies male condom. Videos showed women as only heterosexual while men were depicted as having choices. Such representations of women as Other were conventional and disempowering (Beauvoir, 2015).

Similarly, LGBTQ+ females and those with unassimilated inferiority could not identify (Butler, 1999) with LL2019 media representations nor learn HIV/STI prevention from them. More meaningful and diverse frames outside ejaculation would be less exclusive, such as emotion, intimacy, or sensuality. Also excluded were topics relevant

to women such as consent, contraception, gender-based violence, menopause, and menstrual issues. Pregnancy was alluded to in short phrases relating to HIV and STI transmission to babies. A sex education website weakly linked to the SSC, www.lilli.ch, was more expansive. Female relevance to HIV and STI included:

- HIV and STIs can be transmitted during birth and breastfeeding.
- HIV and STIs are more transmissible when mucous membranes are fragile, such as in contexts of infection, menopause, and violence.
- Contraceptive function of condoms was not mentioned.
- Holistic female sexuality and well-being issues were absent, as were men's.

Their lack of consideration within the LL2019 ecosystem implies perceived irrelevance of anything not related to masculine performance. Given ecosystem's extent, and that LL2019 was intended for the general population, these issues should have been given voice. As stated, erectile dysfunction, prostate disorders and other holistic male sexuality issues—some of which prevent male condom use—were equally absent. Questioning the digital ecosystem yielded more clarity.

4.22.3. Digital ecosystem analysis: Content analysis of male condom and PrEP searches and frequencies

Due to the preponderance of PrEP mentions in interviews and the literature, and its apparent absence in LL2019 videos and website, content analysis clarified if the researcher's perceptions were biased. Frequencies of mentions of "PrEP" and "condom" within the LL2019 digital ecosystem, including partner sites (FOPH, SAF, and Santé Sexuelle Suisse) were quantified. Details of content analysis procedures are detailed in Appendix 6 Tables 6.3-6.6. Analyses revealed that www.lovelife.ch (LL2019) mentioned condoms 52 times and PrEP six times. Not all mentions were accessible

without completing the SSC. Among the partner sites “PrEP” occurred 31 times (SAF) and 75 times (Santé Sexuelle Suisse). The FOPH featured “PrEP” only seven times, however it was an official government site with multiple PDF documents, typically not found by search engines. In addition, the target audience of FOPH website was specialists, not the general public. As a result, the LL2019 campaign was communicating male condom messages at least ten times more frequently than PrEP.

4.22.4. LL2019 Theme 3: Consumer product advertising and marketing strategies

The campaign was designed according to the codes of commercial marketing media. Like the advertising proverb “sell the sizzle not the steak” (Chaffey and Smith, 2017) the male condom was framed as a consumer choice for *homo economicus* and sole solution—although the population did not feel that way (Sotomo, 2019). Through the hypothesised mechanism of identification, sex acts were depicted between attractive, clean, middle-class individuals and compliant females, in comfy surroundings. The LL2019 campaign portrayed sex as a fun, positive, socially-accepted and government-prescribed activity for the general public. It eschewed the appearance of a public service message, using the “sex appeal” codes that were omnipresent in contemporary media. In that sense it was indistinguishable from beer, car, and fashion advertisements. The language reflected this: “Safer sex? Yes please”, “Because everybody likes it differently”, framed as individual choices.

There was also inexplicably jarring use of normative language such as “Rules” for safe sex. However, “Safer sex rules” PH messaging appeared incidental due to font size, colour, and prominence. The “LOVE LIFE” branded male condom appeared to be itself a condom brand like Durex or Ceylor (perceptions also reported by patients in

practitioner interactions) and the “Get it on” slogan resembles a brand’s tagline. The other strong PH element was the SSC—generally lauded by respondents—here a button choice invitation (Krug, 2013). Typically, a “call to action” entices or incites users (Luttrell and Wallace, 2021) to complete the questionnaire, however no motivation was supplied to do so.

The actors and settings made the campaign an aspirational one, a marketing/advertising tactic targeting the social status dreams and ambitions of audiences, typically for luxury products and operationalising influence (Chaffey and Smith, 2017). The advertising agency may have advised this due to common commercial assumptions on “lifestyle” marketing. However, no evidence exists that aspirational branding campaigns are effective for health BC except narrow SM settings (Parvanta and Bauerle Bass, 2020; Lee and Kotler, 2019). Necessary identification, transportation, and salience are jeopardized if the actors were overly slim, attractive, and fit, while lacking the lifestyle, tattoos, or body fat and hair of average people (Langdridge et al., 2021; Green et al., 2016). Furthermore, health messages risked confusion with consumer messages and were potentially filtered out by cognitively overloaded and sceptical consumers. Such effects were compounded by repeated campaign exposure over a long time period (from 2019 until 2023 at least)—resulting in negative affect and boredom, avoidance of, or inattention to the campaign (Ball and Wozniak, 2022; So and Popova, 2018).

4.22.5. LL2019 Theme 4: Cultural exclusivity

The social representations of the campaign prescribed racial whiteness, cleanliness, fitness, and affluence. In addition, LL2019 was available only in English, French, German, and Italian, constituting a bare minimum. A growing proportion of the Swiss

public, whether migrants or refugees, were less proficient in national languages and were thereby excluded from LL2019 life-saving information.

Media analyses point to the ethnic and racial exclusivity of the representations of LL2019 actors and contexts. White racial exclusiveness was expressed powerfully in campaign representations, as were middle-class, Swiss-German, and socially conservative appearances and settings. Unrepresentative media representations hindered salience for and identification with by the silent majority whose lives, skins, and practices were different—thereby reducing effectiveness of the campaign.

When analysing media artefacts, it is vital to consider lacunae and absences (Braun and Clarke, 2021). LL2019 videos and website did not feature certain best practices consistently recommended in international best practices literature, such as addressing stigma/discrimination and broadening access to HIV diagnostic tests. Similarly, although the literature recommends promoting several options for protection, including PrEP and female condoms (WHO, 2021a; WHO, 2016; FOPH, 2015 among others); the website obscured these, and they were totally absent from videos.

4.22.6. LL2019 Cultural masculinity analysis

Although at first blush benign in LL2019, embedding cultural norms and values, such as Individualism and Masculinity²², impacted campaign effectiveness. Triangulation of media analyses isolated major LL2019 focus as culturally Masculine, hence mechanistic: one sex act, one protection. Appendix 8 provides relevant details and analyses, notably Table 8.3. However, interview and literature findings identified that audiences cared more about emotions, eroticism, gender, mental health, and

²² Masculinity is a cultural dimension individualistically focused on results, functionality, and threat protection (House et al., 2004) applicable to campaigns. Refer to Appendix 8 for analysis.

relationships (Langdridge et al., 2021; Brisson and Nguyen, 2017). Individuals may reject campaigns that narrowly address a government-prescribed manner to maintain bodily health. As discussed, HIV crystallised social identities, norms, and practices (Staupe-Delgado and Rubin, 2022; Garcia-Iglesias, 2020). The AIDS pandemic fostered growth of supportive, intimate subcultures (Garcia-Iglesias, 2020) and collective social identities (Staupe-Delgado and Rubin, 2022; Chan and Mak, 2021) in echo-chambers with clear health communication implications. Similarly, people responded to governments' mechanistic COVID-19 communication by constituting social-media communities around individual holistic psychosocial and identity needs (Motta et al., 2021).

4.22.7. Cultural competency analysis

Although data was partial, FOPH stakeholders appeared to lack cultural and ethnic diversity, resulting in lack of cultural competence²³, as analysed using Issel and Wells (2018) Cultural Continuum framework. Dimensions of national culture apply to complex social phenomena such as communication (see Hofstede, 2010; among others) and organisational culture, discussed in Appendix 8 and presented in Table 8.2. Culture encompasses shared beliefs, identities, and meanings distinguishing "members of one group or category of people from another" (Hofstede, 2011 p. 3). These "result from common experiences of members of collectives transmitted across generations" (House et al., 2004, p. 15). Media representations frame and shape reality, unless a cultural disconnect sabotages the message (CDC, 2022; Nystrom, 2021).

²³ The extent to which one communicates "effectively and appropriately in intercultural situations based on one's intercultural knowledge, skills, and attitudes" (Deardorff, 2006 p. 247)

4.22.8. Findings of advertising agency media analysis

As for planning any media campaign, FOPH was but one part of the equation as client of advertising agency ROD AG, subcontracted to design, produce, and implement LL2019. The agency declined researcher's invitation to be interviewed, due to ongoing FOPH contracts. Nevertheless, aligned with RO (1) and RO (2) it was essential to investigate this key stakeholder and producer of LL2019 advertisements, films, social media content, and website. Consequently, this researcher conducted an in-depth content analysis of the agency's own self-published website information (www.rod.ag), to understand the organisation's culture and values. The full-service agency produced FOPH HIV/AIDS campaigns since 2014, as well as government COVID-19 media campaigns.

Analytical rationale, procedures, and results are in Appendix 8 due to their peripheral but highly informative value. Main findings summarised here fed into later analyses. The agency's staff showed low ethnic and cultural diversity, and most used Swiss-German identifiers as detailed in Appendix 8 Table 8.1. At the time, the website did not express cultural or ethnic diversity as a value, however, cultural diversity alone does not imply cultural awareness. For instance, a culturally monolithic group can conduct empathetic, in-depth audience research using an ethnographic approach to understand an othered group, leading to culturally-sensitive perspectives. Advertising agencies typically conduct such research, however, without an explicit purposive brief and client checks, an agency may project own assumptions, bias, and values on produced artefacts (Strate, 2017). Consequently, in addition to population unrepresentativeness, Swiss-French respondents perceived LL2019 as culturally foreign and recognizably "Swiss-German".

4.22.9. Concluding summary of TA stage 4

LL2019 video and digital ecosystem analyses permit emergence of key themes, identified as (1) Penetrative sex dominance, (2) Male condom omnipresence, (3) Female sexual subservience and (4) Cultural exclusivity. Three supplementary cultural analyses detailed in Appendix 8—of the advertising agency, cultural masculinity, and cultural competence—corroborated media findings. Themes were later crossed in TA with the interview themes axis to identify overall themes.

4.23. TA stage 5: Defining and Naming Themes/Clusters

The main processes of this fifth stage of TA (Braun and Clarke, 2021) were primarily concerned with synthesising data, codes, and themes across data sources:

- Refining theme specifics and generating definitions/names.
- Identifying clusters and the “story” told by analyses across data.
- Generating an understanding of themes and interrelations.

TA Stage 5 focused on clarifying, clustering, and defining overarching themes from all data sources—web, videos, interviews, and newly sampled literature. Upon completion of open code analysis, clusters denoting a common theme were identified, defined, and named. For each theme distinctive conceptual properties were identified, being “characteristics or components ... that give specificity to and define an object, event, and/or action” (Corbin and Strauss, 2008 p. 46). These were defined and named using key words and quotes from the data. Reminders of research aims and objectives were necessary to resist the temptation to go down each rabbit hole. Through this process some weaknesses in data collection were identified, notably imbalances in stakeholder roles and gender underrepresentation. The researcher listened to

interview recordings repeatedly, a process enabling the identification of implications heretofore not evident.

Code structuring and hierarchisation showed differences, similarities, and interrelations, showing deeper links within/between them. Hierarchisation of themes (refer to Table 15) was accomplished by two means. It would have been disingenuous to rank them according to frequency alone because interviews allow consideration of emphasis, verbal and non-verbal markers of emotional conviction and intensity. Therefore, frequency of participants' reporting on items relating to themes is considered even if not necessarily significant, as well as the emphasis they expressed. Seeking a critical distance, the researcher deliberately alternated between newly sampled literature, digital ecosystem, videos, and interview analyses. Diagramming helped to reflexively interact with the data (Appendix 10), enabling a synoptic comprehension in a systemic view (Charmaz, 2014; Dubin, 1976). Primary and secondary themes (Table 15) were addressed in turn.

Table 15: Summary of primary and secondary themes from interviews

Interview primary themes	Interview secondary themes
1 FEDERAL OPACITY, BUREAUCRACY, AD BELIEF	Moralism/paternalism in PH
2 FEDERAL/CANTONAL SCHISM	Practitioners feel alone
3 CONSERVATISM	Praise for Safer Sex Check
4 LL2019 INEFFECTIVENESS	STI importance
5 CULTURAL DIFFERENCES	
6 PLWH/STI STIGMA AND TESTING	
7 LACK OF CAMPAIGN BASIS (EVIDENCE, THEORY, RESEARCH)	
8 PREP POLICY AND FUNDING	

Source: Author

4.24. Primary Interview Themes

Primary themes emerged from a majority of interviews, or were evoked as priority or strongly-felt considerations. Hence, frequencies were considered but not seen as

significant alone. Each primary theme, set out in Table 15, is defined and assessed in following sections.

4.24.1. Interview primary theme 1: *Federal opacity, bureaucracy, and ad belief*

Definition: *opacity* referred to medical and advocacy staff having a lack of understanding why federal-level decisions were made, how, or by whom. Such decisions related to federal health communication like LL2019, as well as decisions regarding testing, STIs and PrEP policy, among others. Several respondents referred to federal decisions as a “mystery”. A leitmotif was that bureaucracies function in a “black box”, compounded by opacity on rationales of decision-making. Similarly, they perceived a “federal disconnect”, alleging that the FOPH did not listen to nor involve practitioners; nor did it understand practitioners’ nor populations’ needs. See Appendix 9 Table 9.1-9.2 for details.

Bureaucracy referred to a federal (government) bureaucracy, whether used benignly or neutral (such as describing the FOPH office as a “bureaucracy”) or negatively (such as complaining about “bureaucracy” workload). “Federal” and “FOPH” were sometimes used interchangeably, underlining the importance of the qualifier “*federal*” in people’s perceptions. The twin themes of institutionalisation/bureaucracy emerge clearly from open codes in key words and phrases in the relevant analyses. *Ad belief* is defined as organisational assumptions and beliefs in the effectiveness of advertising and media campaigns as official responses to societal problems. It was related to *opacity* because in respondents’ view, the FOPH assumed that media campaigns were themselves legitimate health policy. However, practitioners doubted the usefulness of LL2019 in the absence of wider policy changes. *Ad belief* was related to *bureaucracy* in the sense that a bureaucratic organization seeks economic rationality—effectiveness

and efficiency using recognized processes, such as project management and communication strategies. Like a typical bureaucracy, respondents viewed the FOPH as process-focused not customer-focused. Justifications of this view included lack of audience awareness, understanding, and theoretical knowledge demonstrated in LL2019. Respondents expressed resignation regarding predictable ineffectiveness of the campaign, potentially a result of FOPH doing things in a standard manner, such as repeatedly using the same advertising agency; recycling old assumptions about the audience; and believing the campaign would slow HIV and STIs.

Importantly, resulting from perceived federal incoherence, practitioners took “personal initiatives” to inform and help patients and populations at risk. Some were sceptical that Switzerland will meet WHO/UNAIDS 2030 HIV targets due to federal-level weaknesses. Some viewed LL2019 as paradigmatic of weaknesses in the federal PH model. On this topic frequent eye rolls and shrugs were observed. Relevant phrases respondents used included “personal initiative” “go it alone”.

Theme links to: *Federal/cantonal schism; Medical practitioners not consulted; conservatism.*

4.24.2. Interview primary theme 2: *Federal/cantonal schism*

Definition: this theme referred to the peculiar constitutional and legislative framework of the Swiss federation which relegates certain rights and responsibilities to the central government, and others to cantons. It is not just a legal entity, however: average citizens have strong political attitudes about allocations of cantonal or federal power. Practitioners referred to decision-making “Power struggles” and turf wars between federal and cantonal institutional authorities and bureaucracies regarding conflicting policy, decisions, processes, and priorities. These *schisms* delay reactions and decision-

making, confounding cantonal initiatives and even preventing appropriate action (Appendix 9 Table 9.3).

Theme links to: *Conservatism; Cultural differences; Federal opacity, bureaucracy, ad belief*

4.24.3. Interview primary theme 3: *Conservatism*

Definition: All respondents saw *conservatism* as typical of Swiss government institutional culture. They believed that socially and politically conservative beliefs among bureaucrats, politicians, voters, and the FOPH determined what content was deemed appropriate. Conservative views typically encompass “individualism” and personal responsibility values, rather than emphasising a progressive integrated health policy environment (such as free/low-cost male condoms, PrEP, and testing). Lack of consideration for marginalized groups and MSM in the general population, migrants, and women participate in this ideology. Several respondents identified lack women and female issues in LL2019 as problematic, however they did not view it as a major issue due to the lower female HIV burden.

Additionally, three respondents alleged that Swiss conservatives believe that subsidising or providing PrEP will cause unbridled, irresponsible sex practices. Medical practitioners identified perceived irony on the 2008 avant-garde “Swiss Statement” and lack of PrEP policy today. Respondents cited past Swiss successes, most significantly progressive IDU harm reduction programmes. Several claimed that to protect from controversy, the FOPH shields behind NGOs that express and disseminate messages considered too politically risky. Appendix 9 Table 9.4 for details.

Theme links to: *PH paternalism; Lack of a basis evidence/theory/research; STI importance.*

4.24.4. Interview primary theme 4: *LL2019 ineffectiveness*

Definition: Most non-insider respondents expressed disapproval of LL2019 campaign, pointing to the consumerist advertising tone and style, its messages, and the legitimacy of the campaign planning process. The theme of ineffectiveness emerges from codes encapsulated by key words and phrases that included: “not helpful” “vacuous” “empty”. Often cited were observations which these quotes typify: “why only condoms?” “why not testing?” “need for stigma reduction and addressing discrimination”. The campaign strategy and timing were also criticised: “what is the scientific basis?” “one big campaign you hear about once, and then nothing” “lack of strategy” (design and content choices, media channel choices and targeting); channels: “campaign needs to be where people are” (specifically on porn and dating apps).

Similarly, respondents believed the administration’s belief in effectiveness was misplaced, for instance through attribution errors. One example cited several times was testing promotion campaigns seen by officials as effective, however the volume of people who presented for testing indicated the population’s need for free testing—not the campaign itself. *Ineffective* language, culture, and *conservatism* that permeate the campaign were other features brought out by respondents: “cultural differences” “moralistic” “institutionalized homophobia” “paternalistic” “infantilizing” “exclusive, affluent focus”. Finally marketing and communication respondents questioned the belief in, and over-reliance on, web and social media metrics as well as assumptions that marketing/advertising discourses were correct and somehow scientific proof of

effectiveness, particularly when applied to PH. See Appendix 9 Tables 9.5-9.7 for details.

Theme links to: *Federal Bureaucracy, opacity, ad belief; Conservatism; Cultural differences; PLWH Stigma and testing, Lack of basis (evidence, theory, research); Paternalism, and STI importance.*

4.24.5. Interview primary theme 5: *Cultural differences*

Definition: Most cited cultural differences between the German-speaking and French-speaking cultures as problematic in media campaigns, policymaking, and implementation. They saw Swiss-German culture as more conservative, individualistic, and less oriented to solidarity and distribution of collective resources; conversely Swiss-French culture was seen as more cohesive, progressive, and socially-responsible considering disadvantaged populations. Swiss cultural differences were not just language-based—German, French, Italian, and Romansch—but also exist between urban and rural populations, and Catholic versus Protestant although respondents did not identify these. Language remains a potent indicator of *cultural differences* See Appendix 9 Table 9.8 for details.

Theme links to: *LL2019 ineffectiveness; Federal/cantonal schism.*

4.24.6. Interview primary theme 6: *PLWH/STI Stigma and testing*

Definition: Unprompted, most respondents mentioned and linked *stigma and testing*. All agreed that HIV and STI *stigma* was a problem, and most expressed strongly the need for a strong federal response, such as a campaign. *Testing* was very strongly insisted upon, with most believing it should be facilitated, and provided frequently and free, or at low cost, to more of the population See Appendix 9 Table 9.9 for details.

Theme links to: *LL2019 ineffectiveness, Conservatism; PH paternalism; STI importance; PrEP policy.*

4.24.7. Interview primary theme 7: Lack of a basis in evidence, theory, or research

Definition: this theme encompassed *lack* of ability to pinpoint a PH communication or marketing theory, nor to link any theory to the LL2019 campaign. The FOPH did not explain the theory basis, nor their reasoning for the campaign in PH terms non-advertising specialists could understand. Respondents were at a loss to explain or justify LL2019 except with an advertising/marketing narrative. Attributes of this theme included interviewees' claims that LL2019 demonstrates insufficient understanding of audience psychosocial context and theories, and lacking audience research, except for the baseline Sotomo 2019 condom survey. It encapsulates the view that LL2019 was designed using stereotypical consumer advertising and marketing beliefs and assumptions.

Most lauded LL2019 targeting older people ("Terrace" film): Two interviewees made explicit references to people over the age of 50, as at high risk for contracting HIV and STIs. For example, one respondent described a stereotypical recently-divorced demographic, newly sexually active, with low awareness of HIV or STI risk.

Most respondents lacked knowledge of PH communication and BC theories, and none except international respondents could hypothetically link any theory with LL2019. Despite this, however, respondents widely condemned the "paternalist", "speaking down" tone of LL2019, which they considered destructive. PH communication knowledge was not expected among medical practitioners; Nonetheless, they had

given the matter much thought, considering their own experiences and understanding of the public.

Health communication knowledge may not be expected of advertising agencies either. In the researcher's international experience, communication and advertising professionals tended to be over-confident about understanding audiences. Possibly it was the advertising agency culture to believe that researching and checking the state-of-the-art is unnecessary because they "already know what works". Indeed, this last phrase was verbatim what an interviewed stakeholder asserted See details in Appendix 9 Table 9.10, split into two for clarity.

Theme links to: *LL2019 ineffectiveness; Moralism/paternalism; PLWH/STI Stigma and testing; Federal opacity, bureaucracy, ad belief; STI importance.*

4.24.8. Interview primary theme 8: *PrEP policy and funding*

Definition: this included all allusions to PrEP and PEP, particularly as concerns LL2019 but many respondents raised it unasked due to its impact on their work and patients' lives.

All respondents agreed on a principal criticism of LL2019: that PrEP does not figure enough in the campaign as opposed to male condoms. On the website PrEP was mentioned only if users complete the entire SSC, and only if calculated results reveal a risk. All interviewees agreed that a lack of clear *federal PrEP policy* was a problem. They expressed frustration that what was available in neighbouring countries free of charge or at a controlled price was not being done here See Appendix 9 Table 9.11 for details.

Theme links to: *Federal opacity, bureaucracy, and ad belief; Conservatism; PH paternalism; Praise for SSC; LL 2019 ineffectiveness; STI importance.*

4.25. Secondary Interview Themes

Secondary themes were also important as representative of respondents' views, yet they were less frequently mentioned, given less emphasis, or were not majority-held. As with primary themes these were treated separately, defined, and provided with descriptors and exemplars. It should be noted that these secondary themes were no less important for preventing HIV and STI. Interview secondary themes as discussed below include: Moralism/paternalism in PH; Practitioners feel alone; Praise for Safer Sex Check; STI importance.

4.25.1. Interview secondary theme 1: *PH paternalism*

Definition: *Paternalism* and moralism were seen as reducing the effectiveness of LL2019 communication. The theme was so-named due to the verbatim use of the word by respondents. A summary PH definition of paternalism encompasses practices that restrict freedom or influence behaviour in what allegedly serves as a population's own best interests (Cole, Carlin, and Carson, 2015; Holland, 2013 p. 49). Further discussion follows later in analysis. The FOPH was viewed as having assumptions about what was best for the population to see, do, and think. These assumptions were contrary to PH scientific state of the art, which recommends transparency and empowerment. Respondents saw FOPH imposing a monolithic *paternalistic* reality through repeating male condoms as one-and-only protection, and one allowable sexual mode—penetration—to the detriment of eroticism and intimacy. These reductionist simplifications were seen by respondents as infantilising the target audience. Similarly,

the virtual absence of PrEP removed a choice from the population's consideration set.

See Appendix 9 Table 9.12 for details.

Theme links to: *Conservatism; LL2019 ineffectiveness.*

4.25.2. Interview secondary theme 2: Practitioners feel alone

Definition: Practitioners expressed frustration that the FOPH does not listen to their concerns regarding HIV and STIs. They felt suffocated by “bureaucracy” from federal and cantonal levels as well as insurance companies. They expressed resignation, as if nothing would ever change and they simply had to deal with it. They felt that patients were the ones to suffer, given they did not have the right information in part due to lacunae of LL2019. Additionally, they felt their own pedagogical task was complicated by having to correct misperceptions—partly perpetuated by LL2019. Finally, the cost of LL2019 was widely seen as excessive in relation to its effects. See Appendix 9 Table 9.13 for details.

Theme links to: *Federal opacity, bureaucracy, ad belief; Federal/cantonal schism; LL2019 ineffectiveness.*

4.25.3. Interview secondary theme 3: Praise for Safer Sex Check (SSC)

Definition: The Safer Sex Check (SSC) personalized risk-assessment tool based on a user questionnaire was the main positively-viewed aspect of LL2019. They cited the SSC as useful, but saw it as an under-promoted aspect of the website, deserving of greater prominence (Appendix 9 Table 9.14).

Theme links to: *LL2019 ineffectiveness; PrEP policy and funding; PH paternalism; STI importance; Practitioners feel alone.*

4.25.4. Interview secondary theme 4: STI importance

Definition: Respondents emphasized the importance for HIV prevention of the corollary role of STIs including hepatitis. They flagged the increasing numbers of infections and co-infections, and how these indicate HIV risk behaviours as well, such as condom use (Appendix 9 Table 9.15).

Theme links to: *LL2019 ineffectiveness; SSC concept; PrEP policy and funding; Lack of basis in evidence, theory, research.*

Other interview themes merit a mention but were not selected for analysis due to their being a minority, or weakly expressed, view:

- The discreet but omnipresent and powerful role of insurance, hospital, and pharmaceutical interests in the background of PH negotiations.

4.26. TA stage 6: Theme Comparison, Revision, Naming

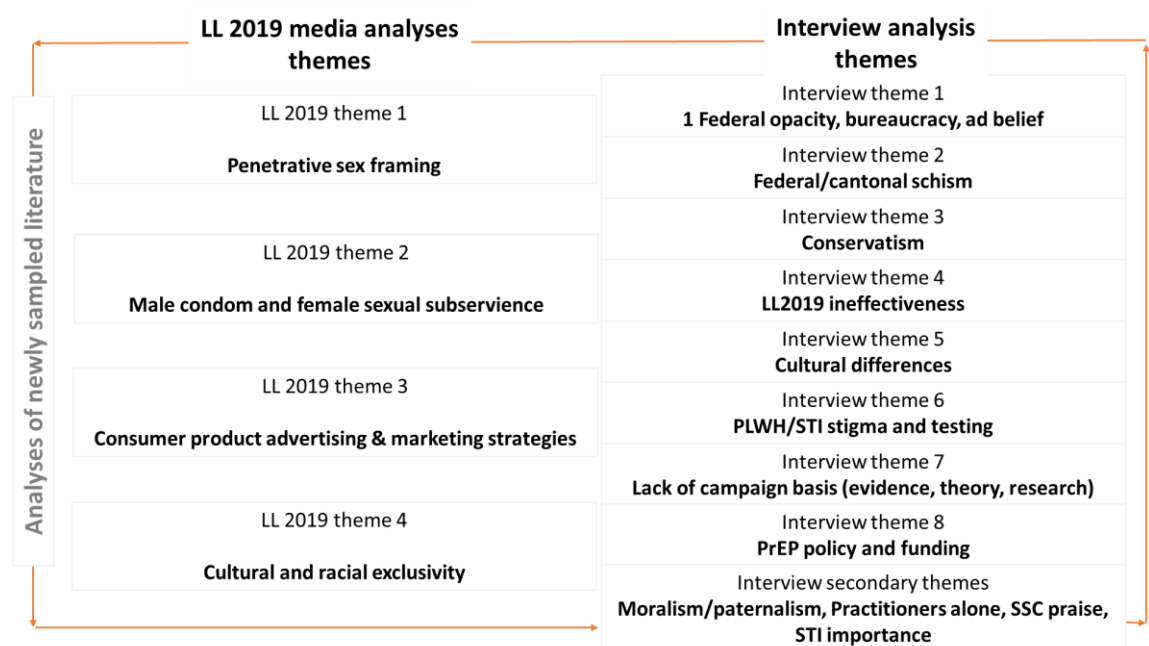
Two main processes of this final, sixth TA stage (Braun and Clarke, 2021) were to revise and refine major categories, codes, and themes that emerged from all data sources (Figure 16). This stage goals concern synthesising “critical multiplisms” (Guba and Lincoln, 1994 p. 110) across all analyses including new literature.

Comparison of theme properties and identification of interrelations throughout axial coding were first steps in building a conceptual framework, verifying coherence—triangulation—of findings from media analyses and interviews. Qualitative triangulation considers plural sources of evidence according to methods, samples, theory, or multiple perspectives/investigators (Knafl and Breitmayer, 1989), drawing research together within GT in view of selective coding and substantive theory development. Similarly, considering a case study like this one, developing “converging

lines of inquiry” (Yin, 2014 p. 120) to increase construct validity. Theory triangulation enables plural theoretical perspectives on the research, gaining in trustworthiness (Rothbauer, 2008). This study included consideration of a PH media campaign through lenses of communication science, health promotion, marketing communication, PH, political science, psychology, and sociology.

In a similar spirit, Uruqhart (2013) argues that engaging analyses and theoretical thinking with extant theories is integral to GT. Diverse literature was analysed initially in the literature review: behavioural economics, marketing and communication, media studies, psychology and social psychology, communication, and sociology (Figure 1). In contextual literature and subsequent analyses, particularly following unforeseen findings, newly sampled fields and literature were questioned, including communication, cultural and organisational studies, PH, history, and political science. These critiqued, confirmed and extended conceptual links with the aiming to develop a formal model of HIV campaign planning in Switzerland.

Figure 16: Comparison of themes emerging from findings on media and interview analyses, showing iterative role of new literature



Source: Author

4.27. Emerging theoretical models

Concerning the major objective of this study, to assess the overall effectiveness of the Swiss HIV prevention campaign considering stakeholder expectations and international best practices (Objective 4), attempts were made to identify challenges or obstacles to effectiveness. The particular focus was not on the effects of the media campaign on the public, but emphasised the planning upstream, due to expressed objectives on the production of said media campaigns and the roles of respective PH stakeholders (Objective 1). Similarly Objective 3 seeks to assess stakeholders' perceptions of campaign effectiveness. Objective 2 also probes stakeholders' rationale and interests in campaign planning, which was the most problematic objective due to unforeseen primary stakeholder (FOPH) refusal to be interviewed, observed, or questioned. However, other stakeholders and literature supplied conjectures and missing information, enabling a form of triangulation. The findings of this study, as the emerging model demonstrates, work to uncover elements of Objective 2's sought-for rationale and interests. For these reasons, thinking focused on the confluence and interactions of ideologies and interests during planning stages of the LL2019 media campaign.

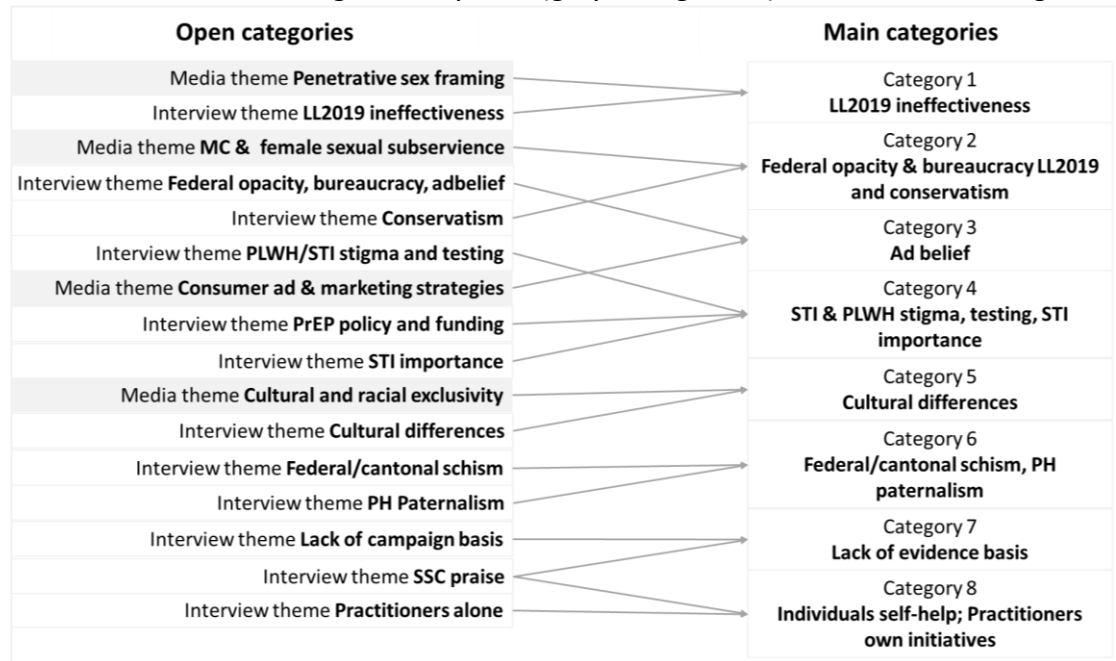
4.28. GT Axial Coding

Using the open coding, interview and media data was interrogated until theoretical saturation. Axial coding inductively linked between data to construct higher-level codes, categories, and subcategories (Allen, 2017), reassembling them in new ways as discussed previously. During this process, four main media analysis themes and eight primary, plus four secondary, interview themes re-emerged as eight main conceptual categories. The process of combining open categories—using open coding procedures

and synthesis of data sources including literature defined earlier—was refined through reduction and synthesis to compose eight main categories in axial coding (Figure 17). This was in view of later reassessing interlinkages for axial organisation within a structured model, another step towards developing substantive theory.

Figure 17 illustrates links and relationships between 16 open categories issued from media and interview analyses within TA as they feed into main categories using axial coding (Strauss and Corbin, 1990). Only strongest relationships are depicted in the figure for legibility, however were explained and defined within selective coding in the relevant section. Some open codes experienced limited transformation, such as *Conservatism* open code becoming *Conservatism* higher-level category due to persistent and strong multisource findings. Other open codes, such as open code *SSC praise* were activated when combined on two categories—one which reflects the normative view of practitioners; while the other reflects negatively on the evidence basis used because an SSC-type mechanism, if better implemented, was in effect recommended. Main categories were then processed, regrouped, and structured axially within a model.

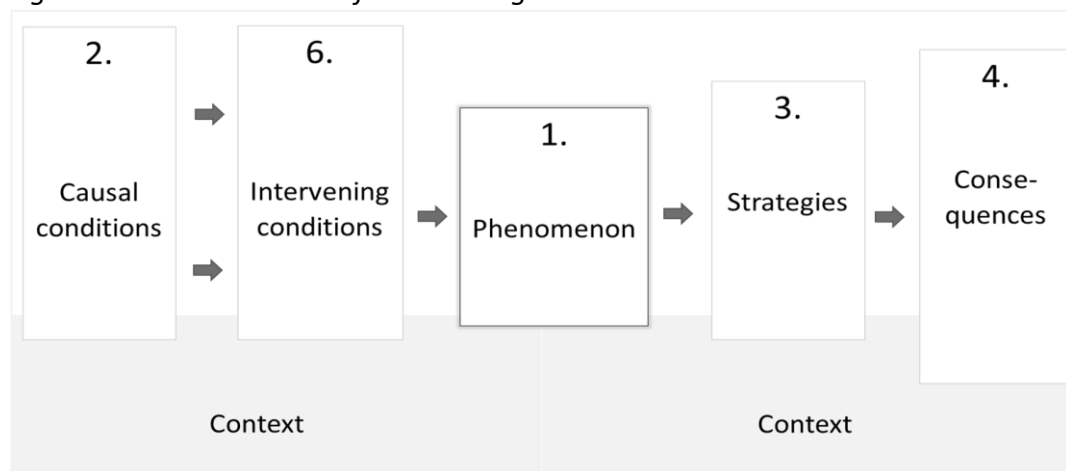
Figure 17: Main open coding categories/themes from interviews (white background) and LL2019 videos and digital ecosystem (grey background) linked to main categories



Source: Author

For further refinement, Strauss (1987) and Corbin and Strauss (1998; 1990) coding process was used as an analysis programme (Seidel and Urquhart, 2013) of six categories. Factoring in contextualisation through deeper literature analysis, these helped to question and interlink data through causal conditions, consequences, context, intervening conditions, phenomenon, and strategies as depicted (Figure 18).

Figure 18: Generic model of axial coding



Sources: Strauss and Corbin (1998, 1990); Seidel and Urquhart (2013)

Using Corbin and Strauss's (1998), pre-defined coding subcategories were applied within the GT methodology reflexively, preventing "shoehorning the data into some preconceived analytical framework" (Uruqhart, 2013 p. 27). Interlinkages and meanings were processed so "structure and process are integrated" (Strauss and Corbin, 1998 p. 128).

The central Phenomenon was categorised according to "the conditions that give rise to it; the context in which it is embedded; the actions/interactions strategies by which it is handled; and the consequences of those strategies" (Strauss and Corbin, 1990 p. 91) in the sections that follow. These linked codes and categories within model components—subcategories—to the central phenomenon of LL2019 campaign ineffectiveness, using findings from interviews and LL2019 campaign analyses complemented by newly sampled literature to complete selective coding.

Category 1. The Phenomenon covered the central, essential, problem referred to in the data, emerging as a common pattern from open coding that actions and interactions were "directed at managing or handling" (Strauss and Corbin, 1990 p. 100). More prosaically, it answered the question "what were the data referring to?" (ibid.) considering what this study aimed to do?

Resoundingly, respondents identified the central issue of LL2019 as ineffectiveness. Open coding brought out a range of negative perceptions regarding the consumer-product marketing style and content of the videos and online presence. Certain respondents understandably did not know PH communication theories due to unrelated professional foci; two communication respondents considered them "theoretical", idealised and inapplicable to reality. Moreover, media analysis findings indicated that best PH communication practices were not integrated—as confirmed by

most respondents' perceptions. The definition of the main category incorporates these points, the "phenomenon" of this research. The campaign strategy, male condom-exclusive message, and general targeting were criticisms expressed on PH communication and policy. Most interviewees criticized omissions of the variety of protective measures (including testing and non-stigmatisation of PLWH) and biomedical solutions (including PrEP, PEP, women-controlled). Some viewed this as PH paternalism that reflects increasing conservatism. Others explained them as homophobic or cultural differences. As the central phenomenon, perceived *LL2019 Ineffectiveness* emerged from open codes/categories, already defined, discussed, and presented previously, illustrated by select verbatim keywords and short quotes. For details refer to Appendix 10.

Subcategory 2. Causal conditions: These conditions were within underlying codes for phenomenon's emergence conditions, or explanatory background; They were behind the phenomenon's existence, and continued to affect it (Strauss and Corbin, 1998). They responded to the question: What were influential conditions and events in Swiss PH, ideological, and policy environment that contributed strongly to, or determined the quality of, the phenomenon?

Based on findings from interviews, literature, and media, most frequently and prominently emerging as contributing factors to campaign ineffectiveness were *Federal opacity and bureaucracy* and *Conservatism*. Analysis of medical providers, NGOs and advocates interviews showed they see *Federal opacity, bureaucracy* and policy rendering PH media campaigns as ineffective and piecemeal. Some providers did not feel supported, neither by federal nor cantonal level. They did not feel listened to: most shared the perception that Federal officials had their own reality and made

decisions “opaquely” or “mysteriously”. They felt they were carrying the whole system—a feeling exacerbated by actively disagreeing with parts of that system. For detailed categories and codes according to data sources see Appendix 10 Table 10.1.

Newly sampled literature clarified these perceptions. The FOPH, like all such offices everywhere, was a bureaucracy: an organisational model structured by functional specialisation, hierarchy of authority, meritocratic evaluation, and standardized rules, policies, and procedures. Bureaucracies tend to suffer from a focus on own processes rather than clients’ needs, and emphasise economic rationalisation (Weber, 1948). They evolve towards less rigidity but experience motivation issues and slow responsiveness to change (Grey, 2017; Heckscher, 1994).

Respondents linked their critical views on the health system’s neoliberal current with classical Weberian bureaucracy. Notably they alleged the FOPH’s espousal of economic rationality and process-orientation, allocating resources inwards to its own processes and with closest partners only—such as while planning LL2019—without sufficiently involving interested stakeholders such as practitioners. Similarly, discourse analysis (Figure 31) identified distinct ingroup and outgroup narratives. Process-orientation is exemplified by a homogenous ecosystem and continued collaboration with same advertising agency over many campaigns. Respondents noted the inertia of federal bureaucracy during COVID-19 as well as *Conservatism*; The combination of these two conditions laid the foundation for *LL2019 ineffectiveness*.

The second causal condition identified was *Conservatism*. As open coding showed, respondents viewed this as Swiss, mainly Germanic characteristic. Media and historic analyses corroborated interviewee views of socially-conservative beliefs allegedly held by politicians, FOPH and campaign stakeholders, encoded within LL2019 videos and

ecosystem. As bioethicist Edmund Pellegrino (1985) notes, even if fundamental values are rarely addressed explicitly in health debates, they nevertheless determine policymaking. For detailed categories and codes according to data sources see Appendix 10 Table 10.2.

Central to conservatism was personal responsibility, a fundamental assumption behind LL2019, like most BC campaigns. Respondents saw the individualist focus as a government preference over improving HIV and STI policies. In literature, conservatism is an umbrella term rather than a philosophy; conservative politicians consider tradition and experience as a more legitimate knowledge-form than science (Hamilton, 2020). Conservatism is paternalistic and respectful of authority, heritage, and power; it generally accepts two genders, and that women are subordinate to men.

Historian Kekes (1998) sees conservatism as aiming to “conserve the political arrangements ... conducive to good lives” (1998: 27). Conservative Scruton (1980) sees society “transcendently” bonded together as are “children towards their parents” (p. 32), a recurrent paternalist metaphor. Conservatives are pragmatic, guided neither by extremes of ideology, nor rationalism, believing that individuals, not governments, should decide what is best within a hierarchical respect for family, morality, and religious tradition rather than science.

Currently, politically and socially conservative politicians supported the Swiss People’s Party (SVP), or Le Centre founded in 2021. It was the country’s biggest and “most successful extreme right party in Western Europe” (Stockemer, 2012 p. 98). The SVP underlined traditionalism, religious and sexual conservatism, and immigration limitation (Wyss, Beste and Bechtiger, 2015; Altermat, 1979). The elected parliament and executive branch were much more conservative today (Stockemer, 2017) than in

1987, reflected also in federal administration appointments such as FOPH and courts. Unsurprisingly therefore conservatism guided HIV campaigns and policy-formation, even if PH was theoretically apolitical. The SVP had a polarising influence on the quality of political deliberation (Wyss, Beste, and Bechtiger, 2015), and a stronger following in German linguistic regions (Deopa and Fortunato, 2021). Swiss political trends mirrored worldwide trends: The International AIDS Society-Lancet Commission considered “The growing spread of conservative views on sexual and reproductive health pose a considerable threat to rights fought and won more than a quarter of a century ago.” (Lancet, 2018 p. 1773).

Swiss governance is based on consociational²⁴ power-sharing and consensus designed to maintain stability, within an institutional value of mutual respect (Wyss, Beste, and Bechtiger, 2015; Andeweg, 2000). Direct democracy also moderates parliamentary deliberations, to prevent triggering a referendum (Sager and Zollinger, 2011; Andeweg, 2000). Consociational systems may be slow due to elite accommodation, and linguistic proportionality may reduce meritocratic considerations (Andeweg, 2000). The country is characterised as neo-corporatist (Sager and Zollinger, 2011) or corporatist (Siaroff, 1999) with high coordination between public and private sectors. Economic vested interests and elites maintain status quo adherence, potentially subverting PH (COVID-19 for instance) to economic priorities showing government’s “long-established and well-proven modes of neo-corporatist decision-making that heavily prioritise economic interests.” (Sager and Mavrot, 2020 p. 299).

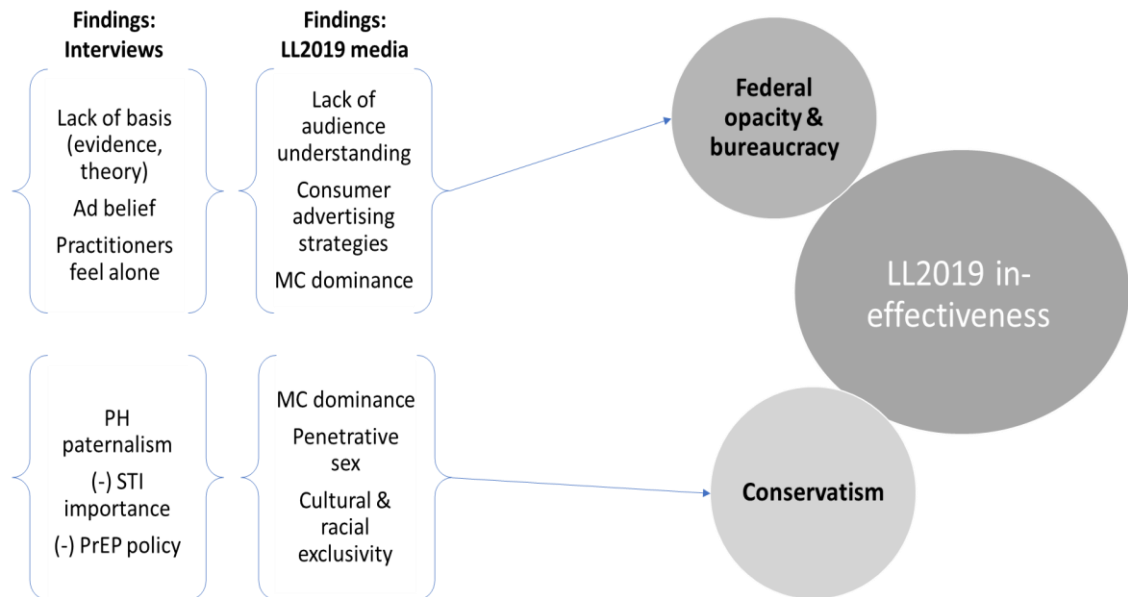
²⁴ Consociational democracies govern by “elite cartel” (Lijphart, 1969 p. 216) characterised by “accommodative behaviour... purposive leadership... commitment to maintenance of the system and by an understanding of the perils of fragmentation” (Andeweg, 2000)

As previously identified, the Swiss federal structure meant multilevel, decentralised policy implementation: cantons implement federal policies. Each has legislative autonomy, implying that policy was adapted prior to implementation at canton level with diverse outcomes (Sager, Mavrot and Hadorn, 2015). Substantial differences between cantons on budgetary and policy priorities also moderate implementation effects, with Swiss-German cantons demonstrating more conservative and individualistic political values (Deopa and Fortunato, 2021). Hence, a federally planned and implemented media campaign may circumvent distinctive local interpretations.

Respondents suspected conservative government forces were behind restrictive PrEP policies. Media analyses identified as much in the quasi-absence of PrEP in videos and LL2019 ecosystem, as well as an almost exclusively male focus compatible with this view.

As Figure 19 depicts, relevant codes emerging from interviews and digital ecosystem analyses, previously defined and discussed, were merged to form the *Conservatism* causal condition, impacting the core category of *LL2019 Ineffectiveness* and acting in concert with *Federal opacity* causal condition.

Figure 19: Axial coding category: Causal conditions and their respective subcategories mapped on already defined data sources and theme inputs informed by new literature



Source: Author. Refer to Appendix 10 Tables 10.1-10.2 for detailed categories and codes according to data sources

Subcategory 3. Strategies: As part of the model Strategies were individuals' and organisations' actions, methods, and tactics manage and respond to the phenomenon, interacting as well (Strauss and Corbin, 1998). Strategies evolved in response to changes in the phenomenon and its emergence, intervening, or contextual conditions (ibid.). These could be identified by questioning findings accordingly. Which actions and attitudes did health workers and practitioners develop to cope with concerns regarding LL2019 campaign and its context, as well as related causal and intervening conditions?

As interviews and literature findings showed, medical practitioners and health workers developed strategies at the interface of causal conditions (*Federal-level opacity and bureaucracy as well as Conservatism*), the context (*Cultural differences and Ad belief*), and intervening conditions (*Federal/cantonal schism and PH Paternalism*). During interviews in line with RQ (1) and RQ (3), PH actors and practitioners expressed they were working actively and with dedication to reduce potential negative consequences

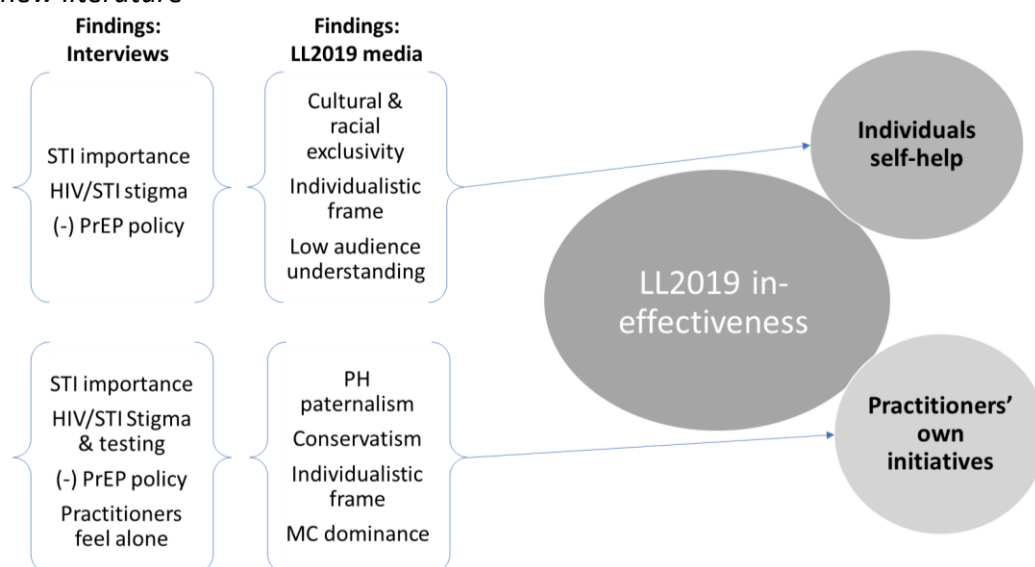
of the ineffective PH campaign which could be increased *Stigma of PLWH* and an epidemiological rebound of STIs and HIV, potentially in the long term.

Seeing a lack of other remedies, as discussed during open coding practitioners took *Individualist* initiatives to conduct peer training and procure medications. They expressed the need to “go it alone” to help their patients and key populations. Examples of practitioner initiatives that interviewees knew of included colleagues doing their own local media prevention campaigns; helping patients through the PrEP access; organising peer education programmes and support groups; even negotiating drug prices with pharmaceutical suppliers. Practitioner respondents expressed fears of burnout due to heavy workloads, feeling isolated and unsupported, and needing to compensate for national PH policy level failures. Practitioners showed deep commitment, demonstrating what can happen on an individual level in sharp contrast with the systemic view.

In parallel, Swiss policy had people turn to online information sources about HIV and STI, and pay out of pocket for condoms, medications, and tests with little or no insurance assistance. These appeared to be part of a neoliberal trend focusing responsibility for health on the individual, aligning health services with the market economy where economic rationalisation was believed to create efficiencies in public health (PH) (Bell and Green, 2016; Donzelot, 1991). This accent on individual action was a desired outcome of political and social Conservatism in government as well as an already individualistic culture. The Strategy category provided a clear illustration of Swiss individualism. As Figure 20 depicts, relevant codes emerging from interviews and digital ecosystem analyses, previously defined and discussed, were merged to form the Strategies (individualism) condition, impacted by the core category of *LL2019*

Ineffectiveness. For detailed categories and codes according to data sources see Appendix 10 Table 10.3, where relevant codes emerging strongly from interviews and digital ecosystem analyses, previously defined and discussed, are presented with key words.

Figure 20: Axial coding category: Strategies (individual) and their respective subcategories mapped on already defined data sources and theme inputs informed by new literature

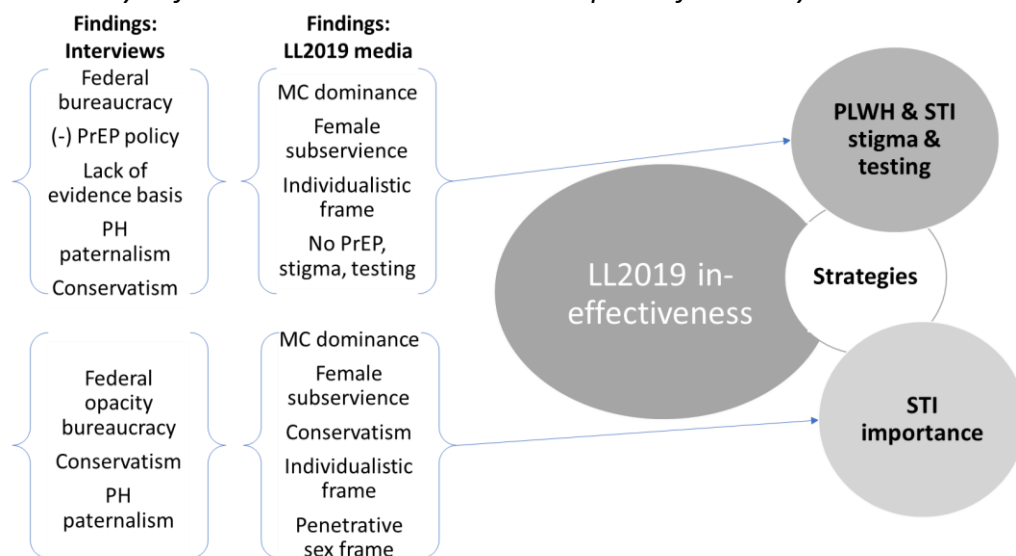


Source: Author. Refer to Appendix 10 Table 10.3 for details

Subcategory 4. Consequences: these were outcomes, immediate or long-term, of individuals and organisations using adaptive strategies to the LL2019 campaign. Direct or indirect consequences may stem from inaction, and may be unintended (Strauss and Corbin, 1998). Questioning the findings identified LL2019 consequences in interaction with other categories: What were the consequences of actions—or lack thereof—used by health stakeholders to mitigate perceived ineffectiveness of LL2019? Being outcomes of other categories, and proximally of strategies, this subcategory merits less extensive discussion. For detailed categories and codes see Appendix 10 Tables 10.4 and 10.5. Ineffective official communication on HIV and STI prevention, could ignite a potential upsurge in the Swiss HIV pandemic, or new rebound in HIV/STI

spread plus reduced willingness to test in the general population, linked to increased *Stigma of PLWH* effects on testing, and a corresponding epidemiological rise in *STI Importance*, the second component of Consequences. Practitioners showed high concern about increased STI spread, including hepatitis, as confirmed by national statistics. As Figure 21 depicts, relevant codes emerging from interviews and digital ecosystem analyses, previously defined and discussed, express the Consequences of the core category *LL2019 Ineffectiveness*, mitigated by Strategies.

Figure 21: Axial coding category: Consequences and respective subcategories mapped on already defined data sources and theme inputs informed by new literature



Source: Author. Refer to Appendix 10 Tables 10.4-10.5 for details

Subcategory 5. Context. The Context represented emerging codes that described the background, conditions, and situations that “intersected dimensionally at a time and place to create a set of circumstances or problems” to which individuals and organisations responded with actions or interaction (Strauss and Corbin 1998, p. 132). Intersections of specific temporal and local conditions describing the environment of the phenomenon were identifiable when questioning the findings: What sets of environmental conditions determined and encompassed causal and intervening

conditions within which PH stakeholders planned and responded to HIV and STI prevention campaigns?

Two main components of Swiss context affecting the effectiveness of PH campaign planning for LL2019 aligned with RQ (1) and RQ (3) were ongoing societal *Cultural differences* and perceived *Ad belief* of LL2019 planners. Firstly, as a societal phenomenon, well-documented *Cultural differences* existed both country-wide, as well as internally within the PH administration (Deopa and Fortunato, 2021). Respondents strongly perceived cultural differences between the majority Swiss-German and minority Latin regions, in addition to the multicultural migrant population variable, as discussed at length during open coding. They identified the federal administration and campaign planners internally as culturally monolithic, a bias encoded within the LL2019 campaign. For detailed categories and codes according to data sources see Appendix 10 Table 10.6. Three supplementary cultural analyses (advertising agency, cultural competence, and Masculinity in LL2019), discussed in TA Stage 4, and presented in Appendix 8 Tables 8.1-8.3, figured into this category.

The second component of context, *Ad belief*, was preference for media communication as an official response preferable to negotiating the complexities of a true PH policy for HIV prevention in line with RQ (1), RQ (2) and RQ (4). Increased digitalisation made social media desirable for PH campaigns, as cheaper, faster, and more measurable than traditional or interpersonal campaigns (Luttrell and Capizzo, 2020). The *Ad belief* focus on social media and web metrics may remove policymakers from real-world impacts of campaigns and complex policymaking (Furton, 2022; Issel and Wells, 2018). Rose (1996) identifies governmental narratives shift from policymaking and control to regulating “choices of private citizens, now construed as subjects of choices and

aspirations to self-actualisation and self-fulfilment” (p. 147). LL2019 was an eloquent example of this trend, framing condoms as an individual lifestyle choice.

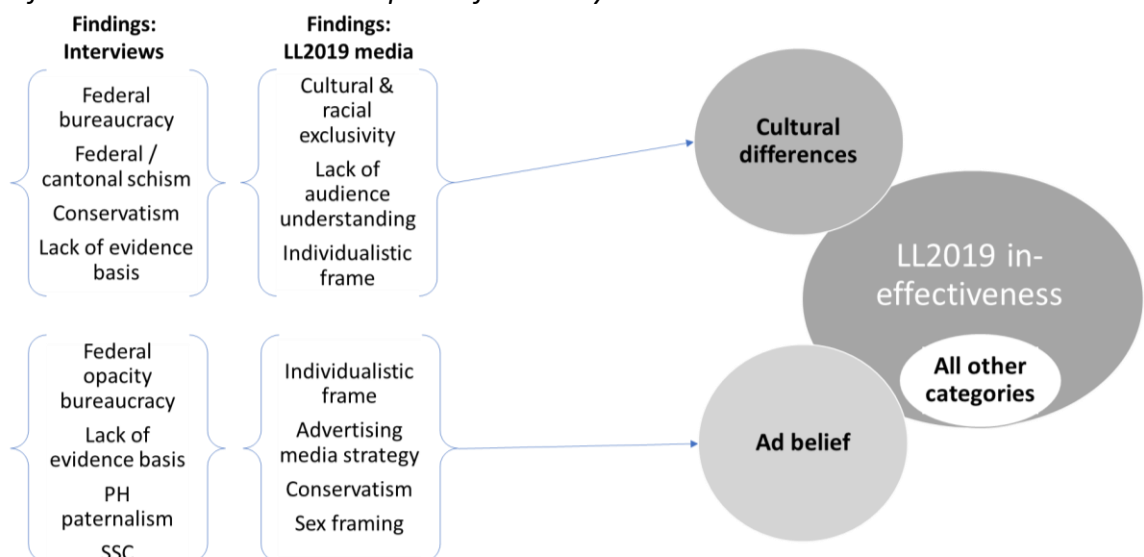
Respondents emphasized the prevalent commercial promotional ideology of authorities, here termed *Ad belief*. This code included obsessing over online “Metrics” (views, likes, ROI), statistical reports, and graphs which appear to legitimise PH campaign planners with the quantifiable effects of their campaign actions in line with professional discourses (Luttrell and Wallace, 2021; Young et al., 2020; Lim, 2017; Green et al., 2019). Advertising and marketing ideology holds that web and social media communication affects target audiences’ behaviour; regarding health that proposition is even more tenuous while some support was found (Xin et al., 2020). However, most particularly as concerns self-reported intimate behaviours, social desirability biases unreliably skew responses (Scriven, 2017; Liu et al., 2016; Green and Thorogood, 2014). Deep media analyses identified strong commercial and promotional discourses in LL2019 media, revealing consumerist ideology encoded within the campaign’s design. For detailed categories and codes according to data sources see Appendix 10 Table 10.7.

Ad belief was a discourse influencing perceptions and framing debates. Specifically, discourses include “persuasive features of language, visuals [representations] and various artifacts” (Clarke, 2005 p. 148). In Foucault’s view (1984) they covertly express ideas and theories that maintain propagators’ power: truth depends on the accepted discourse or culture allowed by a power agenda (Le Nezet et al., 2014) determining what is true, and discrediting other realities (Foucault, 1980). LL2019 structured its HIV discourse through framing sexual behaviour as fun but risky for HIV and STI contagion; while male condom protection was a consumer lifestyle choice—thereby constructing

“truths” (Colon, 2021). Consequently, people not identifying with such discourses and social representations of actors, contexts, or sex acts, could not engage with BC messages, nor see their relevance (Igartua and Casanova, 2016).

Because of the power of media technologies, their ideologically-charged semiotics weaken human ability to distinguish what is real (Baudrillard, 1994). In this sense, the denial of audiences’ viewpoints by LL2019 discourses prevented them from receiving the health messages conveyed, potentially making their realities seem illegitimate or marginalised (Lindgren, 2022; Baudrillard, 2007; Foucault, 1980). Additionally, paternalistic omissions of PrEP, testing, and female-controlled protection, LL2019 removed these possibilities from consideration sets. As such, they constituted agenda-setting and, hence, reality (Albalawi and Sixsmith, 2015). Analyses of both interviews and LL2019 saw strong emergence of *Cultural differences* and *Ad belief* as Context—defined, discussed, and presented previously (Figure 22).

Figure 22: Axial coding category: Context and its respective subcategories with already defined data sources theme inputs informed by new literature



Source: Author. Refer to Appendix 10 Tables 1.6-10.7 for details

Subcategory 6. Intervening conditions. As part of the structural context of a phenomenon, intervening conditions "mitigate or otherwise alter the impact of casual

conditions on the phenomenon" (Strauss and Corbin, 1998 p. 131). These conditions were expressed in the emerging codes describing the background, circumstances, and conditions, including their frequency and intensity, of each preceding subcategory: the phenomenon, strategies, and consequences. Such conditions encapsulated specifics identified by respondents and were revealed within the digital ecosystem regarding HIV and STI in Swiss PH. Questioning findings to identify these includes asking what variables mediate impacts of causal conditions regarding PH campaign planning for HIV and STI prevention?

Three types of conditions emerge that mitigate campaign planning effectiveness: *a Federal/cantonal schism, PH Paternalism, and a Lack of PH evidence, theory or research basis*, each of which is examined in turn with reference to findings. Firstly, there is a big gap between federal pronouncements and policy, and corresponding canton actions, here termed a *Federal/cantonal schism*. This fracture in the federal structure had reciprocal interactions with effectiveness of federal policies on cantonal (local) realities; and with effectiveness of federal communication campaigns on cantonal (local) truths and behaviours in line with RQ (2) and RQ (4). For detailed categories and codes according to data sources see Appendix 10 Table 10.8.

Secondly, *PH Paternalism* was seen as reducing effectiveness of LL2019 because FOPH assumed what was best for the population according to a socially conservative outlook, rather than the scientific consensus (Figure 23). Paternalism justifies authoritarian "protection" of individuals, limiting their choices using manipulative means—as being in their best interests (Dworkin, 2020). Derived from Kantian theory or duty-based principles, it affects individual autonomy (Sindall, 2003). General PH paternalism examples included track-and-trace mandates; withholding information on

costly or “inappropriate” treatments; and obfuscating risks to encourage a preferred health behaviour (ibid.; Donzelot, 1991). Rubel, Castro, and Pham (2021) adapted paternalism to digital media. As such paternalism, applied to LL2019, without consent, restricted audiences’ autonomy to protect themselves from HIV and STI by assuming that communicating male condoms only is in their health interest. Paternalistic policy linked to lack of respect and infantilization, treating adults as if incapable of sound decision-making. Quoting a respondent, being “talked down to” in LL2019 indicates this attitude.

As discussed in open coding, analysis of the digital ecosystem and interviews revealed codes and categories relating, firstly, to LL2019 imposition of penetrative sex as the main acceptable sex act. Secondly, coding identified framing of the male condom as the unique means of protection from HIV and STIs. The LL2019 government “stamp of approval” on penetrative sex seemed, at first blush, to demonstrate an open-minded outlook. In this view, strait-laced Swiss used soft porn to talk about HIV and STI prevention in LL2019. Yet, reality was more complex, as a media expression of a biopower technique within the scientific will to knowledge (Foucault, 1984) to discipline and objectify individuals. For detailed categories and codes according to data sources see Appendix 10 Table 10.9.

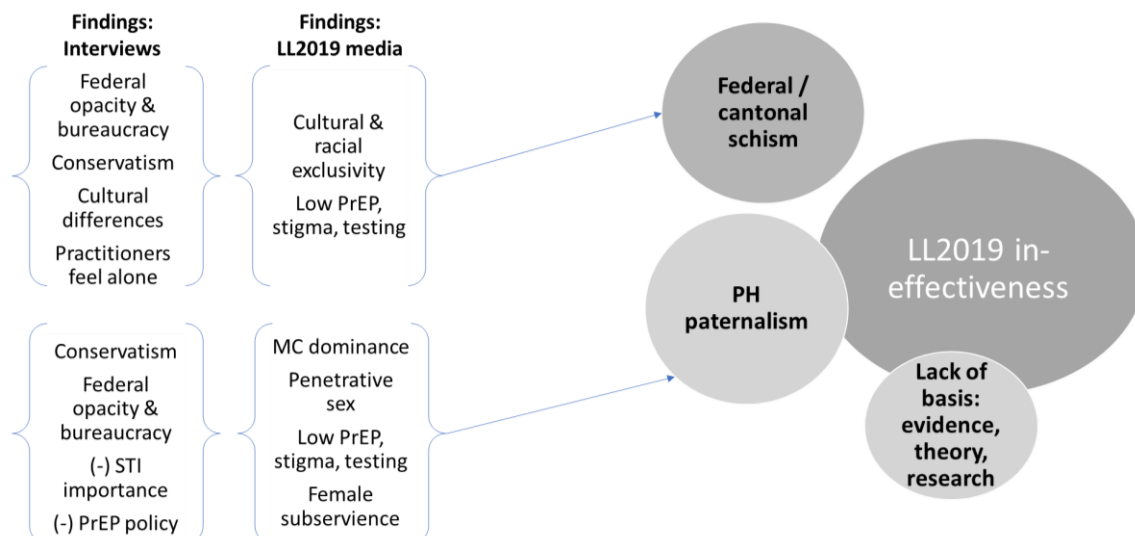
Similarly, for Baudrillard (1998) the hyperreality of illusory media and consumer systems supplant individuality and self-determination by mediated consumer ideologies. The conjugation of signs and symbols to simulate human relationships is part of atomisation and the breakdown of real relationships. His analysis of sexuality places “liberated” sex as ubiquitous, at the epicentre of market economies: advertisers invite audiences to indulge themselves sexually to sell products; by the same

mechanism sex is itself subverted for consumption, distracting and mitigating human desires. Hence, sex is central to consumer societies' culture, weaving "garlands of flowers around the chains that bind us" to paraphrase Rousseau (Neiman, 2016 p. 19). By isolating (alienating) individuals instead of uniting them, sex attains objectification and is therefore devoid of anything "subversive" (Baudrillard, 1998 p.150). Advertising sex appeal, therefore, links with Foucault's biopower, governing through discourses of sexual leisure, sex-positive, and so on (Foucault, 2020), harnessed by state and media technologies of power (Foucault, 2020; Lock and Nguyen, 2018) in LL2019.

The production of the sexual body inscribes it within a regime of knowledge-pleasure controlled by paternalistic discourses and policies. Foucault's panopticon metaphor (Foucault, 1995; Feenberg, 2017), previously discussed, links to media technologies, big data, and media metrics used to quantify effectiveness of LL2019. Hence, the paternalist critique of Biopolitics/Biopower (Foucault, 2020; 1997) intersects with interviewees' viewpoints.

Analyses of both interviews and LL2019 media saw strong emergence of paternalistic, conservative codes, restricting autonomy by imposing male condoms, already discussed and presented in previous sections, are shown in Figure 23 with key words.

Figure 23: Axial coding category: Intervening conditions (first and second) respective subcategories mapped on already defined themes and data sources informed by new literature (separated for clarity: see also following Figure 24)



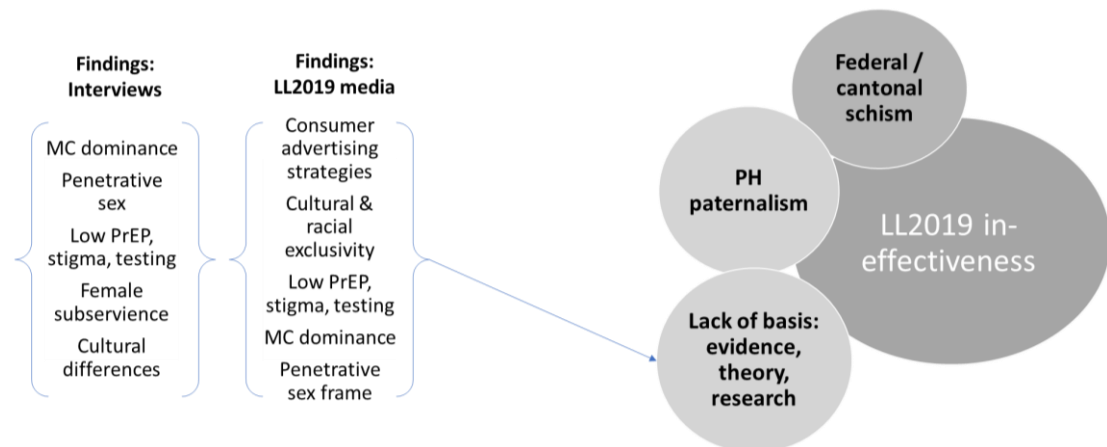
Source: Author. Refer to Appendix 10 Tables 10.8-10.9 for details

Thirdly, *Lack of basis of evidence, theory or research* refers to the foundations of the campaign as not having been sufficiently researched and their inability to explain or identify the workings of LL2019, reducing potential effectiveness of the LL2019 campaign. For detailed categories and codes according to data sources see Appendix 10 Table 10.10. This can be an outcome of bureaucratisation, that ostensibly advocates for economic rationalisation but uses process-centred approaches instead (Grey, 2017). Sociologist Rose (1996) identified a pan-European trend to excise expert stakeholders (community, medical practitioners, sociologists, and PH communicators) from PH, effectively blocking input from those best placed to provide it. Instead, PH governance is managed politically by professional technocrats working within a health economics frame (Bell and Green, 2016), while experts are relegated to “a market governed by the rationalities of competition, accountability and consumer demand.” (Rose, 1996 p.147). In other words, potentially irksome experts were muzzled within the echo-chambers of academy and community, away from power. This observation resonated with the Swiss consociationalist orientation as well (Sager and Mavrot,

2020). Watkins-Hayes (2014) and Goldberg (2012) among others demonstrated that individual BC communication is ineffective without broader structural support. As UNAIDS (1999) advises: "Seeking to influence behaviour alone is insufficient if the underlying social factors that shape [it] ... remain unchallenged." (p. 23).

Clearly an individualistic PH focus is falsely apolitical by minimising the economic, social and power factors that constrain people's choices and lives (Chater and Loewenstein, 2022; Pankhurst, 2014). Health itself is determined by economic and social structures—not less by challenges such as poverty, powerlessness, marginalisation and stigmatisation, syndemics, and intersectionality (WHO, 2021; Holman, Lynch and Reeves, 2018; Peasant et al., 2017; Baum and Fisher, 2014). For these reasons an individual with knowledge of protective behaviours and the requisite motivation, may be powerless to demand a partner wear a condom (Fargnioli, 2021; Kelly and Barker, 2016; Holman, Lynch and Reeves, 2018; Glass and McAtee, 2006). The "condom negotiation" may be rife with fatalism, differential bargaining power, mistrust, and violence—if it happens at all (Peasant et al., 2017; Amason, Webb and Agee, 2012). Furthermore, a growing body of research identifies the importance of recognizing multiple social identities in health outcomes—intersectionality—rather than seeing the individual as member of a generic audience segment (Weber, 2021; Watkins-Hayes, 2014). Analyses of both interviews and LL2019 saw strong emergence of following codes with representative key words in Figure 24 for the *Lack of evidence* category.

Figure 24: Axial coding category: Intervening condition (third) subcategory mapped on already defined themes and data sources informed by new literature (separated for clarity: see also previous Figure 23)



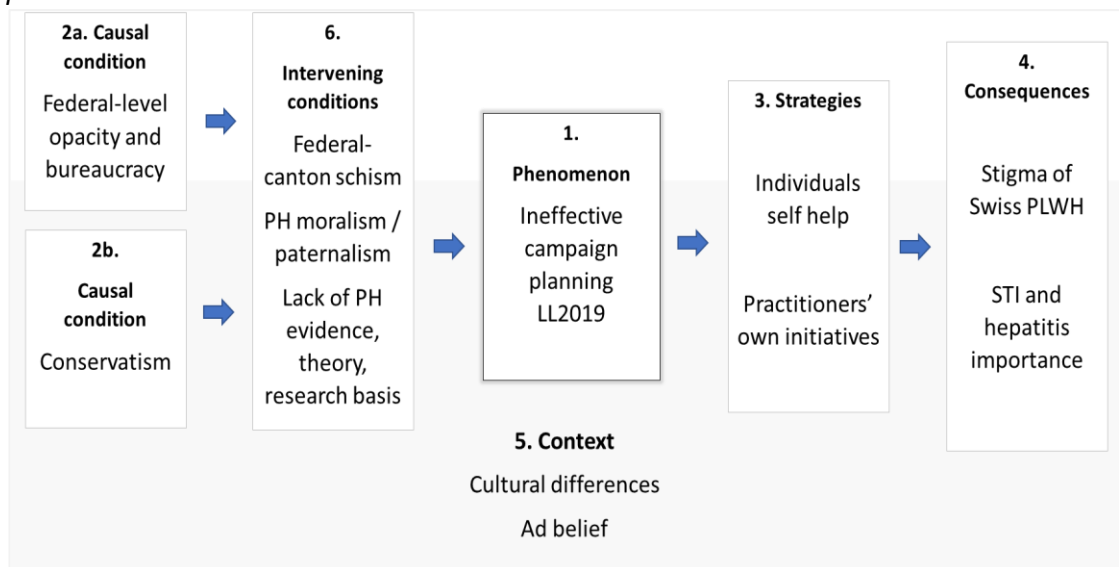
Source: Author. Refer to Appendix 10 Table 10.10 for details

4.28.1. Overview of applied axial coding

Structuring codes within GT brought main categories together around ineffective LL2019 campaign planning as portrayed (Figure 25). Considering the RO (3) and RO (4) to explore perceptions of LL2019 effectiveness and its relation to campaign planning, analysis of interviews and campaign media showed that main themes of *federal-level opacity and bureaucracy* coupled with *Conservatism* (causal conditions) led to *Ineffective LL2019 campaign planning* (the phenomenon). Planning a national campaign was complexified by contextual *Cultural differences* between German-speaking and other cultures. The FOPH's faith in advertising-flavoured media campaigns as the main vehicle of PH prevention (*Ad belief*) compounded difficulties and misunderstandings (context), intensifying federal-level ineffectiveness. Contributing to ineffectiveness of LL2019 campaign were intervening conditions—a *Federal/cantonal schism* removing potential collaboration in both directions on at least two levels, *PH paternalism* that curtailed FOPH transparency in the campaign, and *Lack of an evidence/theory/research basis* in both PH communication that reduced any potential effectiveness of the LL2019 campaign on the ground. As a result, the

population and practitioners had to rely on *Individualistic* Strategies for obtaining and providing care respectively. Consequences of the LL2019 ineffectiveness include static or increased *stigma of Swiss PLWH* that reduces testing levels and compound limited access to PrEP, potentially increasing HIV risk, as well as likely rise in prevalence of *STI and hepatitis importance*. This rise was, despite a COVID-related blip, already observable for several STI and potentially also for HIV. The newly structured categories and themes showed that a new, better model to manage communication about HIV prevention for the general public was needed, and potentially more policy level engagement with PH communication, specifically regarding PrEP.

Figure 25: Applied structural coding using Strauss and Corbin's (1998; 1990) Coding process



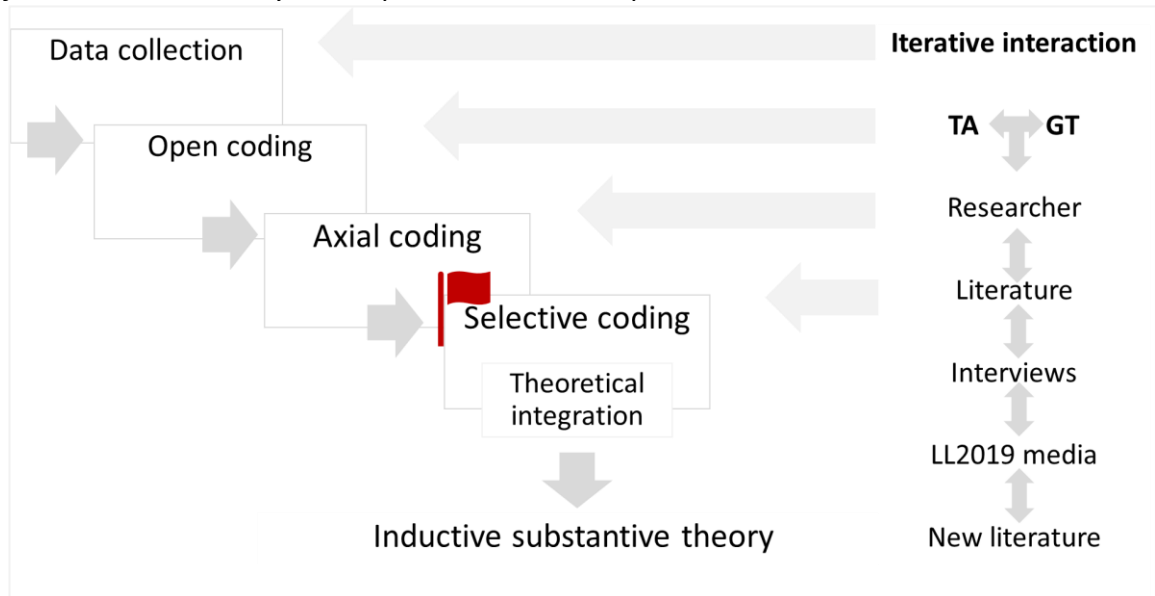
Sources: Author, adapted from Strauss and Corbin (1990); Seidel and Urquhart (2013)

The model fulfilled the overarching aim while reflecting the cleavage of RO and RQ in this research. On the left of (1.) Phenomenon are campaign planning-related categories, and to its right are impacts on population health and practitioners of ineffectiveness in these processes. In the background are components of (5.) Context affecting all categories and conditions. A recap of the model in a new cross-cutting manner is provided in the following chapter prior to selective coding.

4.28.2. Chapter Summary, TA Stage 6 and Axial Coding

In this chapter the use of axial and selective coding was explained as integrating, then transitioning from TA to GT. In the process four media themes and eight main interview themes identified by open coding within TA were reassembled into six main categories during the axial coding phase. As part of validation cumulating with TA in its 6th stage, literature was newly sampled on PrEP, women, migrants, and sex workers; culture, media, political climate, and conservatism. Doing so enabled clarification on media findings and interviewee affirmations, as well as increasing researcher sensitivity. In parallel, clustering categories around axes was sharpened by clarity on findings. Then, using GT axial coding (Strauss and Corbin, 1998, 1990) conceptual analytical processes reassembled fractured data, codes, and categories in a new way, comparing and questioning as to their interrelationships, reverting to data and new literature to "... look for evidence, incidents, and events that support or refute our questions" (ibid., p. 109). Some codes were made redundant, and others were merged, purifying category properties. Axial coding categories supplied a good fit with inherently complex PH-societal analyses (Seidel and Urquhart, 2013) without imposing an unnecessary "level of complexity" (Urquhart, 2007 p. 343). The inputs to the process, previous and ongoing at the current time point (Figure 26), and its context within this study, were integral to the generation of substantive theory during the next steps.

Figure 26: Overview of open, axial, and selective coding processes inputs and functions for substantive theory development and current point



Source: Author

At this stage, as depicted, analytical processes outlined in this chapter made it possible to structure and meaningfully interlink four campaign themes and all 12 interview themes as a structure, merging and reducing them to six categories and 11 subcategories within a system. Mapped in this way it was clearer how explanations could be formulated to account for the phenomenon of campaign ineffectiveness, as foundations of selective coding and substantive theory-building, elaborated in the following chapter.

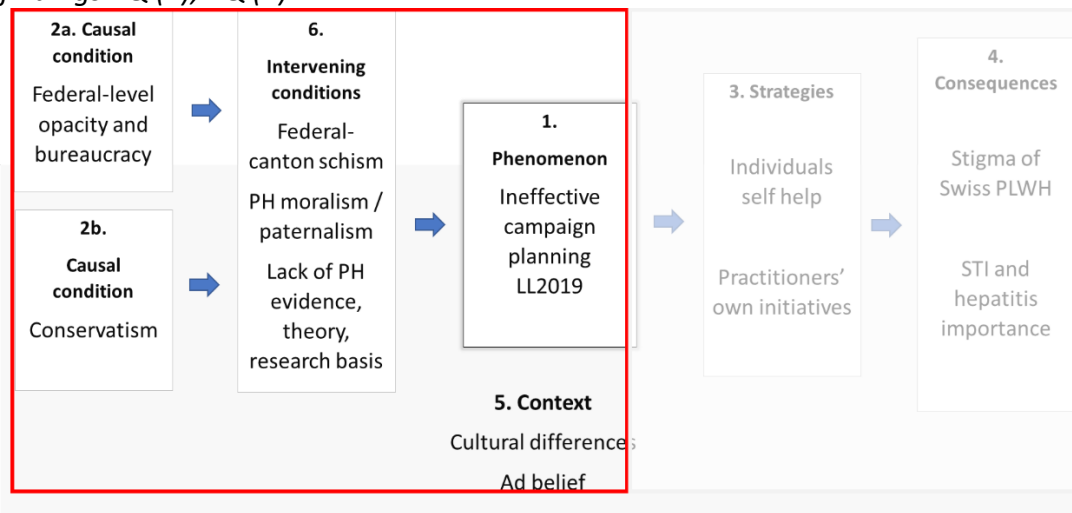
5. CHAPTER 5 SELECTIVE CODING AND THEORY DEVELOPMENT

5.1. Introduction to the Chapter

Foregoing chapters reported detailed analyses of interviews, literature, LL2019 videos, and digital ecosystem. TA teased out emerging themes, and axial then structured coding brought out interrelationships and variable conditions that finally impact the health of society. This chapter synthesises interlinked categories constructed from different data sources in view of substantively theorising about LL2019 campaign planning processes. Before going further, to bring together all the threads of preceding findings in light of structured coding, two main axis sectors were summarily reviewed in turn (Figures 27 and 28).

RQ1 explores how PH stakeholders plan campaigns, and RQ2 assesses interests, considerations, and constraints entering into planning, which are depicted on the left of the structured model (Figure 27). These upstream axes of the LL2019 planning processes, federal bureaucracies faced difficulties exacerbated by their many degrees of separation from populations and ambient conservatism (2a. and 2b.). These were moderated by the pre-existing split between federal, cantonal, and local levels of PH; their paternalistic ideology, and need for deployment of a theoretical basis for campaigns including audience and health communication research (6.). The public administration, its NGO partners, and advertising agency stakeholders were immersed within a Context (5.) of cultural differences—whether organisational, national, or linguistic. Furthermore, within this context their underlying assumptions and beliefs encouraged the use of communication and media strategies for desired BC, disconnected from other potential means and policymaking.

Figure 27: Recap of structured coding process model: Focus on LL2019 upstream findings RQ (1), RQ (2)

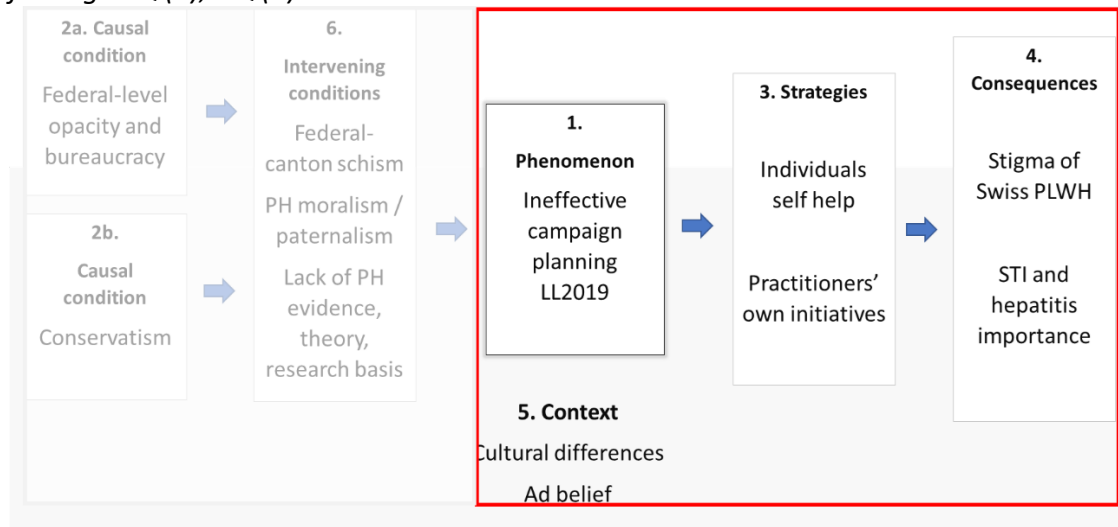


Source: Author

RQ (3) asked how stakeholders perceived effectiveness of LL2019, and RQ (4) considered which indicators of effectiveness in HIV and STI prevention campaigns, which encompass causal upstream elements depicted on the left of the structured model. However, the implications and indicators of effectiveness of such campaigns are depicted on the right of the structured model (Figure 28). Focusing on summarising downstream of the LL2019 campaign phenomenon (1.), individuals in the general population at risk for HIV/STI and PLWH experienced little resonance with the campaign and hence could not comprehend its relevance and BC messages, apart from the potentially useful SSC (3.). As opposed to already-targeted niche populations having their own specialised NGOs, doctors and medical staff working with the general population felt LL2019 did not support needed messages around STI and HIV. They identified underserved populations particularly in need (3.). Health stakeholders thought the perceived ineffectiveness of the campaign would consequently impact the spread of HIV and STI, and potentially have little or no impact on HIV and STI stigma (4.). Like the federal administration, the general population was immersed within the country's cultural differences and their impacts, as well as a generalised ideology of

media communication (Ad belief). The latter two elements (5.) contributed to ineffectiveness of the media campaign.

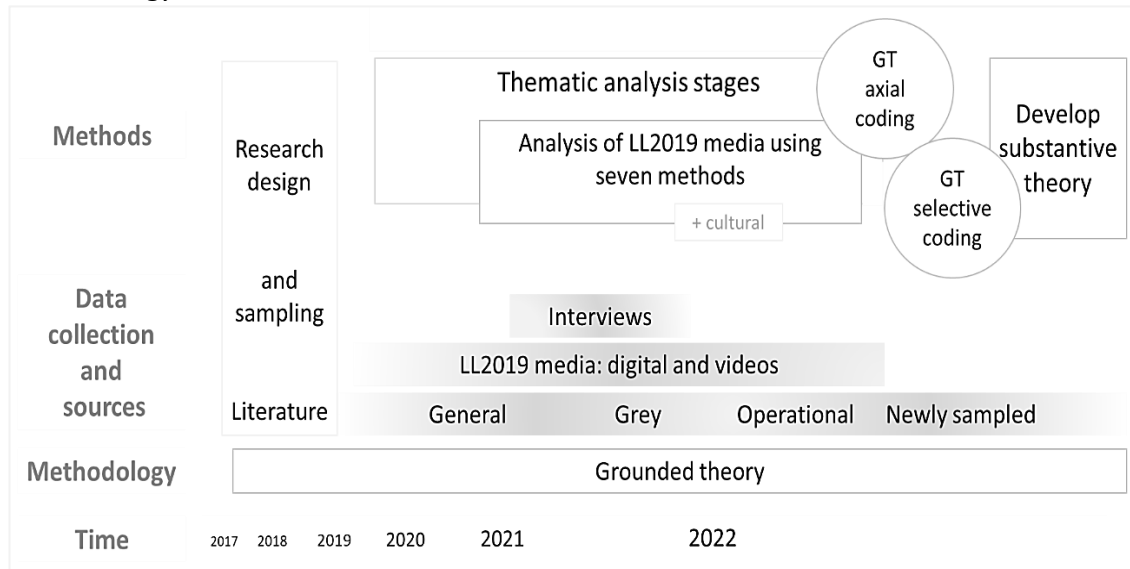
Figure 28: Recap of structured coding process model: Focus on LL2019 downstream findings RQ (3), RQ (4)



Source: Author

This chapter discusses the final story that emerges from data sources, questioning and comparing, and going back and forth between analyses, categories, data, literature, and sources in accordance with the GT approach (Charmaz, 2006). Chronological aspects of these different steps clarify decision points and progression as well as intersecting opportunities for constant comparison. Figure 29 summarises the timeline of research, whence data were gathered and what types, as well as how they were analysed within TA/GT.

Figure 29: Overview of research processes contextualised within TA and GT methodology



Source: Author. Note: The chronological process depicts sequential and concurrent stages, sources, and methods of this research, with ongoing use of GT constant comparative method.

5.2. Selective Coding

In line with GT methodology selective coding was the third, final process to integrate and refine the identified categories in view of theoretical development (Corbin and Strauss, 1990). At this point main categories should be “integrated to form a larger theoretical scheme that the research findings take the form of theory” (Strauss and Corbin, 1998, p. 143). Thus, a selected core event or problem becomes an organising principle within a system interlinked via relationships with other categories (ibid.). Constructivist grounded theorist Karen Scott (2004) reminds that, to be faithful renditions of reality, emergent theoretical patterns consider the “more complex, three-dimensional Constructivist ecology of the participant.” (p. 115). Hence, the aim was to interweave categories and conditions that contribute to generating an event, identifying its consequences, and how individuals respond to it (Strauss and Corbin, 1998). The core category initially selected in the foregoing model was “Ineffective PH campaign LL2019”. Should this event continue to qualify in such a central manner? Six criteria developed by Strauss (1987 p. 36) tested this proposition (Table 16). In this

way, interrelations, frequency/prominence, explanatory power, and temporality “tests” were applied to the consideration of campaign effectiveness/ineffectiveness.

Table 16: Tests for designation of core category

Tests for core category (Strauss, 1987)	Responses in this study
(1) Is the core category central in that other major categories interrelate with it?	Axial coding centrally situates it. Previous findings on interviews, media analyses, and literature clearly designate “ineffectiveness” as a central feature.
(2) Does the concept occur frequently and prominently in the data?	Eleven interviewees saw LL2019 as ineffective in BC or supplying the public with needed information about HIV and STI. Corroborated by media analysis findings. Literature best practices demonstrated ineffectiveness as well.
(3) Are relations between categories and core category consistent, aiding in explanation of the phenomenon?	Findings across data sources, methods, and samples show clear paths to the core category with explanatory power.
(4) Is the descriptor of the central category abstract enough to apply to further research and more general theory development?	This criterion was less clearly met at this stage, however refinements throughout theory development, such as taxonomy and synthesis improved robustness of core category.
(5) Does the theory grow in depth and explanatory power as it is refined and integrated with other concepts?	Deepening reflexivity and continuing use of constant comparison and renewed literature and methodological triangulation make clear as in (4) that conceptualisations are strongly interrelated.
(6) Does the concept explain variation over time and as conditions change?	In conjunction with criterion (4) refinement, and constant comparison combined with reflexivity ensure to inform theory development within formal theory, and identify boundary conditions and limitations.

Source: Author’s adaptation and application of Strauss (1987)

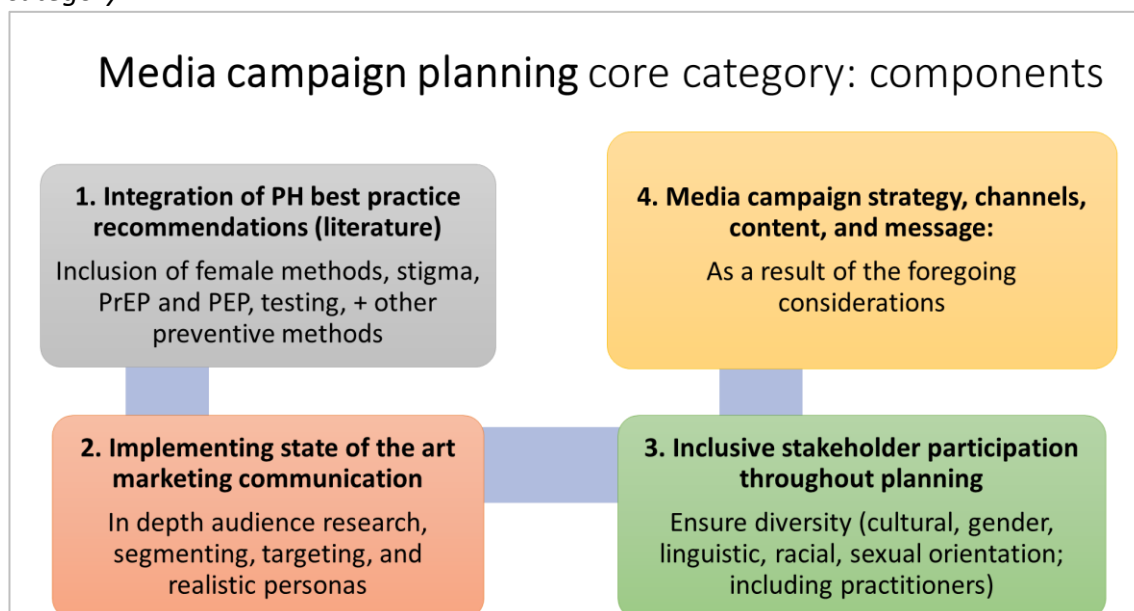
5.3. Identification of the Core category—Discussion and Recommendations

Research questions of this study centre on perceptions of campaign effectiveness (RQ3) and indicators of it (RQ4). Looking upstream, the study seeks to uncover how campaigns were planned, whether effective or not (RQ1). RQ2 looks to identify the constraints and interests exerted on planning (RQ2). In sum, following application of most of Strauss’s (1987) six criteria (Table 16) and in line with research objectives, the central category remained LL2019 campaign ineffectiveness. Notably, because all major categories related to it (1) it was most frequently cited in interviews, and (2) it adhered most closely to research aims and objectives. Qualitative triangulation of data

sources and methods yielded concurrence on this point. In addition, media analyses underlined numerous points of ineffectiveness while admonitions from PH literature regarding HIV prevention (PrEP, female-controlled protection, stigma reduction) had low, or no, visibility in LL2019 campaign.

At this point a re-naming was needed to strengthen the conceptualisation in preparation for broader application. Given the inputs from interviewees, PH literature, and analysis of the campaign itself, “Media campaign planning” expressed neutrally, became the central category. Figure 30 illustrates the newly reformed core category of media campaign planning. After all, the ineffectiveness identified by respondents and media analyses was an outcome of the context-specific planning process and decisions made upstream, which can change and be changed.

Figure 30: An illustration of the components of media campaign planning as core category



Source: Author

Based on analytical inputs and findings (interviews, LL2019 videos and digital ecosystem) and literature in this research, PH campaign planning should encompass the following points building on the four visually presented in the diagram. To begin

the section clearly, Table 17 recaps the contrasts between what is effective according to theory as agreed by interviewee stakeholders, versus the reality of LL2019. This was another example of GT constant comparison method, increasing the researcher’s theoretical sensitivity (Charmaz, 2006).

Table 17: Comparison of most cited themes on three data sources with LL2019 campaign

Respondents’ expressed needs for a general public HIV and STI media campaign	Corresponding LL2019 campaign outputs (videos and digital ecosystem)
PrEP national policy on pricing and access needed, also for U=U communication; Testing needed in broader population: awareness, policy, information.	Rare, mainly in SAF campaigns; Rare, mainly from SAF for specific populations, not women.
Empowering options needed such as female condoms, PrEP, PEP, and vaginal ring, among others.	Exclusively male condoms
Clear information on STI and choice of specific, diverse prevention methods.	Bewildering formats, heavy textual information
Stigma-reduction campaign needed; also U=U	None, absent
Male condoms do not protect from all STI and are disliked; HIV prevention media communication needed to maintain top-of-mind: more frequently than twice yearly, and more creatively; Large-scale HIV/STI prevention campaigns should target and be in migrant population languages , as is contraceptive information. Examples: Eritrean, Portuguese, Spanish.	Exclusively male condoms; confusing STI information; Two media campaign pushes yearly, in Pride Month and for AIDS Day; limited specific communication on social media; Campaign in English, French, German, Italian. One low-quality video in English targeting African migrants was later released.
For targeting “general population” use actors who look and act like real and diverse people (reflecting the population in terms of skin colour, ethnicity markers, multi-gender, etc.) in settings that look realistic.	White, attractive, Swiss-looking, urban, clean shaven, male or female; Settings look affluent, suburban, designed.

Source: Author

5.3.1. Discussion of Core category component 1 *Media campaign planning*

The first of the four components, International PH best practices, recommends the inclusion of female-controlled methods, HIV stigma reduction, PrEP provision and

policy, and free and generalised testing. Not only do international benchmarks recommend these: all interviewees did as well.

The only difference emerging with triangulation concerned female-controlled methods such as female condoms. Correspondingly, the LL2019 campaign provided little information of use for women in the general public. In this study, therefore, there was not enough evidence from interviews nor LL209 to corroborate the importance of this issue in the literature. However, such views may be down to interviewee bias, with far fewer women interviewed.

As seen in the analyses, LL2019 frames male condoms as the only form of protection against HIV—a monologism as in “truths which are to be discovered and accepted” (Foucault 1981, p. 132). Interviewees and best practices for HIV/STI prevention literature concurred that many preventive behaviours, devices, and mechanisms exist. When an official campaign frames male condoms as the only Truth to protect from HIV/STI, it was a function of power—and a force maintaining its truth between the sheets notwithstanding microbial realities. Male condom use was imposed by LL2019 even as PH stakeholders disagreed, exemplifying Foucault’s power-knowledge: “Behind all knowledge ... is a power-struggle. Political power is not outside knowledge, it is interwoven with knowledge.” (Foucault, 2001 p. 570). By imposing one acceptable discourse, a Monologue creates “a discursive playing field so unequal that all but one monologic, authoritative discourse is silenced” (Baxter, 2011 p. 9). As a response to public trust deficits generated by monologic COVID-19 messaging, Habermas’s (1986) communicative action to foster rational discussions in the public sphere may be helpfully applied to general public messaging on HIV and STI prevention.

Since at least 2016, the WHO's global HIV prevention guidelines recommended "Male and female condoms ... must continue to be the mainstay" [emphasis supplied] of HIV prevention strategies (WHO, 2016 p. 14). Each time WHO guidelines mention condoms, the qualifier "male and female" is used (ibid.). Five years later WHO (2021) guidelines evolved to recommend PrEP, male and female condoms, and Dapivirine vaginal ring supported by wider testing, points addressed in turn.

Need for PrEP and testing

As seen, international and regional organisations including WHO (2021a) and UNAIDS (2021a; 2017) strongly recommend PrEP provision, as do the Swiss HIV Cohort Study²⁵ and SwissPrEPared (Hovaguimian et al., 2021; Kusejko et al., 2018; SHCS, 2018; Marzel et al., 2018). In addition to PrEP provision, latter scientists identify two other effective measures to slow HIV: doubling the diagnosis rate, and a test and treat policy. Linked to testing was the common interview and literature theme of ongoing HIV discrimination and stigma (Fargnioli, 2021; CHUV, 2020; Vu et al., 2020; Kusejko et al., 2018). These phenomena mirrored and reinforced inequality—repeatedly identified as a pandemic driver (UN, 2022; UN, 2021; UNAIDS, 2021a, 2021b, 2017; WHO, 2021a). Interviewee consensus was that HIV stigmatisation made people reluctant to test; Conversely, widely available PrEP reduces stigma and boosts testing.

The next literature and interviewees' recommendation concerns testing. By law all Swiss residents pay individually for private universal health insurance, yet the government has not mandated insurance coverage for routine STI testing costs, even for high-risk individuals. While some NGOs provide limited free or low-cost testing,

²⁵ The primary Swiss nationwide HIV monitoring and analysis tool founded at Zurich's University Hospital in 1984

most interviewees advocated, as did literature, insurance coverage for tests estimated at CHF 2'000 per year (at purchasing power parity, Schmidt et al., 2020 p. 8). Because some STIs and early-stage HIV are asymptomatic, and MSM reach high proportions for chlamydia, gonorrhoea, and syphilis (ibid.), test costs were a “substantial barrier” that may explain high rates of late testing (Manuel et al. 2020). At-risk female sex workers were unlikely to undergo tests, both due to costs and fear of identification by authorities (Vernazza et al., 2020; Bindel, 2017). Practitioners advocated for policy priority on regular free or low-cost STI screening to prevent undertesting in specific groups. To illustrate, in the UK less than one third (29%) of MSM/bisexual men had late²⁶ HIV diagnoses, compared with the general population where more than half heterosexual men (55%), women (51%), and those older than 65 (66%) were diagnosed late (UKHSA, 2021). The corresponding EU figure was 65 percent for people older than 50 (Bedert et al., 2021). Such figures indicate the importance risk and testing awareness.

Doubling the Swiss diagnosis rate would have prevented 11.8 percent of HIV cases between 2001-2015 (Marzel et al., 2018). The fact that most new infections were attributable to transmission from people who had been recently infected but were as-yet undiagnosed (Kusejko et al., and the Swiss HIV Cohort Study, 2018) underlines the urgency of early regular screening. The federal “Roadmap for eliminating HIV/AIDS in Switzerland” concluded that “extensive efforts to fill gaps” in HIV testing were priority (FCSH, 2019 p. 19). However, as seen, LL2019 provided very low messaging on tests.

Administering PrEP for MSM, even if for only half those not using male condoms, would have prevented 22.6 percent of HIV cases between 2012-2015 (Kusejko et al.,

²⁶ Occurs when time has elapsed between HIV infection and testing, when the CD4 count is below 350 cells/mm³

and the Swiss HIV Cohort Study, 2018). Similar findings emerged from HIV epidemic modelling in other affluent countries such as Sweden, where PrEP distribution became policy in 2018 (Hansson et al., 2020), Belgium where one may qualify for PrEP (Buffel et al., 2021), and the Netherlands where “elimination” of the epidemic in MSM would occur if PrEP and ART were administered to most high-risk individuals (Rozhnova et al., 2018 p. 2615). Bi-partisan political commitment for HIV prevention in Australia pioneered making PreP widely available and free of charge. Consequently, among the earliest for 95-95-95 success, New South Wales is likely to end AIDS by 2030 (BBC World, 2022). In sum, like the title of the petition initiated by two leading Swiss physicians and researchers, Dr. Benjamin Hampel and Professor Jan Fehr demanding Federal government action, “Don’t forget the PrEP” (Positive Council, 2021). However, as seen, LL2019 provided very low messaging on PrEP.

Female and/or male-controlled methods?

Going back to WHO recommendations, women with HIV infection risk may not be able to protect themselves because lacking the power to force male partners to apply a condom (WHO, 2021a). Also known as “internal condoms” due to additional anal functionality, female condoms protect robustly from conception and HIV and STIs, in international clinical studies and in population use (Fasehun et al., 2022; Wiyeh, Mome and Mahasha, 2020; Beksinska et al., 2019; Peters et al., 2014). However, they remain more costly than male condoms²⁷. Why female condoms were difficult to find in Switzerland was not identified. However, respondents surmised that low population awareness caused low demand. The major global supplier, FC2, replied to an emailed question that, pending approval from the Swiss medical agency, the FC2 is not

²⁷ One female condom costs Euro 2.00-3.00; one male condom costs Euro 2.00 (Planned Parenthood, 2022).

available (FC2 personal communication, 2022²⁸). Male condom exclusivity causes other problems such as stealthing where, for example, a Swiss man was jailed for non-consensually removing his condom under “defilement” charges (Herman, 2017). Such cases were increasing internationally, placing more people at risk of pregnancy and infection (Brodsky, 2017). However, LL2019 provided no female condom messaging.

Another female-controlled HIV/STI prevention method is the Dapivirine silicone elastomer antiviral vaginal ring used alone or with male or female condoms. It is worn for 28 days and exists with a hormonal contraceptive (Murphy et al., 2022; Nel et al., 2020). The WHO (2021a) recommends both female condoms and Dapivirine vaginal ring for HIV prevention in women generally, and female sex workers specifically, because no male compliance is required. Several investigations into the realities of sex work in Switzerland, notably by Bindel (2017) underlined the powerlessness of workers and their inability to enforce male condoms. Many spoke no national languages and fear deportation due to trafficking or immigration status. One Swiss study estimated that female sex workers had condomless sex approximately half the time (Vernazza et al., 2020). Another found that less than one third (28%) reported using condoms consistently during anal, oral, or vaginal sex, a low level which researchers speculate may result from a poorly formulated question (Vu et al., 2020); Whether one half or one third, the level remains much below the WHO (2021a) recommendation. In addition, self-reported condom use is often plagued by over- not under-reporting (Liu, et al., 2016). As seen, LL2019 provided very low messaging on female-controlled methods.

²⁸ Email from Simone Martins, The Female Health Company (www.fc2femalecondom.com) 6 July 2022

The lack of consideration for female-controlled prevention in Switzerland may be due to the country's sex discrimination history. Swiss women were the latest among affluent countries to obtain the right to vote in federal elections (1971). For local elections, women in one canton were vote-less until 1991, obtaining the right only after the Supreme Court's required it (Swissinfo, 2021). Other indicators of Swiss sex inequality included the gender wage gap, which widened between 2014-2018. Women were paid 19 percent less on average, even in government employment. Four fifths of top wage-earners were men, with women dominating the lowest-paying jobs (Swissinfo, 2021). Also indicative was that sex work for women under the age of 18 was only banned in 2013. Swiss law contravened the 2017 Istanbul Convention by failing to include lack of consent in its definition, dissuading all but 8 percent of rape victims to report the crime (Amnesty International Switzerland, 2021).

MC unpopularity and the wish for easier prevention methods persisted (Künzler-Heule et al., 2021). MC use continued to decline in the general population; Just over half of Swiss men, whether MSM or heterosexual, reported using condoms consistently for anal or vaginal sex (Schmidt et al., 2020). Male condom use was also declining among MSM (Künzler-Heule et al., 2019; Ramiere et al., 2019), contributing to spread hepatitis and other STIs for which they do not protect (Schmidt et al., 2020). Interviewed Swiss practitioners saw STI as important as, or bigger, than HIV.

The SHCS demonstrated PLWH increase in condom-free sex, mainly among women with a stable sexual partner, up from one quarter in 2005 to three quarters in 2019. Correspondingly, condomless casual sex also increased by three percentage points (Hachfeld et al., 2022). Researchers conducting the largest Swiss MSM and sex worker study revealed the steady increase of syphilis since 2000 (Vernazza et al., 2020;

Schmidt et al., 2020; Weber et al., 2019). MSM reported more partners and different risk behaviours than heterosexuals, with “common” chemsex²⁹ and group sex, while heterosexual men were more likely to pay for sex (Schmidt et al., 2020 p.7), as in previous studies (EMIS, 2017). Interviewees in this study echoed negative male condom views, one considering male condoms as “disgusting”, and another as “necessary evil”. A practitioner reflected that a male condom emphasis can induce a “false sense of security” due to other hepatitis and HIV risk behaviours unrelated to male condoms.

The risks of promoting one lone solution were significant for other reasons, particularly due to COVID-19. A global male condom shortage was on the horizon, with Europe’s biggest producer, CPR GmbH announcing bankruptcy in 2022 (Blick, 2022). The UN Population agency received of 40-50 percent fewer male condoms in 2020 due to logistics problems (24 Heures, 2020). Even affluent countries like Switzerland saw price-hikes on an already costly product. Relevant recommendations are presented after the model.

5.3.2. Discussion of Core category component 2 *Realistic audience research, segmenting, targeting and personas*

This component linked strongly with the *Ad belief* theme, within the “context” structured coding category, referring to PH authorities’ faith in media communication and advertising as an effective prevention strategy. Yet findings showed that LL2019 planners likely went through the correct motions—identifying a message, channels, and content with an advertising agency—without rigorous and critical application of audience research and segmentation within an organising principle like SOSTAC®

²⁹ The use of drugs such as cocaine, crystal meth, amyl/butyl/isobutyl nitrite, GHB/GBL, mephedrone, or others during or prior to sex.

(Chaffey and Smith, 2017). This is a common failing of media campaigns (Luttrell et al., 2021), as is digital communication lacking a unifying content strategy (Chaffey and Ellis-Chadwick, 2019). *Ad belief* also referred to the preference for campaigning several times yearly, to the detriment of ongoing content publications with public interaction opportunities (ibid.). Reflexive, critical awareness of planners' own individualistic assumptions about "lifestyle" marketing communication promoting the purchase of male condoms is important (Alvesson and Spicer, 2012).

Most respondents criticized LL2019 for depicting "fake" "pretty" actors dissimilar to diverse and multicultural Swiss population. When audiences cannot identify with an on-screen role model due to lack of homophily (Karimi et al., 2018; Cialdini, 2016), campaign messages are nullified. Similar criticisms were levelled at contrived LL2019 sets, recalling simulations and kitsch (Baudrillard, 1998).

Further, media analyses indicated a lack of cultural sensitivity, prescribing a need for better research. LL2019 planners may have assumed a racially and socio-economically homogenous Swiss population amenable to mildly humorous, mainstream aesthetic standards and sex appeal. However, it was increasingly diverse: 38 percent of permanent residents were non-nationals with a migration background, among Europe's highest (Federal Statistical Office, 2020). Of these, 8.2 percent were from Asia and Oceania and 5.1 percent were from the African continent (Federal Statistical Office, 2021) with the rest European. Still, large proportions of asylum seekers were from Afghanistan, Eritrea, Ethiopia, Nigeria, Somalia, the Maghreb, Iran, Iraq, Pakistan, Sri Lanka, Syria, and Turkey (Secrétariat d'Etat aux Migrations, 2022). Cultural competence determines communication planning effectiveness, with invaluable inputs on community needs assessment, implementation, and evaluation (Appendix 8; Issel

and Wells, 2018; Green et al., 2015). Identity-based societal fragmentation necessitates technology-enabled, highly informed niche targeting, as well as monitoring in case social identities crystallize around PH resistance (Staupe-Delgado and Rubin, 2022; Garcia-Iglesias, 2020).

Clearly, PH planning should eschew assumptions in favour of an in-depth, reflexive research basis regarding target audiences (Blue et al., 2016; Kelly and Barker, 2016; Daniel et al., 2009; Koehly et al., 2009). Rich, contextualised audience research creates representative personas and user profiles for social media and digital journeys (Nahai, 2017). It defines culturally-sensitive actors, narratives, and settings that reflect audiences and hence are more compelling and effective for PH communication (Wrigley and Straker, 2019; Ems and Gonzales, 2016). Applying a socio-cognitive theory can meaningfully structure planning, such as HBM (Hayden, 2019) or Protection Motivation Theory (Hayden, 2019; Floyd, Prentice-Dunn, and Rogers, 2000; Rogers, 1975), as identified in the Literature Review, to audience research findings (Bogale et al., 2020). Relevant planning process recommendations are presented after the model.

5.3.3. Discussion of Core category component 3 *Participatory integration of stakeholders*

Like other components, findings pointed to a need for inclusive integration of racially, culturally, linguistically, gender and sexual orientation diverse stakeholders, including medical practitioners, early in the campaign planning process. This need emerged triangulated from interviews, media, and literature analysis findings. At the onset of AIDS decades ago, primary stakeholders—gay men’s advocacy groups—developed effective prevention campaigns (Voegtli, 2016). Today, after more than 30 years of

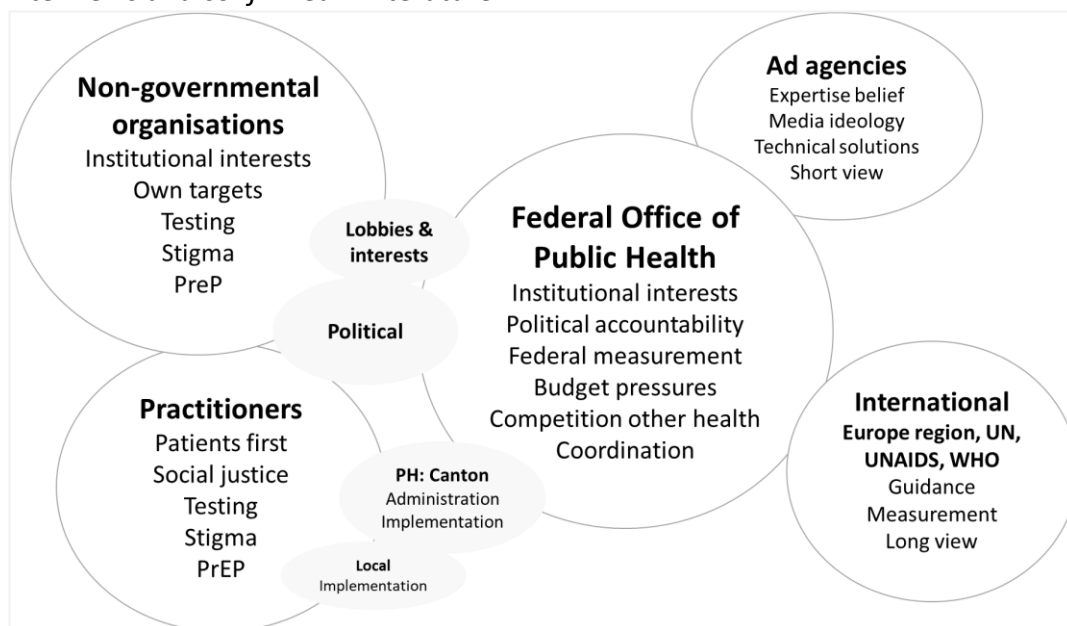
pandemic bureaucratisation and institutionalisation, HIV-concerned communities felt omitted, and not consulted by federal planners.

In parallel, interview and media analyses confirmed a lack of diversity in the materials—in terms of culture, gender, language, race, and social status—reflecting that of the campaign’s planners. It is a truism of PH that politics should not be involved in health: medicine should be ideologically neutral. Yet, the “conservative” bias cited by most respondents and confirmed by campaign analyses may explain the monolithically white-skinned, affluent, traditionally gendered, and Germanic LL2019 representations.

Similarly, most respondents identified concerns that LL2019 and other campaigns’ representations and languages omitted migrants, yet interviewees, international best practices, and Swiss researchers recommended targeting migrant populations (Cochand et al., 2022; von Wyl et al., 2011). Practitioner respondents and literature demonstrated that migrants from high-incidence regions such as sub-Saharan Africa were at higher HIV risk (FOPH, 2020), but tend to contract HIV in Switzerland, not in their home country (Alvarez-Del Arco et al., 2017). Audience research can improve migrant targeting. However, most effective would be having migrants participate as planning stakeholders.

The literature describes PH intervention planning as apolitical, multidisciplinary, and evidence-based, recognising credentialed authorities such as the WHO. However, interviews and media findings indicated (Figure 31) a fragmented approach to planning LL2019, with little common ground, and power struggles among federal levels and interests. Featured discourse elements were previously defined and discussed, while the current discussion and schematisation present a new cross-sectioning of these.

Figure 31: Campaign planning stakeholder types and discourses as expressed in interviews and confirmed in literature



Source: Author

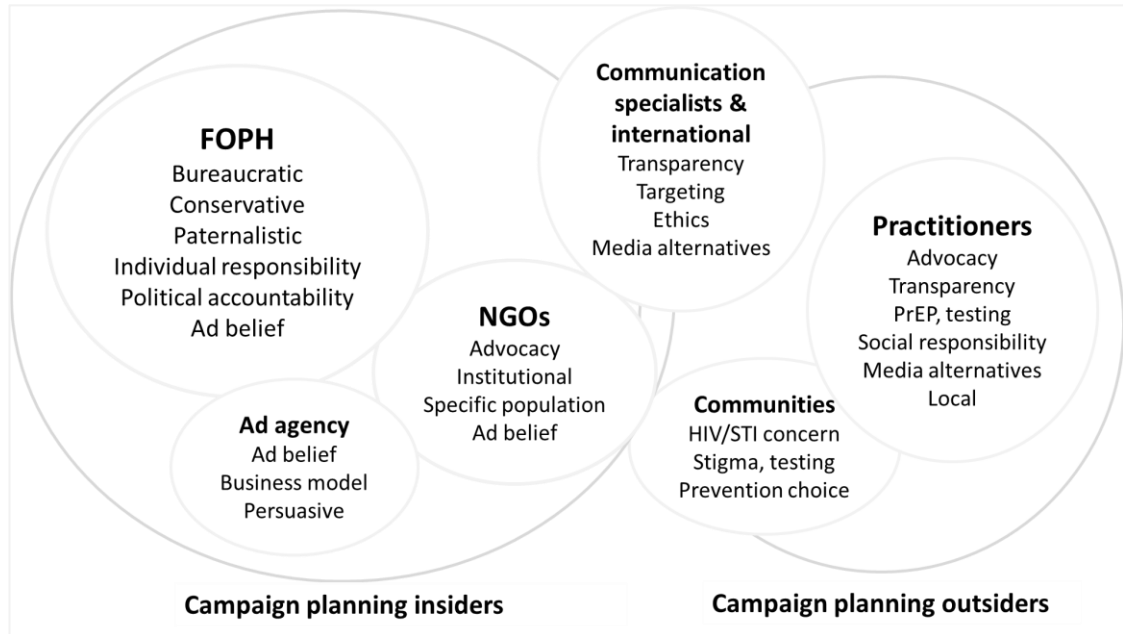
Constant comparison (Charmaz, 2006) enabled highlighting distinct interview, media, and literature discourses according stakeholder type—here as planning “insiders” or “outsiders” (Figure 32). Unlike fixed categories, these related to respondents’ perceived belongingness to campaign planning processes—being “disconnected”, “omitted”, or “not listened to”. Exclusion perceptions may have emanated from lack of internal communication or a non-inclusive culture (Green et al., 2015). Providing more granularity were social philosopher Charles Handy’s (1993) six strategies of power depending on differential access to resources and influence, of which three³⁰ were relevant. The first type, *Resource/Reward* power depends on capital, such as FOPH campaign budget allocations valued at approximately CHF 2 million for LL2019. The second, *Position/Legitimate*, refers to status power, such as advertising agency, FOPH, or NGO decision-makers. Thirdly is *Expert/Knowledge* power, such as advertising/marketing experts, federal executives, and practitioners. Handy’s (1993) conceptualisation highlights preceding insider-outsider analyses, considering power

³⁰ The other three were unverifiable: *Physical*, *Negative*, and *Personal*

legitimation may exclude certain expert stakeholders from the table, and potential levelling effects of Swiss cultural orientation toward consensus (House et al., 2004). Mass health campaigns like LL2019 targeting individual behaviour have utility, but only within wider synchronous PH policy on screening programmes, nationwide accessible PrEP, better male condoms, and access to female condoms, and so on. Furthermore, the quixotic quest for compromise-laced consensus may not favour creative solutions, nor does it allow a systemic perspective to emerge as too many variables were conflict-laden (Green et al., 2015; Andeweg, 2000).

In light of these factors, increasing stakeholder diversity had clear importance, but how stakeholders were integrated in planning was key to mitigating cleavages and conflicts. As with the previous section, defined and discussed discourse elements, emerged from interviews and media findings, which, when mapped cross-sectionally (Figure 32), clarified potential for new understandings. Existing accredited processes like Participatory Intervention Model (PIM) or Human Centred Design (HCD) have potential to bridge research recommendations with practice, increasing stakeholder commitment, creativity, participation, and support of a resulting campaign by fostering ownership of it (deBuck et al 2018; Buse et al 2012; Gillam et al, 2009).

Figure 32: Cleavage of discourses of PH insiders compared to PH outsiders



Source: Author

5.3.4. Discussion of the cultural variable

As the foregoing discussion demonstrated, effective campaigns result from fostering a diverse-valuing institutional culture among planning stakeholders. Making diverse actors/contexts visible in planning, content strategy, development, and production improves effectiveness by closing gaps in awareness and testing observed in distinct social groups (UK Health Security Agency, 2021; Holland, 2015). Equally, diversity and inclusiveness must extend to FOPH campaign subcontractors in advertising, media, and production companies.

Almost all respondents considered that cultural competencies and differences were problematic for campaign planning and policymaking. As discussed in Appendix 8, cultural differences were an oft-cited category and theme, whether in interviews or media analyses. An extensive analysis of Masculinity (Hofstede, 2011; 2010) cultural dimension is detailed in Appendix 8 Table 8.3. A campaign often says more about its designers than its audience (Fischer et al., 2021; Bazzano, 2020); As discussed in TA Stage 4, although data is partial, FOPH stakeholders appeared to lack cultural and

ethnic diversity, resulting in lack of cultural competence (see Appendix 8 Table 8.1). Additionally, media-embedded cultural biases take on political force in hegemonically controlling populations and shaping worldviews (Berger, 1991).

Cultural homogeneity may have prevented LL2019 planning stakeholders from questioning assumptions and empathising with people different from themselves, accentuating “functional stupidity”, a bureaucratic lack of reflexivity, attaining internal targets without effectiveness (Alvesson and Spicer, 2012 p.1201). Research agrees that cultural competence and diversity determine effectiveness of campaigns (Fischer et al., 2021; Issel and Wells, 2018; see Appendix 8 Table 8.2), organisations (House et al., 2004), and media (Usunier and Lee, 2013). An integrative approach for transforming the culture of campaign planning, such as HCD, could remedy these weaknesses, as discussed in Literature Review, and as recommended after the model.

5.3.5. Discussion of Core category component 4 Campaign message, content, tone, and channels

Campaign message, content, tone, and channels were consequences of the three foregoing considerations. PH is a complex adaptive system of multiple interlinked contexts, each of which determining how health interventions are perceived, accepted, or resisted.

PH is a complex, dynamic ecology that:

“interacts with the intervention to produce outcomes, which then feed back into the system to change the context, which again interacts with the ongoing intervention to intensify, enhance, or change the outcomes” (Martin, Pauly and MacDonald, 2016 p. 95).

PH policymakers tend to view the RCC as gold standard for quality research, while social media companies conduct A/B testing. However, randomisation of populations is

impossible in PH (Clarke et al., 2015; Holland, 2015), hence the necessity for a holistic view. Given the importance of context in PH, inclusive participation of diverse stakeholders is essential to successful planning (deBuck et al., 2018; Buse et al., 2012), as operational recommendations present following the model.

5.4. Theoretical Development

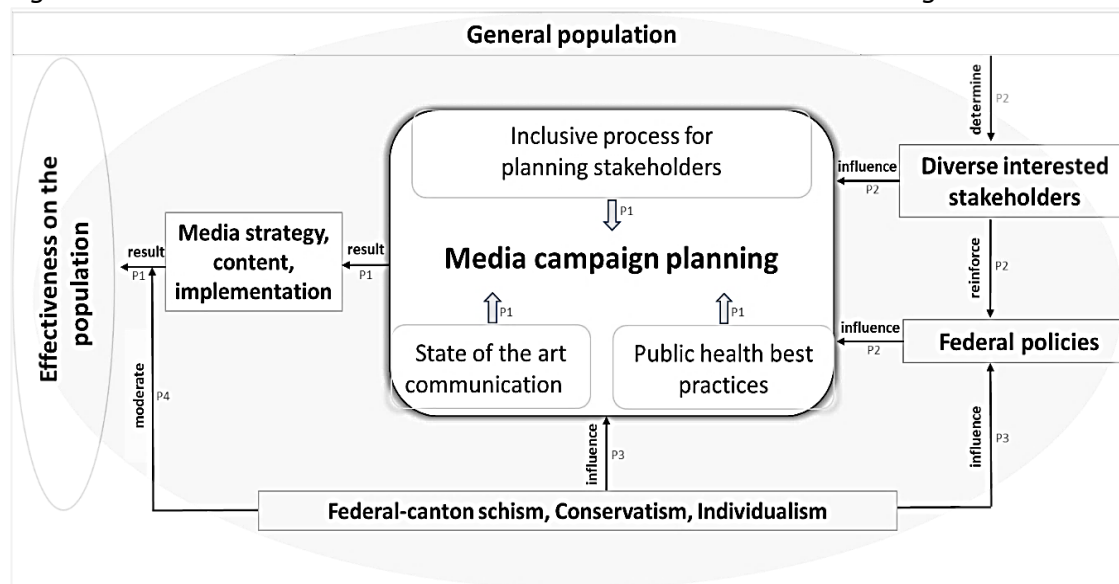
The logic of GT is to “explicitly link empirical data to the creation and elaboration of a theory” (Salazar, Crosby, and DiClemente, 2015 p. 236) through “ideational simplification” (Howell, 2013 p. 24).

In accordance with GT, the developing theory was matched against LL2019 media and interview findings, the literature and extant theory, and cross-checked with categories that emerged during analysis (Strauss and Corbin, 1994). Themes expressed by interviewed stakeholders and media findings regarding campaign planning and effectiveness in HIV and STI prevention were fused with two rounds of new theoretical and contextual literature sampling and further processed during axial and selective coding. Hence, nascent theory synergistically reflected threefold findings. As a constructivist GT research perspective, theoretical construction captured “an image of reality, not *the* reality” (Charmaz, 2000 p. 523, emphasis added). The resulting Media campaign planning (Figure 33) theory was substantive, grounded in contextual data, “accounting for, and explaining” (Strauss and Corbin, 1990 p. 148), using Glaser and Holton’s (1994) definition of GT generally as sets of “... integrated conceptual hypotheses systematically generated to produce an inductive theory about a substantive area” (p. 2). Hence at this point the chapter presents the substantive theory regarding media planning for HIV and STI prevention in Switzerland.

5.5. The Substantive Theory

Considering RO(1) and RO(2), constructivist GT progressed at higher levels of abstraction and refinement (Strauss and Corbin, 1998), culminating with an explained story line on the core category *Media campaign planning*, articulated and inscribed within its “ecology” (Scott, 2004). This study aimed to explore perceptions of LL2019 effectiveness, RO (3) and RO (4) in relation to campaign planning. A central question evolved, therefore, to identify how best to plan media campaigns, considering historical variability in policymaking, scientific best practices, and media choices and technologies with the aim of reducing HIV and STI spread in the general public. Considering findings that pointed to ineffectiveness, the ensuing substantive theory needed to identify articulations of the planning process, phenomena related to it and to each other, and the effects of media strategy, content, and channels on target audiences. As constant comparison, new literature sampling, and reflexivity were methodically activated on the core category, relationships between intervening and causal conditions, the context, and strategies were redefined. To validate this theorised direction, the most salient variables affecting the phenomenon were refined; Some were merged, as the foregoing discussion made clear. *Strategies* were assimilated into other categories due to ambient cultural individualism and political ideology. It was at this point, when major categories integrated within a system formed “a larger theoretical scheme that the research findings take the form of theory” (Strauss and Corbin, 1998, p. 143), capturing the processes of planning a media campaign aiming to reduce HIV and STI in the Swiss general population.

Figure 33: The substantive Swiss HIV and STI Prevention Media Planning model



Source: Author

As a constructivist GT substantive theory, it was mainly “interpretive”, describing understandings of social processes and multiple realities, integrating some “positivist” aspects that identify relationships and interlinkages (Charmaz, 2006 pp. 126). It captured social complexities (Glaser and Strauss, 1999) in official media communication. Inductive processes and theoretical refinement saw media planning emerge as core category, with determinants and core-sub-categories: *Inclusive process for planning stakeholders*, *State of the art communication*, and *PH best practices*. As for the fourth initial core category component *Media strategy, content, and implementation*, when subjected to scrutiny within a systems perspective it emerged as an outcome of the other three categories within the planning process. The campaign’s *Effectiveness on the population*, or perceived lack thereof, in communicating HIV and STI prevention messages in the general population was the final output of the planning, policy, and stakeholder involvement sub-categories, moderated by contextual variables. As such the theory is aligned with RO (3) and RO (4).

The substantive theory identified process interactions of these three core subcategories, shaping the quality of the *Media strategy, content, and implementation* as they interplay with *Diverse interested stakeholders* and *Federal policies*, mainly concerning female-controlled methods, PrEP accessibility, and testing. These aspects provided explanations on RO (1) and RO (2).

Contextual constraints within which all variables operated can—to a greater or lesser degree depending on the level and type of stakeholder participation and alignment with policies—determine effectiveness of *Media strategy, content, and implementation* in slowing HIV and STI spread. Within this context *Federal-canton schism, Conservatism, and Individualism* were environmental challenges to be downplayed or managed by representative stakeholder diversity utilising collaborative processes, as well as policymaking. These points were interwoven with all four research objectives embedded in the case study. Theoretical points were further defined in four propositions, each of which is potentially testable in a hypothetico-deductive framework.

Proposition (1) *Better HIV and STI media campaign planning and Media strategy, content, and implementation hence Effectiveness on the population (DV) will be achieved when planning activities include (a) participating diverse stakeholders (IV), (b) state-of-the-art communication frameworks (IV), and (c) PH best practices for HIV and STI prevention (IV).*

An explanation of this proposition follows. Firstly, contextual constraints and obstacles are overcome when *diverse planning stakeholders*, representative of the general population, are participatively involved throughout planning. Secondly, *state-of-the-art communication and media practices* demand priority consideration due to audience

research, media, and persuasive communication effects. Thirdly, scientifically validated *PH best practices* in HIV and STI prevention merit integration in *Media campaign planning*, resulting in *Media strategy, content, and implementation* with resulting *effectiveness on the population*. The theoretical role of each core variable reflects environmental forces purposefully integrated with policies.

Diversity of *planning stakeholders* assists in countering the contextual forces of *Conservatism, Federal-canton schism, and Individualism* and silencing prevention options that do not fit prevailing interests and values, as in LL2019. The literature concurs that the inclusive acknowledgement of the expertise of diverse stakeholders, representative of society, during planning improves the effectiveness of campaign outcomes (deBuck et al., 2018; Issel and Wells, 2018; Skolnik, 2016; Buse et al., 2012). Stakeholder incorporation within planning using an inclusive collaboration model that fosters innovation and audience insights, such as HCD increases appropriateness of the *Media strategy, content, and implementation* of the ensuing campaign with *effectiveness on the population* for HIV and STI reduction.

This theory demonstrated how knowledge translation and integration of *PH best practices* within *media campaign planning* and ensuing *strategy and content implementation* provides a stable evidence basis according to international scientific consensus, thereby increasing *effectiveness on the population*, slowing HIV and STI in the general public and improving political accountability. Dynamic as science, *PH best practices* are dynamic, yet stable recommendations over recent years on HIV and STI prevention included enabling access to female-controlled protection in addition to male condoms, providing a clear and accessible PrEP policy, reducing stigma, and promoting testing (Fasehun et al., 2022; Grov et al., 2021; WHO, 2020; Wiyeh, Mome

and Mahasha, 2020; FCSH, 2019; Kusejko et al., 2018; Marzel et al., 2018; Nelson, 2018; SHCS, 2018; WHO, 2016). Findings of this study identify recommendations for each in later sections.

Similarly, better integration was needed of *State-of-the-art communication* strategies into planning processes, most notably concerning audience insights, media strategy, content, and implementation. Multiple theoretical and best practices recommendations exist to optimise *Media campaign planning* and *Media strategy, content, and implementation* with models for improved content strategy and the existing SSC concept, detailed in recommendations. Adoption of a collaborative and innovative process such as HCD would have synergistic effects, most notably on audience research, increasing planning and implementation effectiveness.

Opportunities highlighted by the model included the quality and volume of PH and health communication research, offering myriad media models and best practices for effective interventions on the one hand, and clear internationally accepted recommendations by EU, WHO, and UNAIDS integrated with systemic frameworks like Sustainable Development Goals and OneHealth on the other. Increasingly preponderant among best practices and deontology recommendations for media communication are demands for ethically assessing campaign planning and implementation options. Doing so increases ethical public discourse and improves long-term effectiveness of, and trust in, messages and media channels. In sum, theoretical propositions on *Media campaign planning (P1)* core interactions improve *Media strategy, content, and implementation (P1)*, thereby augmenting *Effectiveness on the population (P1)* of HIV and STI prevention.

Proposition (2) *Better HIV and STI Media campaign planning and Media strategy, content, and implementation, therefore Effectiveness on the population (DV) is negatively influenced by (a) lack of Inclusive process for planning stakeholders (IV), and (b) lack of representative diversity in interested stakeholders influencing Federal policies (IV).*

An elaboration of this proposition follows. Two forms of stakeholder homogeneity were identified in this research; firstly, the lack of diversity in cross-cutting cultural, linguistic, ethnic, gender, and racial characteristics of campaign planning and interested stakeholders. Secondly, it refers to professional and institutional characteristics relevant to organisational/group norms and values, such as those held by medical practitioner types and specialities. Representative characteristics also refer to members of social categories who were beneficiaries of such a campaign, including migrants, sex workers, and PLWH³¹ within a “general population” target, balancing out forces of *Conservatism* and *Individualism*. Additionally, representation from federal, cantonal, and city/commune levels is required to span the *Federal-Canton schism*. Stakeholders are subject to influence from civil society constituents and communities to the degree to which they are representative. Conversely, less diverse stakeholders influence policymaking, hence campaign planning, in ways that are less representative of general public and HIV and STI reduction interests.

Interviewed stakeholders expressed deep, enduring commitment to health and well-being of communities and patients—a priceless resource for effective planning within HCD or other collaborative model. Ignoring or marginalising such positive energy could

³¹ The latter categories may be targeted by specialised campaigns as well, which only serve to mutually reinforce campaign effects.

trigger a negatively charged stakeholder reaction, as respondents identified regarding LL2019.

Proposition (3) *The range and types of Federal policies on HIV and STI (DV) that are formulated depend on the degree of (a) Conservatism (IV), (b) Federal-canton schism (IV), and (c) Individualism (IV) in the policy environment. That is, high conservatism and individualism, and distance between federal and canton levels limit degrees of freedom and policy tools for appropriate Media campaign planning and ensuing Media strategy, content, and implementation to reach targets with Effectiveness on the population.*

An elaboration of this proposition follows. The *Federal policies* route is theorised as a dynamic determinant of intervention planning, strongly subject to context riddled with *Conservatism, Federal-canton schism, and Individualism*, as well as potential influence from *Interested stakeholders*. HIV and STI reduction in the population occurs to the extent that the federal policies on health, specifically HIV/STI are representatively informed, and environmental constraints are managed. Specifically, representative balance is required between federal, cantonal, and city/commune levels to bridge the *Federal-Canton schism*. Further, stakeholder diversity in cultural competence is contingent upon their integrated, inclusive purposeful participation in policymaking processes, with input on campaign planning. As with the previous point, a remedy is correct implementation of HCD for participatory engagement, for which recommendations follow.

Proposition (4) *The relationship between Media strategy, content, and implementation (IV) and HIV/STI prevention is moderated by (a) the degree of Conservatism (IV), (b) Federal-canton schism, and (c) Individualism in Federal*

policies ecology; that is, the influence of a particular media strategy is positive on HIV/STI prevention in progressive socioeconomic and policy environments, and less positive or negligible in conservative socioeconomic policy environments.

An elaboration of this proposition follows. As part of GT principle of analytical refinement (Corbin and Strauss, 1998) discussed in Analysis, *PH paternalism* theme merged with *Conservatism. Individualism* theme emerged strongly from interviews and media analyses as encoded within media framing and messages to emphasise male condom use as a consumer lifestyle choice. Beyond LL2019, contextual findings identified the lack of environmental and structural changes to facilitate access and use of male condoms, female-controlled protection, and PrEP for which recommendations follow.

5.6. Theoretical Discussion

As confirmed by the literature review, this model is innovative in its synthetic observations of disease prevention, stakeholder diversity, and marketing communication to improve the effectiveness on the population of HIV and STI campaign planning. The multi-system context of PH communication, particularly as concerns HIV and STI, requires a participatory multi-level, multi-strategy approach, whereas existing models remain generic and context-free.

To summarise, this substantive grounded theory explains and interprets the interplay of contextual currents threatening Swiss HIV/STI campaign effectiveness on the population, as interview and media analyses showed. Consequently, the model also identifies measures with the potential to overcome or manage system constraints notwithstanding the Swiss multicultural environment and the alienating potential of its

federal structure. Therefore, specific recommendations are formulated based on substantive theory, most notably regarding multistakeholder involvement, policymaking, HCD campaign planning processes, and content strategy. Finally, ethical perspectives are considered considering RO (1), RO (2), RO (4), theory, and recommendations.

Despite the youth and theoretical eclecticism in the field of health media communication, it is not bereft of middle-range and formal theories as discussed in the literature review. This study integrated fields of (a) marketing communication, (b) psychology and social psychology, (c) sociology, and (d) media studies with contributions from philosophy and political science. Theoretical advances in these areas guide campaign planners and researchers, however they were closer to conceptual frameworks, rather than formal bodies of theory.

Because substantive theory is grounded in a context-specific area, it need not be advanced iteratively to a formal level of theory (Glaser and Strauss, 1999); yet, Swiss case study particularities may have reflected universal truths (Simons, 2009). Considering how comparative analysis with extant theory challenges, extends, and refines substantive theory (Charmaz, 2014), dialogically problematising the case assists in developing novel theoretical perspectives. The chapter now turns to such a discussion, considering predefined theoretical domains in light of substantive theory, considering recommendations and highlighting salience to the study's findings and potentialities.

5.7. Recommendations for Praxis in Dialogue with Theory

Conceptual and theoretical bases notwithstanding, as DBA research this study aimed to apply abstract frameworks to useful, practical contributions to knowledge for health

communication planners in federal and multicultural contexts. Each recommendation is discussed in relation to articulations of the substantive theory and couched within relevant bodies of conceptual and theoretical frameworks in newly consulted literature. While understanding technocratic preferences for prescriptive recommendations, the iterative approach of the following sections underscores the propositions of this study, preventing the unnatural disconnect that occurs when recommendations are viewed in isolation.

5.8. The Stakeholders-Policy Path

The theorised path from the *general population* to *interested stakeholders* to *federal policies* implies a holistic “Cathedral thinking” perspective to enable more effective HIV and STI prevention approaches. Forming a network between *interested stakeholders* and *campaign planning stakeholders* with advocates and civil society improves deliberative communication, advancing democratic policies (Habermas, 1996). The policy environment comprises elected and unelected officials operating within rule-based and procedural systems; policy networks link otherwise siloed agents who share common policy interests or values, whether discourse insiders or outsiders (Bekker et al., 2018; Moreland-Russell, Zwald, and Gilsinian, 2016). Theory-based recommendations insist on inclusive recognition and support of diverse stakeholders—advocates, interest groups, medical practitioners, NGOs, PH officials, and others—to advance an ongoing shared project, whether campaign planning or policymaking, reinforcing their interlinkages and effectiveness (Issel and Wells, 2018). Such an integrative approach is particularly important in a multicultural federal system.

5.8.1. Theoretical discussion on policymaking

The substantive theory identified the importance of integrating PH best practices into campaign planning and the dependence of these on federal policies. Piot et al. (2015) argue for policy as advocacy, identifying that “Political leadership, including parliamentary leadership, can make or break ... the response to AIDS, and is fundamental to a long-term sustainable AIDS response.” (p. 182) Policymaking is most simply defined as identifying and applying effective means to achieve given ends (Briggle and Micham, 2012), typically informed by concerned stakeholders, but going beyond existing neo-corporatist consociationalism.

Policymakers view evidence as information that appears credible, and consider policy adaptability, complexity, cost, cultural acceptability, feasibility, flexibility, risk, and vested interests (Issel and Wells, 2018; Purtle, Dodson, and Brownson, 2018; Kwon and Nelson, 2016). The Swiss Federal Epidemic Law (RS 818.101, 2016) mandates an “evidence” basis for interventions, however difficulties in identifying appropriate evidence include conflicting findings, fast-changing science, and interested input from powerful constituents, gatekeepers, interest groups, and lobbyists (Sager and Mavrot, 2020; Green et al., 2018; Kwon and Nelson, 2016). Additionally, they may face research lacunae due to sociodemographic biases and lack of epistemic feedback (Furton, 2022), or because of a preference for experimental albeit reductionist paradigms that may limit generalisability (Yancey et al., 2018). Furthermore, HIV and STI policymakers necessarily consider multidisciplinary inputs (Gostin et al., 2019; Piot et al., 2015), and hence the need to eliminate disciplinary silos, particularly medicine and sciences (Bekker et al., 2018; Piot et al., 2015).

Robust sources of PH best practices and evidence in HIV and STI prevention already exist, as identified, such as credentialled evidence briefs, key policy priority documents, and research from CDC, ECDC, WHO, UNAIDS, and UN. Other sources of evidence include systematic reviews, such as Cochrane Collaboration Reviews, and multidisciplinary peer-reviewed studies (Purtle, Dodson, and Brownson, 2018). These resources repeatedly identify “pillars” of an effective HIV response integrated within transparent multistakeholder processes, the most relevant of which include female and male condom promotion, PrEP, and fighting stigmatising attitudes (Assefa and Gilks, 2020; Piot et al., 2015). In parallel, UNAIDS and WHO also provide state of the art research and best practices for media use in health communication. Relevant best practices are provided for content and policy in following sections.

5.8.2. Specific recommendations: supporting interdisciplinary research and investing in improved barrier protection

Findings demonstrate a need for interdisciplinary socio-behavioural research bridging health communication, policymaking, and media planning and implementation (Piot et al., 2015). Additionally, federal policy should prioritise research and development in entrepreneurial structures and public-private venture labs such Swiss Federal Institutes of Technology (EPFL and EPFZ), for improved HIV and STI preventive devices according to business models allowing wide access. For example, Vietnamese test-users preferred an innovative “erectogenic” male condom (CSD500) design to no condom (Gallo et al., 2022). In this view the Swiss National Science Foundation or other funder incentivises research bettering health communication—as well as comfort, cost, ecological impacts, heat conduction, lubrication, and so on, to address user gripes about male and female condoms, and microbicide delivery systems.

5.8.3. Stakeholder diversity and policymaking

The media campaign planning model proposes that inclusive stakeholder collaboration contributes to planning effective campaigns, overcoming power differentials and cultural differences. Federal and cantonal cooperation determines programme success and requires cultivation (Sager et al., 2017). As research identifies, unbureaucratic, agile, diverse, interdisciplinary approaches that are human-centred are needed to face future challenges in HIV, STI, COVID-19, and other as-yet unknown epidemics (Kriegner et al., 2020; Bekker et al., 2018; Issel and Wells, 2018). Collaborative values include knowledge-sharing, transparency, and true interdisciplinarity (Gabbay et al., 2020) to combat the stasis and crystallisation of bureaucracy, and the usual epidemic panic-neglect cycle (Furton, 2022; Grey, 2017; Yong, 2017).

The substantive theory highlights paths of influence between the population, health stakeholders, and federal HIV/STI policies, articulated by the media and influencing the very mechanisms and assumptions of campaign planning. As with Habermas's (1996) calls for "Expanded citizen participation" (p. 442), this conceptualisation emphasises representational diversity of interested stakeholders as policymaking keystones (Wessler, 2019; Celikates and Jaeggi, 2017). Switzerland's neo-corporatist policy model ensures that interest groups were heard during policy deliberations (Sager and Mavrot, 2020), but the imperative for diversifying such groups cannot be emphasised enough.

In democracies agenda-setting sustains public consent regarding an issue's importance, as the first step of policymaking (Moreland-Russell, Zwald and Gilsinan, 2016). Within a content strategy, regular media publications and interactions on HIV and STI advocacy foster societal consent on the importance and modes of HIV and STI prevention for fickle audiences that include the public *and* the policy agendas within a

collective conscience (McGonigal, 2022; Sager et al., 2020; Kwon and Nelson, 2016; Albalawi and Sixsmith, 2015; Coleman et al., 2009). Research repeatedly confirms how media advocacy closes policy gaps (Green et al., 2018), even internationally, as with COVID-19 agenda-setting between the WHO and Twitter scientists (Tahamtan et al., 2022). Through participatory engagement stakeholders prioritise, influence, and determine campaigns correspondingly (Bekker, et al., 2018; Issel and Wells, 2018; Kwon and Nelson, 2016). In this way, the media harmonises policymakers with other, more widely defined stakeholders, multiplying the speed of dissemination and implementation research (Lobb, Ramanadhan and Murray, 2018; Barrett, Oborn, and Orlikowski, 2016; Rogers, 2004) and balancing increasingly populist mediated messages (Wyss, Beste, and Bechtiger, 2015).

This substantive theory buttresses the Social Construction Framework for policymaking (Ingram, Schneider and Leon, 2007), among “leading theories for understanding the policy process” (Pierce et al., 2014) showing path dependencies of policy designs, and how interested/targeted populations interplay with institutions and culture. Applicable to diverse contexts, including HIV prevention (Moreland-Russell, Zwald, and Gilsinian, 2016), the framework identifies key policymaking dynamics as power differentials and perceptions of target audiences. Discovering the Social Construction Framework during this study’s final stages identified similarities in its accent on diversity and culture, supporting the substantive theory. In sum, aligned with study purposes, the substantive theory has potential for explaining effective HIV and STI campaign planning by stakeholders and related policymaking in the Swiss environment.

5.8.4. Specific recommendations: innovative multistakeholder collaboration model

Substantive theorising identified the importance of integrating diverse, multidisciplinary stakeholders for campaign planning—including different regions and administrative levels (Huberfeld, Gordon, and Jones, 2020; deBuck et al., 2018; Issel and Wells, 2018; Sindall, 2003). Implementation of an inclusive collaborative model, such as Human-Centred Design (HCD) cultivates innovation needed for effective health promotion (Riddell et al., 2022; Flowers et al., 2019; McDaid et al., 2019 among others). Already discussed in the Literature Review, HCD proved effective internationally for contraceptive distribution, epidemic control, and HIV prevention (Bazzano et al., 2017) and is compatible with consociational contexts. Similarly, it has potential to correct LL2019 misalignment—thus ineffectiveness—between audiences, campaign planners, and stakeholders thanks to its sustained “empathetic” focus on target audiences (Dopp et al., 2019) from initial research to content ideation and iteration stages (Leung et al., 2020; McManus et al., 2018). The process would bridge insider/outsider discourses (fig. 36). As in commercial marketing, “design for everyone is design for no one” (Lyon et al., 2020 p. 739), a LL2019 weakness remedied by recommended improvements in audience research and multistakeholder processes, as well as a content strategy approach discussed next.

5.9. Content Strategy and Recommendations

Regarding major theoretical propositions within the purview of marketing and communication, the substantive theory emphasises using state-of-the-art tactics and strategies. These accessible, pragmatic frameworks focus strategically on message encoding and media channels according to in-depth audience research, using practical

tools like personas and user journeys (Chaffey and Ellis-Chadwick, 2019; Kotler and Lee, 2019; Wrigley and Straker, 2018). Communication science literature identifies rhetoric and format improvements instead of LL2019 wordy texts. For format types see Appendix 11 Table 11.1 and 11.3. Instead, as with commercial content where drinks are happiness, conceptual metaphors (Nystrom, 2021; Kövecses, 2010) structured by positively-framed narratives integrating figurative elements are most effective to touch target audiences' hearts and minds (Salmon, 2017; Nahai, 2017; Gardner and Leshner, 2016; Hosein et al., 2016; Kahnemann, 2011; Barthes, 1977). Indicated content strategy formats and channels gain in reach, relevance, and resonance when adapted to social media (Lindgren, 2022). Internal cohesion is reinforced by filtered links to relevant content inside and external to the digital ecosystem, that is search-engine optimized (SEO) and easily shareable (Yeung et al., 2022; Giustini et al., 2018).

In alignment with substantive theory, the literature, and research findings, to increase effectiveness, a switch from a campaign focus to a content strategy is recommended for future. Like PR, this implies coordinated, regular, diverse, engaging, multimedia and multi-channel tactics (Luttrell and Wallace, 2021) considering broadly and holistically defined topics (Green et al., 2018) beyond HIV and STIs such as discrimination, quality of life, and reproductive justice (Manuel et al., 2020; Giustini et al., 2018) integrated with those on SAF's site. For examples see Appendix 11 Tables 11.1 and 11.3. Content strategies are recognised by marketing and media communication state of the art as effective (Chaffey and Ellis-Chadwick, 2019; Nahai, 2017). Global brands recently switched to branded content strategies, with 86 percent of them doing so in 2018 (Adage, 2019). Well-known exemplars are *Coke Studio*, *Jyskebank.tv*, and *Red Bull*, integrating diverse communities and stakeholders within an inclusive, innovative

mindset compatible with HCD (IDEO, 2021). Similarly, strategic frameworks, such as SOSTAC® manage communication from audience research through monitoring (Chaffey and Smith, 2017). A content strategy with user-controlled choices on topics, narrative formats, and channels minimises message fatigue (Rosenberg and Siegel, 2018; Gardner and Leshner, 2016). UX-tested digital architecture prompts progression along mobile, social media, and web touchpoints (Chaffey and Smith, 2017) to engage with messages. An effective multilingual keyword filter and search plugin enables users to locate specific content, like “test”, “PrEP”, “emergency”, and so on (Krug, 2013).

One promising content strategy approach is transmedia³² where users enrich the story (MIT Docubase, 2015), elaborating immersive and meaningful metaphorical universes over longer periods (Nystrom, 2021; Ems and Gonzales, 2016). Engaged and motivated audiences using central/systematic routes process information more effectively, increasing adoption of healthier attitudes and behaviours long term, as behavioural research discussed in the Literature Review—ELM (White, 2019; Petty et al., 2005) and TPB (Green et al., 2019) among them (De Houwer, 2009; Petty et al., 1993).

As identified at length, messages and content should be more holistic than male condoms. Findings and PH best practices demonstrate the magnitude of wider, non-mechanistic issues around sexual health. As detailed in Appendix 11 Table 11.1, medical and social topics on body image, consent, discrimination, media and sex “addictions”, sexual violence, and others should be developed considering holistic cognitive, social and health needs for diverse audiences. Effective content strategy management implies a robust change-oriented knowledge-management system

³² Transmedia: an integrated media strategy using diverse channels (film, games, text) to create interactive experiences that contribute to the elaboration of a coordinated, unified story world.

including ongoing audience research and societal trend monitoring and intelligence (McGonigal, 2022; Senge et al., 1999) to continually adapt and maintain relevance.

Furthermore, simultaneous changes in audiences' physical environment, such as access to better barrier methods and PrEP, compensate for heuristic processing (Chater and Loewenstein, 2022; Lee et al., 2016; Kahnemann, 2011). The necessary repeated salience of content strategy recalls agenda-setting (Green et al., 2019; Albalawi and Sixsmith, 2015) as individuals exert influence as community members and voters. Hence, ongoing media public-stakeholder dialogue creates and sustains value for inclusively defined stakeholders (Barrett, Oborn and Orlikowski, 2016). Aiding such an endeavour potentially is a sociological perspective, such as Social Practice Theory (Durey et al., 2021; Blue et al., 2016), to research audiences' social context in depth instead of reducing a behaviour to an individual unit of measurement (Kelly and Barker, 2016; Maller, 2015). This lens enables understanding of health behaviours as habitual, culturally embedded interactions (Holman et al., 2018).

Specific recommendations for content based on the substantive theory include PH-recommended best practices like PrEP, testing, female-controlled methods, stigma, and diverse and respectful representations, as well as improvement of SSC, each discussed in the next sections. For more content strategy details see Appendix 11.

5.9.1. Specific content recommendations: SSC questionnaire

The sole LL2019 content lauded by respondents was the SSC, although HCD and UX design can vastly improve its potential. At best, SSC is transformed into clickable, figurative video or animated content, enhancing learning through flow (Csikszentmihalyi, 2008) and role models, as in social learning theory (Bandura, 1977). Flow consideration would transform text-heavy formats into compelling, concise,

illustrated sections, enhancing readability. Inspiration from “gamification” trends would make SSC completion more engaging (Nahai, 2017; Krug, 2013). Inclusive multisector stakeholders, including practitioners, should participate in HCD processes (IDEO, 2021) for content ideation to ensure the SSC supports and complements their work. To continually adapt and maintain relevance, SSC content should evolve according to dating and sexual practices trend monitoring (McGonigal, 2022).

Transcending questionnaire effectiveness, heightened SSC data protection and security improvements are part of health authorities’ higher duty of care, assimilated with medical and health promotion deontology on informed consent and do no harm (WHO, 2021; WHO, 2017; Taggart et al., 2015; Van Dijck, 2014). Specifically, PLWH, LGBTQ+ and other HIV and STI information seekers need optimised data and privacy protection, as they risk online bullying and outing if security is breached. Urgent redress is needed on remedying the LL2019 ecosystem, particularly SSC, user privacy and personal data vulnerabilities as best practices in media communication identified in this study.

5.9.2. Specific content recommendations: PrEP

The substantive theory identified the need to incorporate PH best practices. Notably, findings showed a Swiss patchwork of unequal PrEP access and costs, and national and/or cantonal policy variations on pricing and insurance coverage. Regulated and easier access to PrEP is a durable gamechanger in the UK, Australia (Nunn, 2021) and other countries as identified in best practices recommendations from UNAIDS and WHO. The literature positions PrEP as self-controlled protection for individuals lacking power, such as women (UK Health Security Agency, 2021). In view of ending AIDS, wide access to testing and PrEP were modelled as priority (Jenness et al., 2020). In July 2022

UNAIDS again exhorted “businesses, governments and funders ensure that everyone who needs long acting antiretrovirals can access them” (UNAIDS, 2022). Reliable and clear information about PrEP is needed in the LOVE LIFE content ecosystem, and, relatedly, in policies.

5.9.3. Specific content recommendations: testing and stigma

In addition to the substantive theory’s recommendations on PH best practices, interviewees recommended convenient, cheap, non-stigmatising test settings for a wider public. Study findings highlighted the near-absence of testing/screening mentions in LL2019 except in SSC. However, the topic is consistently advocated as best practice by UNAIDS (2022) and WHO (2021a; 2016), corroborated by reams of research (Manuel et al., 2020; Suter, 2020; Detels et al., 2021; Smolak and El-Bassel, 2013; among others). Earlier diagnoses mean more effective treatments that attain viral suppression quickly, stopping the spread (Bedert et al., 2021; May, 2017). Swiss figures on “late” diagnoses (after immune system damage) show importance of communicating HIV risk and providing test access to the general population (Manuel et al., 2020).

Global “test and treat” approaches were effective if testing is made more widely and generally accessible, as are medications in case of a positive result (ECDC, 2017; Powderly, 2016). Content on testing information, dates, and geolocalised sites is recommended within the LOVE LIFE ecosystem. An additional benefit of interactivity is enabling social listening³³, providing data on population attitudes and knowledge on testing, vital due to HIV latent asymptomatic period and incomplete screening (WHO, 2021c; Christinet and Biscontin, 2020; Hawker et al., 2019).

³³ Systematic aggregation and monitoring of conversations and public discourse in digital and traditional media representing diverse populations and geographies (WHO, 2021)

5.9.4. Specific content recommendations: female-controlled methods

In seeking to identify how to better fulfil campaign aims, this research clarified the individualist and male-slanted bias undergirding LL2019, and therefore recommends power structures make social environments amenable to HIV and STI prevention. Because LL2019 frames HIV and STI risk as dependent on the individual's choice to wear, structural barriers were invisible (Hudak, 2020; Zoller, 2005). As discussed, the current MC focus perpetuates and consolidates male power in the intimate sphere, literally putting women's health in the hands of men as LL2019 illustrates.

Linking theoretically to policies, better access is needed to high-quality lower-cost male and female condoms, subsidised if necessary. Because interviewees cited lack of awareness and low market demand regarding female condoms, LOVE LIFE content strategy can specifically address both issues. Gaining such momentum is preferable to persuading people to use a disliked product, and may create new market opportunities. Even more radical, as they did in the 1980's, instead of paying for a promotional campaign the FOPH could use the budget to post top-quality male and female condoms with informational leaflets to each household.

In the most recent systematic review, female condoms were found to be equally HIV-protective as male condoms, and protect more effectively than male condoms from chlamydia, gonorrhoea, and trichomoniasis, among other STIs (Wiyeh, et al., 2020). Content reporting such latest research enables citizens to make informed decisions. Further, according to the principle of equity, and in line with international best practices, LOVE LIFE content should inform, and enable the population to obtain female-controlled protection, such as the female condom and/or dapivirine ring (WHO, 2021; Wiyeh, Mome and Mahasha, 2020) with geolocalised information on sellers.

To monitor content strategy effectiveness, deep audience evaluation should go beyond superficial metadata mining, social media metrics, and social listening. Quantitative and qualitative research is needed to critically assess social constructions and attitudes, learning, risk perception, and retention of PH messages and actual behaviour changes (Braun and Clarke, 2021; Luttrell, Emerick and Wallace, 2021; Patton, 2002). Substantive recommendations, including HCD use, PH best practices, and stakeholder diversity, assist in overcoming blind spots in health communication planning and gaining insights on attitudes, behaviours, and knowledge.

5.9.5. Considerations on the power of media representations

Multiple methodological lenses used in this study identified patriarchal representations of women encoded in campaign videos. Women were represented as passive erotic objects, (Beauvoir, 2015; Butler, 1999) specifically dependent upon male condom acceptance. Campaign messaging unethically conceals other protective possibilities like female condoms, available through women's own agency (Bok, 1995). Findings show a hegemonic framing of a heterosexual "matrix", exclusively identified and gendered (divided) as man or woman exclusively (Foucault, 2020; Butler, 1999). Social media particularly offers the potential to construct and "perform" gender (Sah and Robinson, 2021; Butler, 1999; Gerbner, 2002). Such representations and framing limit women's—and men's—bodily integrity rights and informed consent (Flanagan, 2013). As agents of socialisation, media encode producer values as to who is worthy of depiction, and how, particularly regarding acculturated contexts, skin colour, stereotypes, and sex roles (Balleys et al., 2020; van Zoonen, 1994). Such binary sex representations exclude many LGBTQ+ categories, further marginalising and stigmatising through invisibility in this authoritative medium. Further, LL2019 depicts

no ethnically or racially diverse actors. These absences, invisibility, or “symbolic annihilation” as termed by communication scientist George Gerbner (2002) negatively impact the self-concept, group identity, and empowerment of those concerned. Thus, there is more than a simple issue of homophily reducing LL2019 effectiveness.

Negative societal impacts of limiting representations may be controlled according to the substantive theory—mainly in stakeholder diversity and HCD, and state of the art content strategy. Ethical and best practices in communication, media and PH proscribe such invisibility and exclusion in health communication (Greene et al., 2019; WHO, 2017).

5.9.6. Content segmentation and targeting

Findings highlighted the need for more effective audience targeting methods instead of a clunky website with the “general public” as stated targeting objective. Audiences reject irrelevant ads and content served to them (Luttrell, Emerick and Wallace, 2021). Pairing target audiences with relevant content requires empathetic audience research facilitated by a HCD approach to content strategy. Content targeting requires identification-triggering representations, such as depictions of male condom-holding female hands for female audiences in the LL2019 example. Equally, the lack of cultural appropriateness and diversity in racial and ethnic depictions need urgent redress.

The content strategy should separately and concurrently target diverse and changing key audiences. Targeting technology enables such an approach, making it a useful source of monitoring data as well (Chaffey and Elli-Chadwick, 2019). Content topics need targeting and filtering to protect children, for legal as well as tactical reasons. Older adults are increasingly specific targets for HIV/STI awareness, prevention, and testing (UK Health Security Agency 2021; Bedert et al, 2021).

To paraphrase an interviewee LL2019 should “meet people where they are”, precisely targeting MSM on geosocial applications, heterosexuals on porn and dating sites, and migrants on culture-specific media (Greene, 2022; Pacheco, 2022; Stafylis et al., 2022; Young, 2017; Rosengren et al., 2016). As digital divides and system flaws make marginalised populations suspicious, digital and physical channels need to be innovatively combined, integrating HIV test and condom vending machines information on geosocial applications, combining videos and live chats with practitioners and trained peers, and developing chatbots to dispense HIV and STI information, while virtual reality can allow roleplaying for increasing competencies for HIV disclosure or male condom use (Lindgren, 2022; Romero et al., 2021). For more content targeting examples and recommendations see Appendix 11 notably Table 11.2.

As the substantive theory confirms, the lifeblood of such a strategy is the participation of target audiences as campaign supporters, influencers, and advocates as well as contributors and content creators (Luttrell et al., 2021), influencing key stakeholders and policy. Integration of content strategy best practices acknowledges that in media, the “players in the arena owe their influence to the approval of those in the gallery” (Habermas, 1996 p. 382). Specifically, following a PR model, stakeholders themselves—medical staff, NGOs, politicians—are audiences to be communicated with regularly regarding effects, modifications, and learnings of campaigns, while soliciting feedback for greater inclusion and ownership (Issel and Wells, 2018). In particular, doctors may experience deontological pressure to dispense medical advice on social media since the 2017 update of the 1948 Geneva Declaration on medical ethics, requiring them to “share my medical knowledge for the benefit of the patient and the advancement of

healthcare” (World Medical Association, 2022). Hence, active and public practitioner participation is to be expected as part of the content strategy, raising issues of credentials and content moderation.

Recommendations based on media communication state of the art include audience targeting through empathetic research-based personas (Chaffey and Smith, 2017). Content strategy integration with existing mass media channels generates synergies by broadcasting and narrowcasting content regularly (Green et al., 2019; Chaffey and Smith, 2017) and for reinforcing social credibility (Wrigley and Straker, 2019). Celebrities, advocates, and non-commercial partners echo campaign content and messages outside targeted silos; their transparently non-incentivised participation is vital to preserve their credibility (Langdridge et al., 2021; Luttrell and Capizzo, 2020; Taggart et al., 2015). Additionally, crowdsourcing of ideas and content is a complementary approach.

Further, if technologically enabled and managed in good faith, such an interactive content strategy can fulfil conditions for philosopher and sociologist Jürgen Habermas’s Communicative action (1984). For teleological action to occur, working towards cooperative goals like better sexual health, content and social media strategies need voluntary participation. To facilitate this, equal weight should be accorded when including “divergent and marginal voices” within an inclusive environment free of censure (Cohen, 1997; Habermas, 1996 p. 265). Deliberative communication requires the participation of diverse groups—a range of general public, practitioner, and policymaker stakeholders broadly defined (Issel and Wells, 2018; Barrett, Oborn and Orlikowski, 2016, Habermas, 1996); see Appendix 11 Table 11.2 for

examples. Further cross-cutting segment definitions according to behavioural, cultural, demographic, and psychographic characteristics are necessary.

Due to the known effectiveness of content strategies, persuasive communication, and media targeting, it is essential to design future PH communication—framing, messages, media ecology, and channels—with ethical safeguards protecting the latitude of free will in targeted users (Rochel, 2022; Sadin, 2021; WHO, 2021; Salmon, 2017; Foucault, 1995; Ellul, 1973). Two reviews of digital health and communication ethical assessments identified normative foci on technological accountability, benefits, data governance, privacy, risks, and security (Shaw and Donia, 2021; Lupton, 2020); for some health communication ethics are indissociable from PH ethics (Guttman and Salmon, 2008). Such overarching aspects are covered in the following discussion.

5.10. Public negotiations of science

In addition to content and social media strategy design, health authorities need to maintain a transparent, public dialogue, within “critical conscious-raising” (Green et al., 2015 p. 407) by diverse stakeholders about the science of HIV and STI prevention without ceding to heavy-handed monologism. The delegitimizing of other discourses engenders mistrust (Nichols and Petzold, 2021; Albalawi and Sixsmith, 2015; Bok, 1995; Foucault, 1981). The generative materiality of digital technologies interrogates knowledge quality and construction, as social media provide public and visible access to how scientific knowledge is produced. In Switzerland as elsewhere, trust in PH authorities took a beating from COVID-19. Therefore, a transparent and science-based public dialogue on social media and other channels is the only way to win back enough public confidence to provide legitimacy to any health message (Bisiada, 2021; Kickbusch et al., 2021; Nichols and Petzold, 2021; Earnshaw et al., 2020).

In view of maintaining a positive role for media in health communication, authorities need acknowledge the negotiation of knowledge as centrifugal, dynamic, and elite; Their content and social media strategies should reflect this. Discourse hegemony legitimises selected discourses, relegating the rest to the margins (Nichols and Petzold, 2021; Baxter, 2011), while scientific discourses have rare authority as “obvious”, rendering their criticism quickly illegitimate (Barthes, 1977). However, scientific knowledge is restricted to an elite, and the public “do not read the scientific literature but rely on interlocutors ... scientific and contrarian voices channelled via the media” (Lewandowsky et al., 2019 p.127). Further, polarising, competing, and conflicting “according to Science” discourses stymie public sphere negotiations of truth. Common sense and education of policymakers and the general public are insufficient for truth-sensing about vaccines, HIV and STI, and climate change, among others (Habermas, 1993; Duelund, 2010). “Spiralling” public discourse imperils key communities’ social capital (Salmon, 2019). Discourses and knowledge perpetually struggle subject to power (Foucault, 2001; 1982; 1980) and biopower specifically (Foucault, 2020; Lock and Nguyen, 2018; Foucault, 1997), hence discourse “policing” triggers rebound effects, as did Twitter’s in 2022 (Reporters without Borders, 2021). Exemplifying such mechanisms are conspiratorial epistemic discourses that gain legitimacy when labelled by scientists and PH authorities (Bisiada, 2021; Earnshaw et al., 2020; Tufekci, 2018) as well as misleading sponsored “contrarian” communicators (Lewandowsky et al., 2019). Negotiations of scientific media discourses need better transparency as to their evidence basis and governance to rebuild crumbling public trust (Kickbusch et al., 2021; Lobb, Ramanadan and Murray, 2018; Tufekci, 2018) and to consolidate value for respective communities (Barrett, Oborn, and Orlikowski, 2016). Media provides an opportunity for “rational” discussion, education, and assembly of isolated citizens into

an “abstract public sphere” (Habermas, 1996 p. 374) enabling communicative action on technico-scientific problems (Celikates and Jaeggi, 2017; Habermas, 1986). However, the public sphere can also be “subverted by the power of the ... media” (Habermas, 1996 p. 265) and paid disruptors (Lewandowsky et al., 2019) unless buttressed by robust media governance policies and fostering of stakeholder diversity. Considering these aspects, therefore, recommendations for campaign effectiveness include heightened sensitivity to transparency and scientific content while planning a PH content strategy. Correspondingly, social listening can anticipate, and transparently manage, debates and rebuttals on social media. More broadly, such monitoring assists in PH preparedness and response planning.

5.10.1. Culture and values in media

As discussed, individualistic assumptions undergird marketing-style health promotion. Specifically, LL2019 leverages individual behaviour by mandating targets to buy male condoms rather than committing to changing cultural, economic, or other structural determinants (WHO, 2021; Holman, Lynch and Reeves, 2018; Peasant et al., 2017; Pankhurst, 2014; Baum and Fisher, 2014). The solicited response to this campaign, pervasively coded as marketing communication, was a consumer lifestyle choice to consume male condoms for sexual leisure, prompting ethical questions on culpability versus solidarity (Guttman and Salmon, 2008). Importing commercial techniques, as does LL2019, may cause target misapprehension, and contribute to long-term confusion within consumerist societies as to the value of health and the structural determinants thereof (Guttman and Salmon, 2008; Barber, 2007).

A holistic content strategy that interlinks with environmental changes—such as free or low-cost testing, PrEP, male and female condoms for instance—eschews manipulation

by providing a more comprehensive, impactful response (see Appendix 11 for examples). Identification and prioritisation of such changes would be facilitated by recommended inclusive participation of diverse stakeholders, in a loop with policymakers.

LL2019's appropriation of commercial marketing representations (thin, sexy bodies) inflicts its own symbolic violence. High exposure to social media demonstrably affects body image, depression, and even suicide ideation (Coyne et al., 2021; Rev, 2021; Langdrige et al., 2021; Whitfield et al., 2018). Online body "shaming" is monetised by Facebook, Instagram, and others through algorithmic optimisation of arousal, bullying, and "cancelling" by online communities (O'Neil, 2022; Haidt, 2021; Rev, 2021).

The choice of digital media channels is itself subject to ethical evaluation. Intervention planners should "account for an ecosystem where information flow online can cause public health harm offline" (Purnat et al., 2021 p. 2) through addictive design, dysphoria, and nudges that limit user agency (Paul, 2022; Haidt, 2021). PH digital campaigns share the arena with technically sophisticated media manipulators and gatekeepers (Muhammed and Mathew, 2022; Paul, 2022; Berners-Lee, 2017). Digital disinformation and misinformation were estimated to have caused at least 800 deaths and 6'000 hospitalisations at the onset of COVID-19 (Islam et al., 2020) questioning when—or if—paternalistic censorship and propaganda techniques are justified in health communication (Faden, Bernstein and Shebaya, 2022; Green et al., 2019). Recognising market opportunities presented by a demand for truth, companies responded with "authoritative sources" like Youtube Health (Simpson and Conner, 2020). Nonetheless, such initiatives entail the same perils of business self-regulation

and content monetisation at the root of the current predicament (Global Disinformation Index, 2022; Rochel, 2021).

Clearly, digital space design profitably segments and flatters social identity, rather than propagate truths (Luttrell and Wallace, 2021; Wrigley and Straker, 2018; Feenberg, 2017). Conflict, controversial, and emotive content fosters engagement (Global Disinformation Index, 2022; Wrigley and Straker, 2018), priming audiences for commercial messages (Cassou-Nogues, 2022; Nahai, 2017) and facilitating the extraction of profitable user data (Paul, 2022; Zuboff, 2019; Van Dijck, 2014). In techno-sociologist Zeynep Tufekci's (2017) view, media companies are "building a dystopia just to make people click on ads". Such were structural features of the landscape selected by health authorities for their campaign, which raises numerous ethical questions around manipulation, duty of care, and paternalism as discussed next before concluding with the highest ethical sociotechnical level.

5.11. Ethical considerations for health media campaigns

The purpose of this study was to identify how media campaign planning can best attain health objectives for HIV and STI prevention. Hence, broader unethical media practices that erode public trust were considered. An ethical³⁴ assessment aims to prevent manipulation and harms from "weaponization" of persuasive communication, impacting consent and autonomy. As with medical informed consent, individuals' behavioural choices are voluntary in PH deontology (Faden, Bernstein and Shebaya, 2022; Hove, 2014; Flanagan, 2013; Rossi and Yudell, 2012). Ethicists Guttman and Salmon (2008) declare "essential" that campaign planners identify ethical media issues, sometimes framed as Digital Rights or social responsibility, at inception, and

³⁴ Ethics is a relative conception rooted in local beliefs, culture and religion concerning the evaluation of equity, justice, morality, and truth (Green et al., 2019; Lipari, 2017).

throughout deployment to adapt to unintended consequences (p. 712; Guttman, 2022; Maréchal, Mackinnon and Dheere, 2020).

Ethical precepts for communicative action seem self-evident (Habermas, 1991). Yet, taxpayer-funded “official” media has the highest ethical duty and responsibility to ensure their communication and social representations are correct, complete, and representative (Guttman, 2022; Bok, 1978)—particularly as content producer and website and social media channel owner (ibid; WHO, 2017; Flanagan, 2013; Bok, 1995). Health authorities’ assumptions determine who receives which prevention information, encoding elite values that affect population health (Guttman, 2022; Langdrige et al., 2021; Habermas, 1986). Further, ethicists argue that if a social good is the end, the means must also be irreproachable (Hove, 2014).

Manipulative health promotion, even if “benevolent” (Guttman and Salmon, 2008 p. 712), may be ineffective as well as unethical, particularly in the absence of actionable information, threatening autonomy by bypassing people’s “ability to reason, and/or treats them without respect” (Rossi and Yudell, 2012 p. 194); Among manipulative tactics are emotional and fear appeals, sex appeal (as in LL2019), and social comparisons (Tengland, 2012). Further, sex appeal is demonstrably ineffective in consumer advertising (Wirtz, Sparks, and Zimbres, 2018): a meta-analysis of 80 studies confirmed attention-grabbing power of sex, however it obstructs elaboration, and does not assist recall. Eye-tracking studies demonstrate that sexualised models distract from messages and content (Cummins, Gong and Reichert, 2021; Gong, Holiday and Cummins, 2021). Above all, the simulation of human relationships and “liberated” sex in media for the purposes of selling distorts and subverts the potential for real human connections, alienating people from each other and themselves (Baudrillard, 1998).

Political scientist Benjamin Barber (2007) identified paternalist framing as unethical for campaigns, when governments communicate limited choices—such as male condoms only for prevention. Similarly, philosopher Susan Neiman (2016) sees affluent societies’ media reinforcing the infantilisation of citizenry, aligned with corresponding increases in government control. In parallel, LL2019 provides disempowering female sexual behaviours, fuelling subordinate sex role socialisation and potential victimisation (Butler, 1999; Goffman, 1976).

Further, paternalist less-than-full disclosure content selection on preventive options threatens audience’s self-determination and informed consent (Flanagan, 2013) to HIV and STI prevention. Distinguishing between incorrect, concealing, or misleading statements, Kantian philosopher Sissela Bok argues against such deception. If audiences suspect that authorities denied their autonomy by concealing the whole truth, it triggers “resentful, disappointed, and suspicious” audiences (Bok, 1978 p. 20), termed “reactance” by psychologists—an intense emotional response triggered by perceived choice restriction (Rosenberg and Siegel, 2018). If this attitude becomes cynical, the trust undergirding society is threatened (Bok, 1995). Bioethicist Robert M. Veatch identifies a social contract-derived PH “covenant” of which a major tenet is total access to all available health information so empowered individuals can make value-aligned decisions (Cole, Carlin and Carlson, 2015). Similarly, for Habermas societal health is conditional upon complete information access for decision-making and moral bonding—possible if rational, unmanipulated individuals’ free will is respected (Habermas, 1991; 1986) with “curbs on the power of the media” (Habermas, 1996 p. 442). Specifically, PH authorities must rebuild trust after COVID-19-related suspicion compounded a track-record of paternalistic HIV discourses.

5.11.1. Specific recommendation: Transparent and non-manipulative communication

Considering these aspects, therefore, recommendations for effective PH content strategy include a necessary transparency on stakeholder diversity and scientific arguments aligned with international best practices. Environmental improvements, such as increasing access to prevention, PrEP, and testing, would be impactful in parallel with content strategy. To prevent manipulation, ethical safeguards protect users' free will and societal trust in institutions while empowering individuals to make their own decisions.

5.12. Sociotechnical media system ethics

A final, all-encompassing ethical level concerns the sociotechnical system itself, in line with this study's RO (1), RO (2), and RO (4) considering campaign planning for effectiveness. Interweaving digital worlds of algorithmic distortion and restrictions with the fabric of societies, the internet and social media are designed for profitability by an elite, non-representative oligopoly for users with requisite competencies and resources (Rochel, 2021; Sadin, 2021; Lanier, 2019). Human biases are embedded within technology products: 80% of programmers are males (O'Neil, 2016), and in Switzerland five times more men³⁵ work in computer science than women, determining what media audiences and users act and learn. Digital content is restricted to costly electronic devices, hardware, and software, interconnected with globe-spanning infrastructure, each node "chokepoint" of which is vulnerable to dataveillance and hacking (EFF, 2022; Lindgren, 2022; Frau-Meigs, Velez and Flores, 2017). Digital inequities prevent media access for more than half of humanity—in

³⁵ Source: OFS Enquête Suisse sur la population active ESPA 'Part des spécialistes TIC dans le total des professions exercées en Suisse, évolution.

affluent Switzerland too, albeit to a lesser degree, threatening efficacy of digital health communication. Furthermore, the carbon footprint of browsing, messaging, and streaming is second only to aviation; If internet were a country it would be the 4th biggest global polluter (Freitag et al., 2021). Hence, frameworks of bioethics, human rights, and anticipatory governance (Shaw and Donia, 2021; Maréchal, Mackinnon and Dheere, 2020) merit consideration when digital media is used for health communication—a noble calling demanding a higher ethical standard (Guttman, 2022).

As discussed, despite their benefits, technical media systems ubiquity entraps individuals and societies within a paternalistic reduction of the latitude of human agency and autonomy (Gros, 2021; Sadin, 2021; Lanier, 2019; Neiman, 2016). Resulting algorithmic “selectivity” in the social distribution of knowledge (Habermas, 1996 p. 325) allows biased and partial health information to sicken individuals, communities, and societies, as identified. Information access equity is imperilled when selective targeting informs one target audience about PrEP, while depriving another audience of that same information. An iniquitous Foucaultian power-knowledge dynamic of “dividing practices” (Foucault, 2007; Rabinow, 1984; Foucault, 1982) results in knowledge asymmetries with resulting health inequities (Kickbusch et al., 2021). Digital targeting techniques result not in separation of bodies—into leper-colonies and asylums, as in Foucault (2007). Rather, media channels and messages algorithmically segregate minds, according to online communities, groups, audiences, and personas (Sadin, 2022; Lanier, 2019; Zuboff, 2019). Historically, scientific discourses justified dividing practices for social categories objectivised as “other”, deviant, or vulnerable (Foucault, 2020; 2007), using normalisation technologies to manipulate categories within webs of social control, with power “to quantify, measure, appraise and

hierarchise ... around the norm” (Foucault, 2020 p. 144). Today, such divisions are implemented by user social control and “serving” targeted audiences algorithmically selected content according to corporate gatekeepers’ business models (Zuboff, 2019; Lanier, 2019).

Further, Foucault’s (1982) conceptualisation of power sees “government” as purposive action structuring citizens’ conduct (p. 221), controlling individual’s range of possibilities in ways that feel like personal choices. Unlike coercive power, Foucaultian “government” constrains and influences in invisible ways, recalling framing (Kahnemann, 2011; Goffman, 1974), persuasive communication (Green et al., 2019; Cialdini, 2016), nudges (Colon, 2021) and UX design (Nahai, 2017; Krug, 2013). Therefore, the power of these digital techniques entails responsibility.

The pervasiveness and seductive ease of user-centred digital technologies (Scherer and Neesham, 2020) echo the numbing spread of totalitarian ideology. Philosopher Hannah Arendt (ibid.) identified the weaponization of science, intensified surveillance and control, and the dividing of populations as precursors preparing societies for totalitarianism. Contemporary parallels—some of which are among this study’s findings—include global tendencies towards conservatism and paternalism, algorithmic governance, and economic rationalisation (Gros, 2021; Sadin, 2021; Lancet, 2019; Salmon, 2017). Further, individualism and atomisation cultivated by consumerist ideology combine with media business models and data sets to provide near-total access to human behaviours, desires, and their levers (Rochel, 2021; Lupton, 2020; Zuboff, 2019; Van Dijck, 2014). Furthermore, other knowledge sources—notably traditional media constrained by deontological and legal scrutiny—were gutted by digital media. Corresponding consolidation and algorithmic knowledge distribution,

disinformation, and misinformation weakened societal consensus on facts, health, and science (Kickbusch et al., 2021; Berners-Lee, 2017).

This study aimed to identify how media campaign planning can best attain HIV and STI health objectives. Therefore, while PH exploits such media for its own ends, it must in the service of these ends cultivate a coherent, resilient, trustworthy public sphere through strong governance (Kickbusch et al., 2021; Tufekci, 2018; Hauser, 1998). Desirable PH outcomes can be assured by building and maintaining social capital in digital worlds—networks, norms, and trust needed within and among communities to cooperate on societal goals, and distribute their benefits (Putnam, 2000). In so doing, government deepens civil society understandings of legitimate health information in media, buttressing knowledge diffusion and social control around health-promoting norms (Kawachi and Berkman, 2000). If steps are not taken, put succinctly, using for-profit social media continues to “become a health risk” (Simpson and Conner, 2020 p. 3).

5.12.1. Specific recommendation: Complete and equitable information provision

For these reasons, and in view of RO (3) and RO (4), an ethical assessment of PH campaign deployment within the digital media system is recommended for campaign planning stakeholders. Specifically, to transparently provide full—not what is paternalistically determined to be best—disclosure of all relevant health information to the general public is one example of an ethical responsibility. Doing so, most notably regarding LL2019’s male condom monopoly and representations of women as sexual objects, will avert constraining human possibilities, increasing long term effectiveness. The link with purposefully un-paternalistic health policymaking is correspondingly clear.

Further, considering media ethics and enhancing effectiveness, future planners should augment non-digital channels and content—mainly interpersonal and print—in their campaign to bridge digital divides. Interpersonal channels include peer counselling, community health or practitioner-linked forums, events, and motivational interviewing (Lupton and Leahy, 2021; Scriven, 2017). The innovative and creative use of printed and non-interactive media such as brochures, informational tablets, and SSC-linked details at events and clinics, fitness clubs, general practitioners’ offices, saunas, schools, and workplaces ensures visibility for those whose algorithmic life excludes HIV and STI.

5.12.2. Specific recommendations: media governance policies and education

Within the objective of increasing effectiveness and reach³⁶ of health-promoting information, the media policy landscape merits examination. On a societal level, in line with substantive theory, an anticipatory governance³⁷ framework, emphasises participation of diverse and representative stakeholders, providing best practice guidance on a precautionary policymaking perspective, enabling legislative protection before a fast-moving media technology is widely adopted (Shaw and Donia, 2021; Guston, 2014), due to lack of conclusive research findings on media use and health (Kickbusch et al., 2021).

Similarly, in seeking to preserve the credibility and effectiveness of mediated health communication, legislative potential exists for redefining social media in the public interest, as “news” rather than “social” (Napoli, 2019; Frau-Meigs, 2018; Bok, 1995).

Similarly, international PH leaders seek to reconceptualise digital media within a legal

³⁶ Reach: the expansion of the number of users, and potentially audiences, exposed to or served a given content or post.

³⁷ “a broad-based capacity extended through society that can act on a variety of inputs to manage emerging knowledge-based technologies while such management is still possible” (Guston, 2014 p. 218).

framework to protect human rights, generate public value, and contribute to physical and mental health (Kickbusch et al., 2021). The Lancet and Financial Times Commission on Governing Health Futures 2030 (ibid.) recommends that societies urgently address digital governance as a multistakeholder cross-sectoral issue.

Specifically, top priority policy measures include stronger codes of conduct and transparency guidelines for media operations, and mechanisms for accountability, as demanded by certain governments and advocacy organisations such as EU DisinfoLab, Global Disinformation Index³⁸, Public Knowledge³⁹, and WITNESS⁴⁰. Long called-for are better platform moderation, fact-checking, and increased frontend “product friction” (Simpson and Conner, 2020 p. 4) that requires thinking before sharing. Other policy recommendations include reshaping media with an obligation for truth within a transparent deontology for health campaigns specifically such as Journalism Trust Initiative⁴¹ certification, independent scrutiny and repositories, removal of financial incentives from advertising, and demonetisation of polarising sites (Global Disinformation Index, 2022).

There is a policy imperative for media and information literacy—like sex education—as contemporary survival skills (Rochel, 2021; Simpson and Conner, 2020; Frau-Meigs, 2018; Napoli, 2018). Put succinctly by Frances Haugen, children should be “protected” from addictive social media designs, as they are from cigarettes (Rev, 2021). Finally, one small country cannot make durable changes to its media ecosystem without working with policymakers in neighbouring nations and in those countries where media ownership is based (Kickbusch et al., 2021; Robinson, 2021; Frau-Meigs, 2017).

³⁸ Global Disinformation Index: <https://www.disinformationindex.org/>

³⁹ Public Knowledge Project: <https://pkp.sfu.ca/>

⁴⁰ WITNESS: <https://blog.witness.org/>

⁴¹ Journalism Trust Initiative certification: <https://www.journalismtrustinitiative.org/>

5.13. Chapter Summary: Selective coding, theory-building, and recommendations

This chapter described the propositions of the substantive theory of media campaign planning for HIV and STI prevention in Switzerland. The grounded theory developed by applying TA within a GT methodology to multiple in-depth analyses of LL2019 media and stakeholder interviews. Having newly clarified, unified findings in hand considering newly sampled literatures and additional agency and cultural analyses, it was possible to reflexively bridge back from findings to theoretical and conceptual bases.

The theory shows media as primary interface between government policy and the general public for HIV and STI prevention. Correspondingly, diverse stakeholders are articulated as gatekeepers and policymaking resources for campaign planning and policymaking. Inclusive stakeholder participation, integration of best PH practices, and use of state-of-the-art marketing communication and media practices determine effectiveness of media campaign planning and ensuing strategy, content, and implementation. The substantive theory further identifies challenges to effective campaign planning and implementation as the multilevel federal structure and ideological interference from conservatism and individualism. It captures the complexity of conjugating PH policy with marketing and media discourses within such an environment, showing why the campaign output may not be optimal. Measures theorised in response to challenges included novel articulations like HCD between diverse stakeholders representative of the population, for effective policymaking and campaign planning.

The foregoing discussion raised unresolved philosophical and ethical debates for consideration by health communication media planners. These included the inevitable

encoding of values such as individualism in marketing-style campaigns, and the tensions between paternalistic conservatism and full disclosure. Digital media use ethics were identified on two levels, firstly individual and group level, where unintended externalities include body image problems and dysphoria. Secondly, societally, digital media subject users to algorithmic governance, biased designs, and dataveillance, while determining public perceptions of scientific facts. The corrosive and powerful nature of digital media is itself increasingly influencing the effectiveness of health campaigns using media vectors.

Aligned with this study's purpose, to identify how media planning processes can better fulfil campaign aims to reduce HIV and STI spread in the general population, policy and campaign planning recommendations have potential to overcome contextual conservatism, individualism, and federal fragmentation. For ethical and media communication efficacy reasons, policymakers should consider broader societal impacts, social responsibility, and transparency in regulating the national digital ecosystem. Based on this synthesis, and the substantive theory generated, the present research can inform professional PH communication practice regarding HIV and STI prevention.

6. CHAPTER 6 CONCLUSION

6.1. Introduction to the Chapter

This thesis investigated otherwise opaque planning processes for official PH media communication campaigns and encoded watermarks on their media artefacts, seeking to understand politically sensitive and complex negotiations between multidisciplinary campaign stakeholders. A campaign case study was selected, Swiss LL2019 campaign for HIV and STI prevention. Based on generating conceptualisations from the data through coding and categorisation, a grounded theory was developed to explain campaign planning in the case context. From the specific case, universal insights on health communication campaigns were generated (Simons, 2009) contributing to practice and ongoing scholarship discourses (Marshall and Rossman, 2016).

Synergistically framed within GT and complementary TA methodology and methods respectively, themes emerged from data sources including in-depth analysis of stakeholder viewpoints and numerous cross-cutting analyses of the campaign's rich media (Tie et al., 2019; Green and Thoroughgood, 2014). Triangulated through TA, these elucidated campaign planners' assumptions and perspectives by "capturing" process and meaning, allowing evaluation of theory-effectiveness pathways of LL2019 campaign and digital ecosystem, developing grounded theorising. Insights were modelled on the emergent theory to identify effectiveness constraints and opportunities. Aligned with DBA expectations, three types of practical recommendations were formulated based on research. Firstly, an inclusive, innovative collaborative process for was recommended for planning stakeholders, such as HDC, to address homogeneity emerging strongly from findings. Secondly, federal policy should support interdisciplinary research and investment in improved barrier protection.

Thirdly, the figurative mechanics for transforming the current splashy campaign into a regular, diverse, engaging, multichannel content strategy were identified, as were specific content recommendations based on federal PH policy on HIV and STI prevention (detailed in Appendix 11). Finally, ethical recommendations were provided to address conservative and cultural biases in media campaigns, as well as media governance to assure trust in the media and public sphere.

6.2. Overview of research and objectives

The purpose of this study was to develop a theoretical understanding of the LL2019 campaign, focusing on health stakeholders' perceptions of upstream planning processes, identifying how campaign aims can be better fulfilled. Research objectives were largely threefold, to explore, describe, and assess. Firstly, exploratory objectives sought to understand the processes, stakeholder roles, and beliefs and values of PH communication planning for HIV prevention in RO (1), (2), and (3). Secondly, descriptive objectives sought to clearly present participant and stakeholder perceptions of Swiss HIV prevention context in RO (1) and (3) and the role of PH communication planning in LL2019 campaign. Thirdly, when assessing the overall effectiveness of LL2019, RO (4), challenges and opportunities were identified to remedy weaknesses in content and strategy, as well as broader policy recommendations. To consider attainment of objectives, each RO is addressed in turn.

6.2.1. RO (1) To investigate the production of HIV and STI prevention campaigns in Switzerland and the roles of respective PH stakeholders.

Investigation of planning for the sample LL2019 campaign "black box" was enabled by in-depth interviews with health stakeholders, analysis of contextual literature, and analysis of the campaign within its digital ecosystem. The primary stakeholder, FOPH,

declined to be interviewed. Therefore, the researcher used TA of interviews and multiple prisms of deep media analysis to deconstruct media outputs, revealing inner figurative mechanisms and symbolic motors of media artefacts, yielding insights about their creators and designers. Contextual constraints emerged, notably conservatism, individualism, and federal fragmentation, affecting the monocultural ecosystem of mutually affirming campaign planning stakeholders. Remedial recommendations are provided. However, particularly because it was not a research aim, but an unsolicited finding elucidated by supplementary analyses, the cultural variable was outside this thesis' scope. Two forms of bias encompassed within LL2019 damage its credibility and effectiveness: the racial (white) and the affluence bias, both of which were contrary to the country's diversifying residents and growing numbers of strivers (Zaki, 2022). Particularly damaging to effectiveness were social representations of campaign actors, unrepresentative of the diverse gender and social identities that compose the audience (CDC, 2022; Ems and Gonzales, 2016). Considering current societal fragmentation and its kaleidoscope of social and gender identities, LL2019 representations construct gender according to a conservative paternalistic pattern. Inevitably, therefore, the Other—migrants, MSM, or the public—cannot identify with a campaign lacking homophily in Actors (Malik, 2020; Karimi et al., 2018) compounding existing exclusion, invisibility, and potential marginalisation, hence rendering it ineffective (Ems and Gonzales, 2016; Bandura, 1977).

6.2.2. RO (2) To examine the rationale and interests underlying the actions of PH stakeholders in prevention campaign planning.

Using innovative media analysis approaches, this research identified implicit ideological variables as well as opaque, tacit assumptions encoded within HIV and STI

prevention campaign messages, content, and strategies. LL2019 framed HIV and STI prevention as individual decisions amenable to persuasive communication and nudges rather than policy. The latter engage on a societal, structural “frame” that can regulate medical and pharmaceutical costs and make male and female condoms, and other preventive technologies widely accessible (Chater and Loewenstein, 2022). Failings of the HIV and COVID-19 pandemic responses demonstrated the importance of orchestrating policy formulation and social policy with PH communication (Scriven, 2017). Understandably, PH communication campaigns are easier, lower cost responses, but result from ideological bias—an attribution error—blaming individual weaknesses for society’s PH failings. Additionally, campaigns are quickly operationalised, with the benefit of being performative (Furton, 2022). By generating public engagement and social media metrics, such campaigns provide “evidence” of effectiveness (Luttrell and Capizzo, 2020; Kelly and Barker, 2016) to constituents and politicians, to whom intervention planners are accountable.

6.2.3. RO (3) To examine stakeholder perceptions of effectiveness of PH campaign strategy, content, and media channels.

A key premise of foregoing analyses was the opacity of PH campaign planning, circumvented by this researcher’s deconstruction of media outputs, extensive multidisciplinary literature analysis, and interviews. This methodological combination, conjugated within TA and developed within GT, brought a new reverse-engineered clarity on an otherwise hidden process. Findings demonstrated how a closed monologism of science was interpreted and reinforced by power (Bisiada, 2021; Foucault, 2020; 1997; 1984) at the interface of campaign planning and ensuing media. Such a path may not be direct, however. Possibilities for improved HIV and STI

prevention included a recommended holistic content strategy in conjunction with diverse stakeholders in campaign planning, as well as representative stakeholders for policy consideration of female-controlled measures, PrEP access, and stigma reduction, among others. Learnings from these findings can inform future prevention communication planning research and practice. A broader panel, and higher number, of interviewees, balanced in terms of males and females, would address this RO more effectively.

6.2.4. RO (4) To assess the overall effectiveness of the Swiss HIV and STI prevention campaign considering stakeholder expectations and international best practices.

Although LL2019 planner intentions are opaque to scrutiny and understanding, the ensuing campaign lacks markers for efficacy (Flowers, et al., 2019; White, 2019) and encodes cultural and ideological assumptions and values. Yet, media campaigns clearly have a role to play in reducing risky HIV and STI behaviours and increasing testing.

However, in this case the paternalistic framing of male condoms as the unique barrier to HIV and STI was problematic, particularly when international best practices recommendations are clear on female-controlled methods, PrEP, and stigma reduction, all of which were mainly excluded from the case study campaign.

The potential of incorporating diverse stakeholders in the planning and implementation of HIV and STI prevention campaigns was examined for its policy-influencing and implementation power. The substantive Swiss HIV and STI Prevention Media Planning Model developed in this study encapsulates these insights, providing specific remedial recommendations. The understandings presented within this study's exploratory purpose regarding stakeholders' interests, roles, and complex interactions

suggest a novel configuration, productively and collaboratively served for future PH campaigns.

Reflections on conducting this research during COVID-19 made clear that new ways are needed to view PH communication. Scientistic and paternalistic communication reflects little consideration for audiences' decision latitude and intelligence (White, 2019; Foucault, 1980) and social resources (Kickbusch and Reddy, 2016). A parallel can be drawn with central government discourses on ecological activism (Fisher, 2000) as well as the disconnect between growing popular conscience of economic problems and official discourses (Zaki, 2022). Yet, during COVID-19 the public demonstrated a need to know beyond what PH authorities were willing to say; and social media enabled people to conduct their own "research", collaborate, share, and sway others to coalesce around social identities. As a result of this trend, higher levels of reflexivity are necessary in PH planning: PH and science communication will never be the same again.

6.3. Researcher reflexivity

This researcher's ability to consider more than one way for viewing the world was nourished by broad multidisciplinary inputs on literature and theories from business and economics, communication, history, marketing, PH, and sociology. As sociologist Robin Celikates identifies, social research faces "an irresolvable structural conflict between scientific sociological analysis and the interpretations of actors, who are, in virtue of their immersion in social practice, incapable of distancing themselves from what they are doing, victims of a mere 'illusion of reflexivity'" (Celikates, 2015). Through social constructivism this researcher shifted the unattainable neutral focus away from self to data-neutrality instead; a shift facilitated by painstaking and

complete transparency, facilitated by TA and GT processes, regarding researcher's records on raw data, reduction and analysis, and synthesis (Krefting, 1991). Assisting in maintaining reflexivity and managing the influence of own background, experience, and social status reflexive memoing and note-taking, as recommended by Clarke et al. (2015). Clear and transparent disclosure and record-keeping assisted in achieving a high level of rigour, reflecting the participants' lived experience in research (Howell, 2013).

These strategies helped to embrace the reflexive process of research co-creation between subject and object, becoming "... a continuing mode of self-analysis and political analysis" (Hertz, 1997 p. viii). To paraphrase organisational researcher Mats Alvesson, research reflexivity is never-ending: while it constructs objects at first, the constructed construct the self within a construction in the end (Alvesson and Sköldbberg, 2009).

To increase trustworthiness, it is commonly recommended to use several investigators, which was unavailable due to time and financial constraints. However, code cross-checking by a Swiss communication lecturer, and critiques by international colleagues at conferences were enlightening as well. In addition, throughout research the salience of counterfactuals was ever-present, such as the possibility that reduced HIV rates may—or may not—result from LL2019. In addition, the possibility of other confounds was kept in mind, such as budgetary priority shifts in PH, or sexual trend changes in the population. Further, yet other explanations (Merriam, 1998) may exist, such as unreported, individual initiatives for testing, or buying PrEP abroad. Potentially playing a role as well were the availability of male condoms, drug use, migration, social trends,

and other systemic and environmental factors (Chater and Loewenstein, 2022; Piot et al., 2015).

6.4. Contributions

This research shows how innovative methods can deconstruct embedded meanings that shaped campaign media outputs, advancing knowledge of how PH media campaigns can increase effectiveness in three main ways: methodological, practical, and theoretical. Each is treated in following sections.

6.4.1. Methodological contribution

This study adds to those advocating integration of wider perspectives on behaviour and health to alleviate weaknesses in PH interventions caused by ignoring cultural, political, and socioeconomic contexts (UN, 2022; UN, 2021; UNAIDS, 2021a, 2021b, 2017; WHO, 2021a) and relevant disciplines. The substantive theory indicates constraints and avenues for media communication, policy formation, and stakeholder collaboration regarding testing, PrEP, and preventive methods for both men and women, particularly considering limitations of male condom use centrality to slow spread of HIV and STI (Chater and Loewenstein, 2022; Holman, Lynch and Reeves, 2018; Kelly and Barker, 2016). The combination of interviews and LL2019 media analyses, illuminated by multidisciplinary literature, brought a new reverse-engineered clarity on an otherwise hidden process. The potential was demonstrated for combining multiple prisms of deep media analysis for insightful deconstruction. This enabled identification of inner figurative mechanisms and semiotic resources encoded by planners and producers. The power of TA for ordering analytical procedures and transparently reporting them was equally demonstrated. The underlying GT encompassed all methods used, enabling robust development of the substantive Swiss

HIV and STI Preventive Media Campaign Planning Model, enabling it to inform subsequent explanatory or predictive research.

6.4.2. Practical contribution

As is desirable in DBA research, this study of Swiss HIV and STI prevention campaign planning has implications for practice. Specifically, these are relevant for media planners everywhere because multistakeholder models are widespread. Following this study's implications, planners could potentially increase effectiveness of HIV and STI prevention internationally. Findings offer new insights for collaborative and inclusive multistakeholder practices within health communication planning by highlighting constraints and unproductive outcomes, as well as providing strategic recommendations like HCD. Similarly, holistic "Cathedral thinking" within innovative interdisciplinary configurations that transcend specialist areas and government levels to respond to emerging health threats, could benefit most settings.

Revealed weaknesses of a limiting "campaign" mindset led to reflections on a perpetual content-strategy-based PH communication model. A content strategy with specific content channels, types, and topics, examples of which are provided in Appendix 11, can be adopted by any PH organisation. Such a media strategy holds strong potential to inform and prepare populations for a range of risks, from pandemics, to obesity, to road safety, and climate change. Societal benefits of this approach include better audience engagement and learning; increased interactions between the public and stakeholders; agenda-setting for individuals, the voting public, and policymakers; and enabling of transparent negotiations of reality pertaining to the phenomenon on social media. Detailed ethical considerations for a content strategy are identified, and specific recommendations provided.

In addition, the Swiss COVID-19 response showed similar systemic weaknesses to those previously demonstrated regarding HIV and STI prevention. While this comparison was not among initial research objectives, the researcher's lived experience and analyses led to this insight. Again, while the Swiss HIV response may not be representative of those in other nations, the insight that epidemic response weaknesses may tend to repeat over time, from one epidemic to another, is important one. The substantive theory and its attendant recommendations can assist with a new approach to prevention. Learning from past performance is essential to ensure future effectiveness, as COVID lingers, new threats emerge, and the next pandemics are on the horizon.

6.5. Further research

To better assess effectiveness of Swiss HIV/STI communication it would be instructive to conduct a matched cases cross-country comparison using either Austria or Denmark due to their cultural proximity, socio-demographic and economic profiles, and a similar HIV prevalence (UNAIDS, 2020). A comparison of prevention campaigns processes and outcomes could identify commonalities and tease out differences as a function of different treatments; Further cases increase representativeness and multiply analytical potential (Yin, 2014; Stake, 2000; Glaser and Strauss, 1999). To reinforce trustworthiness King, Keohane and Verba (1994) suggest "using the methods of scientific inference also to study systematic patterns in similar parallel events" (p. 43), using an historical comparative analysis of LL2019 and COVID-19 media campaigns and respective results.

Using a quantitative method, such as a regression discontinuity design, research could compare the trajectory of male condom use in Switzerland up to and including 2019,

and onwards after the LL2019 intervention. A comparison using a “differences-in-differences” design (Kerlinger and Lee, 2000) could compare Swiss male condom use case with that of a similar country case to demonstrate LL2019-induced behaviour changes, if any. Within the context of an observational cross-country study, each of the variables identified in the substantive theory can be measured as functions of appropriate country-level control variables, such as national culture, GDP per capita, and institutional quality, in a regression model (ibid.). These possibilities remain attractive for future research. Finally, meta-analytic reviews of interventions can identify planning and implementation improvements.

Outside biomedical and post-positivist paradigms, more research is needed on eroticism, identity, and structural barriers to HIV and STI prevention. For instance, individual risk perceptions that determine behaviour deserve more investigation (Christinet and Biscontin, 2020). Research identifying interactions between individual behaviour, media communication, social systems, and structural barriers hindering adherence to prevention choices (Kim et al., 2010; Zoller, 2005) has potential to highlight priority areas for PH policy. Research that identifies the nexus of health, social structures, and power can contribute understanding of underlying health risk contexts and social identity, rather than focusing on narrow behavioural decisions about sex (Schwartz and Grimm, 2019; Dillon and Basu, 2014). Broader research of systemic determinants of health and the political will to facilitate healthy choices can identify bases for future health intervention planning and materials (Chater and Loewenstein, 2022; UN, 2022; UNAIDS, 2021a; WHO, 2021a; Holman, Lynch and Reeves, 2018).

Further research in the public policy realm should consider societal implications of social media use for future campaigns. In light of the substantive model, ethical arguments, and newly sampled literature, deeper reflection is essential. Clearly, such media are useful for epidemic communication as discussed extensively, as well as health surveillance purposes. PH authorities can purposively harvest data that exhibit attitudes, knowledge-levels, and trends useful for planning and monitoring (Stevens et al., 2020) that can be parsed for deeper understanding.

However, because the same communication processes can be harnessed for misinformation and digital amplification of “infodemics”, mass manipulation (Colon, 2021; Lewandowsky et al., 2019), and surveillance (Tufekci, 2018), ethical principles should guide data collection, mining, collating, and use. Digital integrity as a human right considers the protection of human dignity, freedom, and privacy (Rochel, 2021; 2020), of specific and urgent importance to health (Kickbusch et al., 2021). For reasons previously identified in Literature Review and Sociotechnical media system ethics section, deeper political science and sociological research is needed to improve media governance and inform policy (Kickbusch et al., 2021; Berners-Lee, 2017; Kawachi and Berkman, 2000). Such research can consolidate positive societal impacts of digital media, preserving social cohesion and public trust in government and science (Tufekci, 2018; Hauser, 1998; Habermas, 1991). Doing so would help leverage platform efficacy for health communication as a public good.

Findings of this research underline the range of disciplines needed to consider contextual factors influencing behaviour and the effectiveness of PH intervention media themselves. Clear disengagement is needed from an atomistic, fragmented, and siloed scientific worldview to a more holistic and environmental one like

OneHealth (WHO, 2020), particularly as structural factors determine health behaviours (Pankhurst, 2014; Goldberg, 2012). The findings emphasise the need for more cultural studies inputs as well. Research shows that communicators should empower and motivate people to identify solutions that work for them instead of force-feeding information (Baird et al., 2014).

In sum, PH researchers' insights are needed to identify systemic modifications around PrEP, male and female condoms, and other changes that improve outcomes for PLWH, and HIV and STI prevention. The Media Campaign Planning Model is an attempt to bring the diverse PH threads together in a systemic manner, and as such merits more inputs and testing to move it toward further, improved iterations. Thinking structurally will benefit national responses to emerging epidemics, as well as addictions, mental health, and other PH issues.

6.6. Limitations of the Study

This investigation does claim to furnish a functional evaluation of Swiss PH media communication regarding HIV and STI. Criteria used for policy evaluation should include empirical evidence as to PH research and policy analysis, accuracy of objectives regarding final effects, internal coherence and logic, and external coherence with other policies and the context (Sager, Mavrot and Hadorn, 2017). However, the main variables of this study were identified using a campaign case study relating to marketing communication assumptions, culture, and ideology of use to further studies.

The research design was a limitation. The aim to go behind closed doors to understand stakeholder negotiating processes was only partially attained given the political sensitivity of PH campaign planning. Nevertheless, when subjected to stringent and rigorous analyses, LL2019 campaign artefacts and interviews shed a spotlight on

hidden processes, revealing key challenges and opportunities. Research objectives specified the area of study as encompassing STIs in addition to HIV. At first, having this broad outlook appeared to be a logical choice, because LL2019 is designed for both. The literature concurs on their similarities of prevention communication and policy. However, STIs are epidemiologically diverse, and for some of them condoms are not protective. For these reasons, analysis and findings of this study are generally more applicable for HIV than STIs. The selection of one case alone was a limitation; the selection of further cases—in other countries or multiple Swiss media campaigns—would reinforce the theory by producing further interrelations for refining theory (Yin, 2014; Stake, 2000).

Furthermore, using expert interviewees was risky. Although confidentiality and anonymity of respondents were guaranteed, interviewees may have still felt exposed and thus, not wholly truthful. The refusal to participate by a key respondent, the FOPH, who had initially committed was a challenge overcome by additional cultural and documentary analyses. Therefore, assumptions and intentions teased out from data could not be verified by interviewing them. Linguistically diverse respondents were interviewed, however a proportionally defined sample according to regional demographics, including Italian, would be more representative. Moreover, gender-diverse perspectives were limited by male domination on the interviewee panel, representative of the field. An attempt was made to compensate for this by integrating newly sampled literature encompassing female PLWH and female-controlled protective methods.

Main empirical material was limited by inaccessible planning and production documentation. However, interviews, deep methodical analysis of campaign outputs,

and constant comparison with literature—some newly sampled as needed—sufficed to prise open the “black box”. Access to FOPH background documents would have helped understand stated assumptions and interests. However, the advantage of the default strategy was a sustained and deep, revelatory focus on campaign outputs, digital ecosystem and videos. The multiple methods of rich media analysis triangulated across the expert interviews, literature, and complementary analyses provide a compelling demonstration of the strengths and weaknesses of the LL2019 planning process.

Indeed, interviews allowed unexpectedly vivid glimpses of interest-constrained negotiations and power struggles behind the scenes. Most revealing were the campaign’s artefacts, highly eloquent as to revealing upstream during planning. Analysing these microcosms demonstrated larger phenomena within PH and science, both judged according to perceived benefits to society: In HIV as elsewhere, the path from laboratory to PH policy to individual heat-of-the-moment decisions depends on the effectiveness of implementation science, policymaking, and health/science communication.

In terms of the substantive theory of media campaign planning, GT developers see grounded theories as “an ever-developing entity, not a perfected product.” (Glaser and Strauss, 1999 p. 32). Clearly, given its embeddedness to the cultural and federal context, place, and time, the model developed in this study may have limited use in other times and climes. Dubin (1976) asks researchers to identify the persistence of system states and unit values for proposed theory. This study was constrained to a Swiss cultural and socio-political context, and within a specific historical moment, as cultural analyses clarify. Using an historical perspective, this research identified the arc

of conservatism gaining in power, however the unknowns around future epidemics, economic health, and ecological change make any form of prediction impossible today.

Generalisation of findings

Switzerland is representative of other small affluent European countries in terms of economic and geography. Specifically, Swiss PH processes have lessons for decentralised or federal structures, such as Germany and the USA, as well as pluralistic cultures and languages, such as Belgium and India. However, the country is not representative in other ways, limiting the international applications of this research: it is among Europe's most affluent countries; others may not have such largesse for PH. However, this research underlined that LL2019 is far from a paragon among prevention campaigns. Generalisation could have been reinforced using a comparative method with a deviant-case analysis to combat "anecdotalism" of qualitative research (Silverman, 2009 p. 277), however, not an option for this study. Potentially, a form of analytic generalisation (Yin, 2014) would be confirmed if more HIV and STI prevention campaign cases were comparatively analysed to identify if characterisations were wider trends in planning. There are things to be learned—regardless of economic wealth—from this analysis regarding national prevention campaigns targeting the general public on other issues than HIV and STI, such as environmental, health, and societal problems, most notably when multistakeholder participation models are indicated. In sum, the GT methodology limited external validity of the theory being, as it was, thoroughly grounded in media and interview data.

6.7. Conclusion

This thesis responded to a need for better PH media planning process, specifically in the politically sensitive case of HIV/AIDS. A constructivist GT methodology

incorporating TA was used to systematically analyse qualitative data collected from stakeholder interviews and media outputs of the LL2019 campaign. These processes cumulated in the construction of a substantive theory that contributes to understanding media campaign planning processes by PH officials during a pandemic. The substantive Swiss HIV and STI Prevention Media Planning Model attained the objectives of this study: to investigate the production of such campaigns, and to assess their overall effectiveness, reflecting scientific translation from research to real-world applications as PH rationale. Media communication—whatever its channel—is the wheel-spoke between key audiences, policymakers, and scientists, driving individual and societal change. During pandemics PH agencies work to raise awareness, provide protective information, issue policies, and attempt to engage and motivate citizens to act accordingly. Scientists also communicate publicly, whether in line with official discourse or not. Yet science is a challenging, complex, and dynamic subject to communicate, with attendant ethical concerns inherent to communication in the public sphere (Guttman, 2022; Habermas, 1991). It is not the place of this thesis to resolve overarching philosophical issues that are raised by using potentially manipulatory communication techniques, even those implying a degree of surveillance. They were nonetheless flagged as considerations for stakeholders. Here communication channels and methods are summoned for individual BC, for a utilitarian end—attaining better societal health.

The study of digital media in health communication is ever-more important. The Global Web Index (2020) showed changes to digital and information consumption habits due to the pandemic, lockdowns, and distanced online working. Research also showed how some populations are left behind due to age, social resources, internet access, and lack

of digital skills (Lindgren, 2022; Nguyen et al., 2020; Neter, Brainin and Baron-Etel, 2018). Such findings leave no doubt that online access gaps need to be monitored carefully and that continued consideration of non-digital and interpersonal channels remains current.

Worldwide, HIV and STI interventions face discontinuities and existential threats due to the COVID-19 pandemic—among other health priorities. The pandemic compounded the economic precarity as well as economic pressures on health providers and governments (Krubiner, Madan Keller, and Kaufman, 2020). For these urgent reasons alone, it is vital to craft effective media communication complementary to better health policy, yet there are no empirically tested comprehensive systems, models, or processes to manage such a complex process. This study's substantive Media Planning Model aimed to describe, as well as recommend a way forward. Nevertheless, PH communicators are work on shifting sands: it is rare to have broad and long-lived consensus as to what is effective. When it does exist, communicators modulate it according to disease type, the population targeted, media habits, and the wider culture. Holistic research and ongoing communication, accounting for best practices and diverse males and females within power and social structures, is needed for the inevitable PH challenges of the future.

7. Bibliography

24 Heures (2020) *Une pénurie mondiale de préservatifs menace*. Available at:

<https://www.24heures.ch/monde/penurie-mondiale-preservatifs-menace/story/12275131> (Accessed: 12 March 2021).

Abend, G. (2008) 'The meaning of "theory"', *Sociological Theory*, 26(2), pp. 173-199.

Acemoglu, D. and Robinson, J. A. (2013) *Why nations fail: The origins of power, prosperity and poverty*. London: Profile Books, pp. 45-47.

AdAge (2019) *10 branded content trends to watch in 2019*. Available at:

<https://adage.com/article/agency-collective/10-branded-content-trends-watch-2019/316165> (Accessed: 24 November 2020).

Agger, B. (1991) 'Critical theory, poststructuralism, postmodernism: Their sociological relevance', *Annual Review of Sociology*, 17(1), pp. 105-131.

AIDSMAP (2015) *HIV: The Basics*. Available at: <http://www.aidsmap.com/hiv-basics> (Accessed: 28 March 2019).

Airhihenbuwa, C. O. (1995) *Health and Culture: Beyond the Western Paradigm*.

Thousand Oaks: SAGE.

Ajzen, I. (1991) 'The theory of planned behavior', *Organizational behavior and human decision processes*, 50(2), pp. 179-211.

Akinyemi, O., Harris, B. and Kawonga, M. (2019) 'Innovation diffusion: how homogenous networks influence the uptake of community-based injectable contraceptives', *BMC Public Health* 19, 1520. Available at:

<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-019-7819-5>

(Accessed: 26 November 2022).

Alaszewski, A. and Manthorpe, J. (1995) 'Weber, authority and the organisation of health care', *Nursing times*, 91(29), pp. 32-33.

Albalawi, Y. and Sixsmith, J. (2015) 'Agenda Setting for Health Promotion: Exploring an Adapted Model for the Social Media Era', *JMIR Public Health and Surveillance*, 1(2)e21.

Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869225/> (Accessed: 26 November 2022).

Ali, M., Blades, M., Oates, C. and Blumberg, F. (2009) 'Young children's ability to recognize advertisements in Web page designs', *British Journal of Developmental Psychology*, 27(1), pp. 71-83.

Allan, J. (1996) 'Foucault and Special Educational Needs: A 'box of tools' for analysing children's experiences of mainstreaming', *Disability & Society*, 11(2), pp. 219-234.

Allmark, P., Boote, J., Chambers, E., Clarke, A., McDonnell, A., Thompson, A. and Tod, A. M. (2009) 'Ethical issues in the use of in-depth interviews: literature review and discussion', *Research Ethics Review*, 5(2), pp. 48-54.

Alsan, M. Chandra, A. Simon, K. (2021) 'The Great Unequalizer: Initial Health Effects of COVID-19 in the United States', *Journal of Economic Perspectives* 35(3), pp 25-46.

Altermat, U. (1979) 'A Century of Conservatism, Part 2', *Journal of Contemporary History*, 14(4), pp. 581-610.

Altman, D. (1988) 'Legitimation through Disaster: AIDS and the Gay Movement', in Fee, E. and Fox, D. M. (eds.) *AIDS. The Burdens of History*. Berkeley: University of California Press, pp. 301-314.

Alvarez-Del Arco, D., Fakoya, I., Thomadakis, C., Pantazis, N., Touloumi, G., Gennotte, A., Zuure, F., Barros, H., Staehelin, C., Göpel, S., Boesecke, C., Prestileo, T., Volny-Anne, A., Burns, F. and Del Amo, J. (2017) 'High levels of postmigration HIV acquisition within nine European countries', *AIDS*, 31(14), pp. 1979-1988.

Alves, A. M. (2014) 'Jacques Ellul's Anti-Democratic Economy: Persuading Citizens and Consumers in the Information Society', *TripleC: Journal for a Global Sustainable Information Society*, 12(1), pp. 169-201.

Alvesson, M. and Karreman, D. (2000) 'Varieties of discourse: On the study of organisations through discourse analysis', *Human Relations*, 53(9), pp. 1125-1149.

Alvesson, M. and Spicer, A. (2012) 'A Stupidity-Based Theory of Organizations', *Journal of Management Studies*, 49(7), pp. 1194-1220.

Amason, P., Webb, L. and Agee, P. K. (2012) 'College students' descriptions of conflicts during safer sex talk: Managing challenging, intimate conversations', in Walker, K. L., Hart, J. L. and D'Silva, M. U. (eds.) *Communicating about AIDS/HIV: Taboo topics and difficult conversations*. New York: Hampton Press, pp. 141-164.

Ammerman, A., Smith, T. W. and Calancie, L. (2014) 'Practice-based evidence in public health: improving reach, relevance, and results', *Annual review of public health*, 35, pp. 47-63.

Andersson, G. Z., Reinius, M., Eriksson, L. E., Svedhem, V., Esfahani, F. M., Deuba, K., Rao, D., Lyatuu, G. W., Giovenco, D. and Ekström, A. M. (2020) 'Stigma reduction

interventions in people living with HIV to improve health-related quality of life', *The Lancet HIV*, 7(2), pp. 129-140.

Andeweg, R. B. (2000) 'Consociational Democracy' *Annual Review of Political Science*, 3(1), pp. 509-536.

Andrejevic, M. (2017) 'Reflexivity', in Ouellette, L. and Gray, J. (eds.) *Keywords for Media Studies*, New York: New York University Press, pp. 168-169.

Andrew, B. J., Mullan, B. A., de Wit, J. B., Monds, L. A., Todd, J., Kothe, E. J. (2016) 'Does the Theory of Planned Behaviour Explain Condom Use Behaviour Among Men Who have Sex with Men? A Meta-analytic Review of the Literature', *AIDS and behavior*, 20(12), pp. 2834-2844.

Anheier, H. K., Toepler, S. and List, R. A. (2010) *International Encyclopedia of Civil Society*. New York: Springer Science & Business Media.

Annandale, E. and Field, D. (2005) 'Medical sociology in Great Britain', *The Blackwell Companion to Medical Sociology*, pp. 245-263.

Antonakis, J., Bastardo, N., Liu, Y. and Schriesheim, C. A. (2014) 'What makes articles highly cited?', *The Leadership Quarterly*, 25(1), pp. 152-179.

Antonakis, J., Fenley, M. and Liechti, S. (2012) 'Learning charisma', *Harvard business review*, 90(6), pp. 127-130.

Arar, N., Delgado, E., Lee, S. and Abboud, H. E. (2013) 'Improving learning about familial risks using a multicomponent approach: the GRACE program', *Personalized medicine*, 10(1), pp. 35-44.

Arends, R. M., Van den Heuvel, T. J., Foeken-Verwoert, E. G. J., Grintjes, K. J. T., Keizer, H. J. G., Schene, A. H., Van der Ven, A. J. A. M. and Schellekens, A. F. A. (2020) 'Sex, drugs, and impulse regulation: A perspective on reducing transmission risk behavior and improving mental health among MSM living With HIV', *Frontiers in Psychology*, 11, Art. 1005.

Arendt, H. (2017) *The Origins of Totalitarianism*. London: Penguin Classics.

Aristotle (1932) *Aristotle in 23 Volumes*, 23 (trans. Fyfe, W.H.) Cambridge: Harvard University Press.

Armstrong, D. (2005) 'The rise of surveillance medicine', in Annandale, E., Elston, M.A. and Prior, L. (eds.) *Medical Work, Medical Knowledge and Health Care: a Sociology of Health and Illness Reader*. Oxford: Blackwell.

Armstrong, K. (2006) *A short history of myth*. Prestonpans: Canongate Books.

Aronson, E. and Tavis, C. (2020) 'The Role of Cognitive Dissonance in the Pandemic', *The Atlantic* (July 12). Available at:
<https://www.theatlantic.com/ideas/archive/2020/07/role-cognitive-dissonance-pandemic/614074/> (Accessed: 26 November 2022).

Arrey, A. E., Bilsen, J., Lacor, P. and Deschepper, R. (2017) 'Perceptions of stigma and discrimination in health care settings towards sub-Saharan African migrant women living with HIV/AIDS in Belgium: a qualitative study', *Journal of Biosocial Science*, 49(5), pp. 578-596.

Asad, A. L. and Kay, T. (2015) 'Toward a multidimensional understanding of culture for health interventions', *Social Science & Medicine*, 144, pp. 79-87.

Asare, M. (2015) 'Using the Theory of Planned Behavior to determine the condom use behavior among college students', *Am J Health Stud.*, 30(1), pp. 43-50

Aschengrau, A., Seage, G., R. (2020) *Essentials of Epidemiology in Public Health* (4th ed.) Burlington: Jones & Bartlett.

Asmis, E. (1986) 'Psychagogia in Plato's Phaedrus', *Illinois Classical Studies*, 11(1), pp. 153-172.

Assefa, Y. and Gilks, C. F. (2020) 'Ending the epidemic of HIV/AIDS by 2030: Will there be an endgame to HIV, or an endemic HIV requiring an integrated health systems response in many countries?', *International Journal of Infectious Diseases*, 100, pp. 273-277.

Atkin, C. K. and Rice, R. E. (2012) *Public Communication Campaigns*. Thousand Oaks: SAGE.

Avert (2015) *Stigma, Discrimination and HIV*. Available at:

[http://www.avert.org/professionals/hiv-social-issues/stigma-](http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination#sthash.hdPrplld.dpuf)

[discrimination#sthash.hdPrplld.dpuf](http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination#sthash.hdPrplld.dpuf) (Accessed: 30 October 2017).

Babalola, S., Van Lith, L. M., Mallalieu, E. C., Packman, Z. R., Myers, E., Ahanda, K. S., Harris, E., Gurman, T. and Figueroa, M. E. (2017) 'A Framework for Health Communication Across the HIV Treatment Continuum', *Journal of Acquired Immune Deficiency Syndromes*, 74 (Suppl 1), S5-S14.

Bacharach, S. B. (1989) 'Organizational theories: Some criteria for evaluation', *The Academy of Management Review*, 14(4), pp. 496-515.

Baird, J., Jarman, M., Lawrence, W., Black, C., Davies, J., Tinati, T., Begum, R., Mortimore A., Robinson, S., Margetts, B., Cooper, C., Barker, M. and Inskip, H. (2014) 'The effect of a behaviour change intervention on the diets and physical activity levels of women attending Sure Start Children's Centres: results from a complex public health intervention', *BMJ open*, 4(7), e005290.

Baker, S. E. and Edwards, R. (2012) *How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research*. Available at: <http://eprints.ncrm.ac.uk/2273/> (Accessed: 30 October 2017).

Baker-Oehler, M. and Holba, A. (2009) *The communicative relationship between dialogue and care*. New York: Cambria Press.

Ball, H. and Wozniak, T. R. (2022) 'Why Do Some Americans Resist COVID-19 Prevention Behavior? An Analysis of Issue Importance, Message Fatigue, and Reactance Regarding COVID-19 Messaging', *Health communication*, 37(14), pp. 1812-1819.

Balleys, C., Millerand, F., Thoër, C. and Duque, N. (2020) 'Searching for oneself on YouTube: Teenage peer socialization and social recognition processes', *Social Media+Society*, 6(2), pp. 2056305120909474.

Bambra, C., Smith, K.E., Garthwaite, K., Joyce K. E. and Hunter D. J. (2011) 'A labour of Sisyphus? Public policy and health inequalities research from the Black and Acheson Reports to the Marmot Review', *Journal of Epidemiology and Community Health*, 65(5), pp. 399-406.

Bamford, J. (2014) 'The most wanted man in the world: interview with Edward Snowden', *WIRED*. Available at: <http://www.wired.com> (Accessed: 2 January 2018).

- Bandura, A. (1977) *Social Learning Theory*. New York: Prentice Hall.
- Bandura, A. (1994) Social Cognitive Theory and Exercise of Control over HIV Infection. In: DiClemente, R.J., Peterson, J.L. (eds) *Preventing AIDS. AIDS Prevention and Mental Health*. pp. 25-53. Springer, Boston, MA.
- Bandura, A. (1997) *Self-efficacy: The Exercise of Control*. New York: Freeman.
- Bandura, A. (1998) 'Health promotion from the perspective of social cognitive theory', *Psychology & Health*, 13(4), pp. 623-649.
- Bandura, A. (2002) 'Social Cognitive Theory in Cultural Context', *Applied Psychology: an International Review*, 51(2), pp. 269-290.
- Bandura, A. (2004) 'Health promotion by social cognitive means', *Health Education & Behavior*, 31(2), pp. 143-164.
- Bandura, A., Ross, D. and Ross, S. A. (1961) 'Transmission of aggression through imitation of aggressive models', *Journal of Abnormal and Social Psychology*, 63(3), pp. 575-582.
- Barber, B. R. (2007) *Consumed: How Markets Corrupt Children, Infantilise Adults, and Swallow Citizens Whole*. New York: W. W. Norton & Co.
- Barker, M., Swift, J. A. (2009) 'The application of psychological theory to nutrition behaviour change', *The Proceedings of the Nutrition Society*, 68, pp. 205-209.
- Barrett, M., Oborn, E. and Orlikowski, W. J. (2016) 'Creating Value in Online Communities: The Sociomaterial Configuring of Strategy, Platform, and Stakeholder Engagement', *Information Systems Research*, 27, pp. 704-723. Available at: <https://dspace.mit.edu/handle/1721.1/111086> (Accessed: 20 October 2022).

- Barthes, R. (1972) *Mythologies* (trans. Lavers, A.) New York: Noonday Press.
- Barthes, R. (1977) *Image – Music – Text*. (Trans. Steven Heath) New York: Hill & Wang.
- Bartholomew-Eldredge, L. K., Markham, C.M., Ruiter, R. A. C., Fernandez, M. E., Kok, G., Parcel, G. S. (2016) *Planning health promotion programs: An intervention mapping approach*. San Francisco: Jossey-Bass.
- Baseman, J. G., Revere, D., Painter, I., Toyoji, M., Thiede, H. and Duchin, J. (2013) 'Public health communications and alert fatigue', *BMC Health Services Research*, 13(295), pp. 1-8.
- Bassett, M. T. (2017) 'Ending the epidemic. The art and science of reaching bodies', *HIV Public Health Perspective, Einstein-Rockefeller CUNY CFAR Symposium, 5 of 6*. Available at: <https://www.youtube.com/watch?v=0ADxK7j2SL4> (Accessed: 22 January 2018).
- Bateson, G. (1972) *Steps to an Ecology of Mind*. New York: Ballantine.
- Baudrillard, (1998) *The Consumer Society: Myths and Structures*. Los Angeles: SAGE.
- Baudrillard, J. (1994) *Simulacra and Simulation* (trans. Glaser, S. F.) Ann Arbor: University of Michigan Press.
- Baudrillard, J. (1998) *The Consumer Society*. London: SAGE.
- Baudrillard, J. (2007) *Forget Foucault*. Cambridge: MIT Press.
- Baum, F. and Fisher, M. (2014) 'Why behavioural health promotion endures despite its failure to reduce health inequities', *Sociology of Health & Illness*, 36(2), pp. 213-225.
- Baumgartner, L. M. and David, K. N. (2009) 'Accepting being poz: The incorporation of the HIV identity into the self', *Qualitative Health Research*, 19(12), pp. 1730-1743.

Baxter, L. A. (2011) *Voicing relationships: a dialogic perspective*. London: SAGE.

Bazzano, A. N., Martin, J., Hicks, E., Faughnan, M., and Murphy, L. (2017) Human-centred design in global health: A scoping review of applications and contexts. *PLoS ONE*, 12(11), e0186744. Available:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0186744>.

(Accessed: November 26 2022).

BBC World (2022) *How AIDS elimination is within Australia's reach*. Available at:

<https://www.bbc.com/news/world-australia-59764592> (Accessed: 17 July 2022).

Beames, S., Andkjær, S. and Radmann, A. (2021) 'Alone With Goffman: Impression Management and the TV Series', *Frontiers in Communication*. Available at:

<https://www.frontiersin.org/article/10.3389/fcomm.2021.676555> (Accessed: 12 November 2021).

Beauvoir, S. de (2015) *The Second Sex* (trans. Borde, C. and Malovany-Chevallier, S.) London: Vintage Classics.

Beck, U., Giddens, A. and Lash, S. (1994) *Reflexive Modernization: Politics, Tradition and Aesthetics in the Modern Social Order*. Stanford: Stanford University Press.

Becker, C. M., Glascoff, M. A. and Felts, W. M. (2010) 'Salutogenesis 30 years later: Where do we go from here?', *International Electronic Journal of Health Education*, 13, pp. 25-32.

Bedert, M., Davidovich, U., de Bree, G., van Bilsen, W., van Sgihem, A., Zilhof, W.,

Brinkman, K., van der Valk, M. and de Wit, J. (2021) 'Understanding Reasons for HIV Late Diagnosis: A Qualitative Study Among HIV-Positive Individuals in Amsterdam, The Netherlands', *AIDS and Behavior*, 25, pp. 2898-2906.

Bedford, J., Farrar, J., Ihekweaz, C., Kang, G., Koopmans, M. and Nkengasong, J. (2019) 'A new twenty-first century science for effective epidemic response', *Nature*, 575, pp. 130-136.

Bekalu, M. A., Bigman, C. A., Mccloud, R. F., Lin, L. K. and Viswanath, K. (1995) 'The relative persuasiveness of narrative versus non-narrative health messages in public health emergency communication: Evidence from a field experiment', *Preventive Medicine*, 111, 284-290.

Bekker, L-G. Alleyne, G., Baral, S., Cepeda, J., Daskalakis, D., Dowdy, D., Dybul, M., Eholie, S., Esom, K., Garnett, G., Grimsrud, A., Hakim, J. and Havlir, D. (2018) 'Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission', *Lancet*, 392, pp. 312-58.

Beksinska, M., Greener, R., Mphili, N., Smit, J., Kilbourne-Brook, M. and Coffey, P. S. (2019) 'Functional performance study of an adapted design of the woman's condom: a crossover, noninferiority, randomized clinical trial', *The European Journal of Contraception & Reproductive Health Care*, 24(3), pp. 233-239.

Bell, K. and Green, J. (2016) 'On the perils of invoking neoliberalism in public health critique', *Critical Public Health*, 26(3), pp. 239-243.

Bell, P. and Milic, M. (2002) 'Goffman's Gender Advertisements revisited: Combining content analysis with semiotic analysis', *Visual Communication* 1(2) pp. 203-222.

Berger, A. A. (1991) *Media Analysis Techniques*. Newbury Park: SAGE.

Bern, S. L. (1981) 'Gender Schema Theory: A Cognitive Account of Sex Typing', *Psychological Review*, 88(4), pp. 354-364.

- Berners-Lee, T. (2017) 'Three Challenges for the Web, According to its Inventor', *Web Foundation* March 12. Available at: <https://webfoundation.org/2017/03/web-turns-28-letter/> (Accessed: 24 November 2022).
- Bernstein, W. J. (2013) *Masters of the Word: How Media Shaped History*. New York: Grove Press.
- Bertozi, S. M., Laga, M., Bautista-Arredondo, S. and Coutinho, A. (2008) 'Making HIV prevention programmes work', *The Lancet*, 372(9641), pp. 831-844.
- Bettcher, D. and Lee, K. (2002) 'Globalisation and public health', *Journal of Epidemiology & Community Health*, 56(1), pp. 8-17.
- Beyrer, C., Wirtz, A. L., O'Hara, G., Léon, N. and Kazatchkine, M. (2017) 'The expanding epidemic of HIV-1 in the Russian Federation', *PLoS medicine*, 14(11), e1002462.
- Bezemer, J. and Jewitt, C. (2009) 'Social Semiotics', in Östman, J.-O., Verschueren, J. and Versluys, E. (eds.) *Handbook of Pragmatics*. Amsterdam: John Benjamins.
- Bindel, J. (2017) *The Pimping of Prostitution*. London: Palgrave Macmillan.
- Birch, P. (2018) 'Dramaturgical Methods', *The SAGE Handbook of Qualitative Business and Management Research Methods: Methods and Challenges*, pp. 170-187.
- Birks M., Mills J. (2015) *Grounded theory: A practical guide*. London, England: Sage.
- Bisiada, M. (2021) 'Discursive structures and power relations in Covid-19 knowledge production', *Humanities and Social Sciences Communications*, 8(1), pp. 1-10.
- Blick (2022) *Sanctions contre la Russie. Les capotes vont-elles manquer à cause de la guerre en Ukraine?* Available at: <https://www.blick.ch/fr/news/monde/sanctions->

contre-la-russie-les-capotes-vont-elles-manquer-a-cause-de-la-guerre-en-ukraine-id17438265.html (Accessed: 1 July 2022).

Blue, S., Shove, E., Carmona, C. and Kelly, M. P. (2016) 'Theories of practice and public health: Understanding (un)healthy practices', *Critical Public Health*, 26(1), pp. 36-50.

Bodenmann, P., Vu, F., Wolff, H. and Jackson, Y. (2022) *Vulnérabilités, diversités et équité en santé*. Genève: Planète Santé.

Bødker, H. (2016) 'Stuart Hall's encoding/decoding and the circulation of journalism in the digital landscape', *Critical Studies in Media Communication*, 33(5), pp. 409-423.

Bogale, B., Mørkrid, K., O'Donnell, B., Ghanem, B., Abu Ward I., Abu Khader K., Isbeih, M., Frost, M., Baniode, M., Hijaz, T., Awwad, T., Rabah, Y. and Frøen, J. F. (2020) 'Development of a targeted client communication intervention to women using an electronic maternal and child health registry: a qualitative study', *BMC Med Inform Decis Mak*, Jan 20(1), pp. 1-12.

Bohman, J. (2016) 'Critical Theory', in Zalta E. N. (ed.) *The Stanford Encyclopedia of Philosophy*. Available at: <https://plato.stanford.edu/archives/fall2016/entries/critical-theory/> (Accessed: 1 March 2018).

Bok, S. (1978) *Lying: Moral Choice in Public and Private Life*. New York: Pantheon.

Bok, S. (1995) *Common Values*. Columbia: University of Missouri Press.

Bordo, S. (1993) *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkley: University of California Press.

Bourgeault, I., Dingwall, R. and de Vries, R. (2013) *SAGE Handbook of Qualitative Methods in Health Research*. London: SAGE.

- Bourne, T. and Lidstone, J. (2015) 'What is Plan B? Using Foucault's archaeology to enhance policy analysis', *Discourse: Studies in the Cultural Politics of Education*, 36(6), pp. 833-853.
- Boyd, B. (2009) *On the origin of stories: Evolution, cognition, and fiction*. London: Belknap Press.
- Boyle, K. (2018) 'The implications of pornification: Pornography, the mainstream and false equivalences', in Lombard, N. (ed.) *The Routledge Handbook of Gender and Violence*. London: Routledge, pp. 85-96.
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3(2), pp. 77-101.
- Braun, V. and Clarke, V. (2021) *Thematic Analysis. A Practical Guide*. Thousand Oaks: SAGE.
- Braun-Courville, D. K. and Rojas, M. (2009) 'Exposure to sexually explicit web sites and adolescent sexual attitudes and behaviors', *Journal of Adolescent Health*, 45(2), pp. 156-162.
- Briggle, A. and Micham, C. (2012) *Ethics and Science. An Introduction*. Cambridge: Cambridge University Press.
- Briggs, A. and Burke, P. (2010) *Social History of the Media: From Gutenberg to the Internet, 3rd edition*. Cambridge: Polity Press.
- Brisson, J. and Nguyen, V. K. (2017) 'Science, technology, power and sex: PrEP and HIV-positive gay men in Paris', *Culture, Health & Sexuality*, 19(10), pp. 1066-1077.

Brlek, S. S. and Prodnik, J. A. (2017) 'The point is to change it! Introduction to critical political interventions in media and communication studies', *TripleC: Journal for a Global Sustainable Information Society*, 15(1), pp. 214-336.

Brodsky, A. (2017) 'Rape-Adjacent: Imagining Legal Responses to Nonconsensual Condom Removal', *Columbia Journal of Gender and Law*, 32(2), pp. 183-210.

Brookes, R. (2010) The Swiss Aids Federation is calling for solidarity with those suffering from HIV/Aids on Wednesday and has given a clear message that prejudice should end. Available at: https://www.swissinfo.ch/eng/fighting-discrimination-on-world-aids-day/28920322?utm_campaign=teaser-in-article&utm_content=o&utm_medium=display&utm_source=swissinfoch (Accessed: 8 November 2017).

Büchler, A., and Gächter, T. (2016) *Medical Law in Switzerland*. Aalphen aan den Rijn: Wolters Kluwer.

Buffel, V., Reyniers, T., Masquillier, C., Thunissen, E., Nöstlinger, C., Laga, M., Wouters, E., Berghe, W. V., Deblonde, J. and Vuylsteke, B. (2021) 'Awareness of, Willingness to Take PrEP and Its Actual Use Among Belgian MSM at High Risk of HIV Infection: Secondary Analysis of the Belgian European MSM Internet Survey', *AIDS and Behavior*, 26(6), pp. 1793-1807.

Buijzen, M., Van Reijmersdal, E. A. and Owen, L. H. (2010) 'Introducing the PCMC model: an investigative framework for young people's processing of commercialized media content', *Communication Theory*, 20, pp. 427-450.

Bunton, R., Murphy, S. and Bennett, P. (1991) 'Theories of behavioural change and their use in health promotion: Some neglected areas', *Health Education Research*, 6, pp. 153-162.

Burgess, R., Feliciano, J. T., Lizbinski, L. and Ransome, Y. (2022) 'Trends and Characteristics of #HIVPrevention Tweets Posted Between 2014 and 2019: Retrospective Infodemiology Study', *JMIR public health and surveillance*, 8(8), e35937.

Burton, S. and Steane, P. (2004) *Surviving Your Thesis*. London: Routledge Taylor and Francis.

Buse, K., Mays, N. and Walt, G. (2012) *Making health policy*. London: McGraw-hill education.

Butler, J. (1999) *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Cameron, E. (2021) *Forty years of AIDS: Equality remains central to quelling a still-potent epidemic*. Available at:

<https://www.unaids.org/en/resources/presscentre/featurestories/2021/december/wad-by-edwin-cameron> (Accessed: 13 January 2022).

Canguilhem, G. (2009) *Idéologie et rationalité dans l'histoire des sciences de la vie* (2nd ed.) Paris: Editions Vrin.

Cardoso (2021) *Suisse: La prévention du VIH présente encore des lacunes*. Available at: <https://www.20min.ch/fr/story/la-prevention-du-vih-presente-encore-des-lacunes-897893949662> (Accessed: 9 March 2018).

Carter K. C. (1985) 'Ignaz Semmelweiss, Karl Mayerhofer, and the rise of germ theory', *Medical History*, 29, pp. 33-53.

Cassou-Nogues, P. (2022) *La Bienveillance des machines*. Paris: Seuil.

Catania, J. A., Kegeles, S. M. and Coates, T. J. (1990) 'Towards an understanding of risk behavior: An AIDS risk reduction model (ARRM)', *Health Educ Q*, 17(1), pp. 53-72.

Celikates, R. (2015) 'Against Manichaeism: The Politics of Forms of Life and the Possibilities of Critique', *Raisons politiques*, 57(1), pp. 81-96

Celikates, R. and Jaeggi R. (2017) 'Technology and Reification: Technology and Science as 'Ideology'', in Brunkhorst, H., Kreide, R. and Lafont, C. (eds.) *The Habermas Handbook*, pp. 256-270. New York: Columbia University Press.

Centers for Disease Control - CDC (2015) *HIV/AIDS Risk By Gender*. Available at: <http://www.cdc.gov/hiv/group/gender/index.html> (Accessed: 30 October 2017).

Centers for Disease Control - CDC (2017) 'Dear Colleague', *CDC Division of HIV/AIDS Prevention*. Available at: <http://www.cdc.gov> (Accessed: 9 March 2018).

Centers for Disease Control - CDC (2018) *Pre-Exposure Prophylaxis, HIV/AIDS*. Available at: <https://www.cdc.gov/hiv/risk/prep/index.html> (Accessed: 8 April 2019).

Centers for Disease Control - CDC (2022) *Health Equity Guiding Principles for Inclusive Communication*, CDC. Available at: https://www.cdc.gov/healthcommunication/Health_Equity (Accessed 26 November 2022).

Chaffey, D. and Ellis-Chadwick, F. (2019) *Digital Marketing, 7th edition*. London: Pearson.

Chaffey, D. and Smith, P. R. (2017) *Digital Marketing Excellence. Planning, Optimizing and Integrating Online Marketing*. London: Routledge.

Chakrabarti, S., Hamlet, L. C., Kaminsky, J. and Subramanian, S. V. (2021) 'Association of human mobility restrictions and race/ethnicity-based, sex-based, and income-based factors with inequities in well-being during the COVID-19 pandemic in the United States', *JAMA network open*, 4(4), e217373.

Chambers, L. A., Rueda, S., Baker, D. N., Wilson, M. G., Deutsch, R., Raeifar, E. and Rourke, S. B. (2015) 'Stigma, HIV and health: a qualitative synthesis', *BMC public health*, 15(1), pp. 1-17.

Champion, J. D. and Collins, J. L. (2012) 'Comparison of a theory-based (AIDS Risk Reduction Model) cognitive behavioral intervention versus enhanced counseling for abused ethnic minority adolescent women on infection with sexually transmitted infection: results of a randomized controlled trial', *Int J Nurs Stud.*, 49(2), pp. 138-50.

Chan, R. C. and Mak, W. W. (2021) 'Protective and compensatory effects of group identification on the mental health of people living with HIV', *Archives of Sexual Behavior*, 50(4), pp. 1677-1687.

Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks: SAGE.

Charmaz, K. (2014) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis* (2nd ed.). London: SAGE

Charmaz, K. and Thornberg R. (2021) 'The pursuit of quality in grounded theory', *Qualitative Research in Psychology*, 18(3), pp. 305-327.

Chartrand T. L. (2005) 'The role of conscious awareness in consumer behavior', *Journal of Consumer Psychology*, 15, pp. 203-210.

Chater, N. and Loewenstein, G.F. (2022) 'The i-frame and the s-frame: How focusing on individual-level solutions has led behavioral public policy astray', *Behavioral and Brain Sciences*. Sep 5 pp. 1-60.

Chen, L. and Shi, J. (2015) 'Social support exchanges in a social media community for people living with HIV/AIDS in China', *AIDS Care*, 27(6), pp. 693-696.

Chernick, L. S., Konja, A., Gonzalez, A., Stockwell, M. S., Ehrhardt, A., Bakken, S., Westhoff, C. L., Dayan, P. S., Santelli, J. (2022) 'Designing illustrative social media stories to promote adolescent peer support and healthy sexual behaviors', *Digit Health* Jan-Dec; 8: 20552076221104660.

Chiu, C.-Y., Lonner, W. J., Matsumoto, D. and Ward, C. (2013) 'Cross-Cultural Competence: Theory, Research, and Application', *Journal of Cross-Cultural Psychology*, 44(6), pp. 843-848.

Chomsky, N. and Foucault, M. (2007) *Justice contre pouvoir (1971)*. Available at: <https://www.monde-diplomatique.fr/2007/08/A/15053> (Accessed: 25 February 2018).

Christin A. (2020) *Metrics at Work: Metrics and the Contested Meaning of Algorithms*. Princeton: Princeton University Press.

Christinet, V. and Biscontin, G. (2020) 'Sous-estimation de l'exposition au VIH des hommes ayant du sexe avec d'autres hommes', *Revue Médicale Suisse* 16 pp. 1656-9. Available at: https://www.researchgate.net/publication/344201689_Sous-estimation_de_l'exposition_au_VIH_des_hommes_ayant_du_sexe_avec_d'autres_hommes (Accessed : November 26 2022)

CHUV (2020) *Conference: A chronic illness like any other, HIV discrimination in Switzerland*. Available at: <https://www.chuv.ch/fr/min/min-home/patients-et-familles/consultation-ambulatoire/lantenne/conference-une-maladie-chronique-comme-une-autre-1/discrimination-liee-au-vih-en-suisse> (Accessed: 7 May 2021).

Cialdini, R. B. (2016) *Pre-Suasion: A Revolutionary Way to Influence and Persuade*. New York, NY: Simon and Schuster.

Cialdini, R. B. and Goldstein, N. J. (2004) 'Social influence: Compliance and conformity', *Annual Review of Psychology*, 55, pp. 591-621.

Clarke A. E., Friese, C. and Washburn, R. (2015) *Situational Analysis in Practice*. London: Routledge.

Clarke, A. E. (2005) *Situational Analysis: Grounded Theory After the Postmodern Turn*. Thousand Oaks: SAGE Publications.

Clarke, A. E. (2015) *From grounded theory to situational analysis. What's new? Why? How?* London: Routledge.

Clarke, A. E., Mamo, L., Fosket, J. R., Fishman, J. R., Shim, J. K. (2010) *Biomedicalization: Technoscience, health, and illness in the U.S.* Durham, NC: Duke University Press.

Clinton, M. E. and Springer, R. A. (2017) 'Representation, archeology and genealogy: Three "spatial metaphors" for inquiring into nursing phenomena with Foucauldian discourse analysis', *Nursing Philosophy* 18(4), e12166.

Cochand, L., Masserey, E., Bodenmann, P., and Troillet, N. (2022) 'Faisabilité et impact du dépistage VIH chez les requérants d'asile', in Bodenmann, P., Vu, F., Wolff, H. and Jackson, Y. (eds.) *Vulnérabilités, diversités et équité en santé*. Genève: Planète Santé.

Cockerham, W. C. (2013) *The Social Causation of Health and Disease*. Cambridge: Polity Press.

Cohen, D. A., Scribner, R. A. and Farley, T. A. (2000) 'A structural model of health behavior: a pragmatic approach to explain and influence health behaviors at the population level', *Preventive Medicine*, 30(2), pp. 146-154.

Cohen, J. (1997) 'Deliberation and Democratic Legitimacy in Deliberative Democracy' in Bohman, J. and Rehg, W. (eds.) *Deliberative Democracy: Essays on Reason in Politics*, Cambridge: MIT Press, pp. 407-438.

Cohen, J. (2018) 'A daily pill can prevent HIV infections. Why don't more people use it?', *Science*. Available at: http://www.sciencemag.org/news/2018/03/daily-pill-can-prevent-hiv-infections-why-don-t-more-people-use-it?utm_campaign=news_daily_2018-03-12&et rid=35065952&et_cid=1903121 (Accessed: 4 June 2019).

Cohen, J. (2018) 'Building TRUST in an LGBTQ-hostile country', *Science*. Available at: <http://www.sciencemag.org/news/2018/06/nigeria-has-more-hiv-infected-babies-anywhere-world-it-s-distinction-no-country-wants#sidebar1> (Accessed: 3 June 2019).

Cole, T. R., Carlin, N. S. and Carlson, R. A. (2015) *Medical Humanities*. New York: Cambridge University Press.

Coleman R., McCombs M., Shaw D., Weaver D. (2009) *The Handbook of Journalism Studies*. Abingdon: Routledge. pp. 147-160.

Collins Dictionary (2022) *Love*. Available at: <https://www.collinsdictionary.com/dictionary/english/love> (Accessed: 26 June 2022).

- Collins, H. (2010) *Creative Research: The Theory and Practice of Research for the Creative Industries*. West Sussex: AVA Publications.
- Collis, J. and Hussey, R. (2014) *Business Research. A Practical Guide for Undergraduate and Postgraduate Students*. London: Palgrave Macmillan.
- Colon, D. (2021) *Les Maîtres de la manipulation*. Paris: Flammarion.
- Comte, A. (1963) *Discours sur l'esprit positif: suivi de cinq documents annexes - volume 97*. Paris: Union générale d'éditions.
- Confédération Suisse (2018a) *Discover Switzerland. Environment: Geography*. Available at: <http://www.eda.admin.ch> (Accessed: 22 January 2018).
- Confédération Suisse (2018b) *Discover Switzerland. Graphics: We are Switzerland*. Available at: <http://www.eda.admin.ch> (Accessed: 22 January 2018).
- Connelly, L. and Peltzer, J. (2016) 'Underdeveloped themes in qualitative research: Relationship with interviews and analysis', *Clinical nurse specialist CNS*, 30(1), pp. 52-57.
- Conquergood, D. (1991) 'Rethinking ethnography: Towards a critical cultural politics', *Communications monographs*, 58(2), pp. 179-194.
- Conrad, P. (2007) *The Medicalisation of Society. On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press.
- Corbin, J. M. and Strauss, A. L. (1990) 'Grounded theory research: Procedures, canons, and evaluative criteria', *Qualitative sociology*, 13(1), pp. 3-21.
- Corbin, J. M. and Strauss, A. L. (2008) *Basics of qualitative research: Techniques and procedures for developing grounded theory*, 3rd edition. Thousand Oaks: SAGE.

- Corcoran, N. (2007) 'Theories and models in communicating health messages', *Communicating health: Strategies for health promotion*. London: SAGE, pp. 5-31.
- Costongs, C. (2019) 'The "lifestyle drift" of health promotion'. *EuroHealthNet Editorials, European & International Affairs, Policy* 11 (July 11).
- Couldry, N. (2016) *Media, Society, World: Social Theory and Digital Media Practice*. Cambridge: Polity Press.
- Couldry, N. (2017) 'Power', in Ouellette, L. and Gray, J. (eds.) *Keywords for Media Studies*, 5. New York: New York University Press, pp. 145-148.
- Coyne, S. M., Hurst, J. L. and Dyer, W. J. (2021) 'Suicide Risk in Emerging Adulthood: Associations with Screen Time over 10 years', *J Youth Adolescence*, 50, pp. 2324-2338.
- Craig R. T. (2016) 'Theory and Practice', *The International Encyclopedia of Communication Theory and Philosophy*, pp. 1-20.
- Crawford, M. B. (2015) *The World Beyond Your Head: On Becoming an Individual in an Age of Distraction*. New York: Farrar, Strauss, & Giroud.
- Crosby, R. A., Salazar, L. F., and DiClemente, R. J. (2018) 'Ecological approaches in the new public health', in DiClemente, R. J., Salazar, L. F., and Crosby, R. A. *Health Behavior Theory for Public Health* pp. 231-251.
- Crosier, A., and McVey, D. (2017) 'Evaluation of social marketing programmes', in French, J. (ed.) *Social Marketing and Public Health Theory and Practice* 2nd ed. Oxford: Oxford University Press. pp. 47-65.
- Crowell, T. A., Baral, S. D., Schwartz, S., Nowak, R. G., Kokogho, A., Adebajo, S., Keshinro, B., Mekanjuola, O., Michael, N. L., Robb, L., Charurat, M. R. and Ake, J. A.

(2019) 'Time to change the paradigm: limited condom and lubricant use among Nigerian men who have sex with men and transgender women despite availability and counseling', *Annals of Epidemiology*, 31, pp. 11-19.

Csikszentmihalyi, M. (2008) *Flow. The Psychology of Optimal Experience*. New York: Harper Perennial.

Culyer, A. J. (2005) *The Dictionary of Health Economics*. Cheltenham: Edward Elgar.

Cummins, R. G., Gong, Z. H. and Reichert, T. (2021) 'The impact of visual sexual appeals on attention allocation within advertisements: an eye-tracking study', *International Journal of Advertising*, 40(5), pp. 708-732.

Cutting, G. and Oksala, J. (2018) 'Michel Foucault', in Zalta, E. N. (ed.) *The Stanford Encyclopedia of Philosophy* (Summer 2018 edition). Available at:

<https://plato.stanford.edu/archives/sum2018/entries/foucault/> (Accessed: 3 July 2019).

Daft, R. L. (1984) 'Antecedents of significant and not-so-significant organizational research', *Method and analysis in organizational research*, pp. 3-14.

Dahl, D. W., Sengupta, J. and Vohs, K. D. (2009) 'Sex in advertising: Gender differences and the role of relationship commitment', *Journal of Consumer Research*, 36(2), pp. 215-231.

Dalum, P., Schaalma, H. and Kok, G. (2012) 'The development of an adolescent smoking cessation intervention—an Intervention Mapping approach to planning', *Health Education Research*, 27(1), pp. 172-181.

- Daniel, K. L., Bernhardt, J. M. and Eroğlu, D. (2009) 'Social marketing and health communication: from people to places', *American journal of public health*, 99(12), pp. 2120-2122.
- Daniel, S. (2012) 'The Swiss radical right: who are the (new) voters of Swiss peoples' party?', *Representation*, 48(2), pp. 197-208.
- Day, D. and Antonakis, J. (2012) *The Nature of Leadership*. Thousand Oaks: SAGE Publications.
- De Bruin, M., Viechtbauer, W., Hospers, H. J., Schaalma, H. P., Kok, G. (2009) 'Standard care quality determines treatment outcomes in control groups of HAART-adherence intervention studies: Implications for the interpretation and comparison of intervention effects', *Health Psychology*, 28(6), pp. 668-674.
- De Buck, E., Hannes, K., Cargo, M., Van Remoortel, H., Vande Veegaete, A., Mosler, H. J., Govender, T., Vandekerckhove, P. and Young, T. (2018) 'Engagement of stakeholders in the development of a Theory of Change for handwashing and sanitation behaviour change', *International Journal of Environmental Health Research*, 28(1), pp. 8-22.
- De Campos-Rudinsky, T. C. and Undurraga, E. (2021) 'Public health decisions in the COVID-19 pandemic require more than "follow the science"', *Journal of Medical Ethics*, 47, pp. 296-299.
- De Houwer, J. (2009) 'Comparing Measures of Attitudes at the Functional and Procedural Level', in Petty, R. E., Fazio, R. H. and Brinol, P. (eds.) *Attitudes: Insights from the New Implicit Measures*. New York: Psychology Press, pp. 361-390.
- Dean, J. (2005) 'Communicative Capitalism: Circulation and the Foreclosure of Politics', *Cultural Politics: An International Journal*, 1, pp. 51-74.

Dean, M. (1999) *Governmentality*. Thousand Oaks: SAGE.

Deardorff, D. (2006) 'The Identification and Assessment of Intercultural Competence as a Student Outcome of Internationalization at Institutions of Higher Education in the United States', *Journal of Studies in International Education*, 10(3), pp. 241-266.

Dearing, J.W. and Cox, J.G. (2018) 'Diffusion Of Innovations Theory, Principles, And Practice' *Health Affairs* Vol. 37, No. 2: pp. 175-336.

Descartes, R. (2000) *Discours de la méthode*. Paris: GF Flammarion.

Deetz, S. A., Tracy, S. J. and Simpson, J. L. (2000) *Leading Organisations Through Transition*. London: SAGE.

Definitions.net (2022) *Get it on*. Available at:

<https://www.definitions.net/definition/Get%20It%20On> (Accessed: 21 July 2022).

Degen, B. (2011) 'La paix du travail', *Dictionnaire Historique de la Suisse*. Available at:

<http://www.hls-dhs-dss.ch/textes/f/F16535.php> (Accessed: 11 November 2017).

Delessert T. (2017) *Vingtième Siècle. Revue d'histoire*, 134, p. 227.

Deleuze, G. and Guattari, F. (1987) *A Thousand Plateaus: Capitalism and Schizophrenia* (trans. Massumi, B.) Minneapolis: University of Minnesota Press.

Denzin, N. K. (1978) *The Research Act: A Theoretical Introduction to Sociological Methods*, 3rd edition. Englewood Cliffs: Prentice Hall.

Denzin, N. K. (1989) *Interpretive Biography. Qualitative Research Methods*. Newbury Park: SAGE.

Denzin, N. K. (1999) 'Cybertalk and the method of instances', in Jones, S. (ed.) *Doing internet research: Critical issues and methods for examining the net*. New York: SAGE, pp. 107-126.

Denzin, N. K. and Lincoln, Y. S. (2000) *The SAGE Handbook of Qualitative Research, 2nd edition*. Thousand Oaks: Sage Publications.

Denzin, N. K. and Lincoln, Y. S. (2003) *The Landscape of Qualitative Research. Theories and Issues*. Thousand Oaks: Sage Publications.

Deopa, N., Fortunato, P. (2021) 'Coronagraben in Switzerland: culture and social distancing in times of COVID-19', *J Popul Econ* 34, pp.1355-1383.

Depoux, A., Hémono, M., Puig-Malet, S., Pédrón, R. and Flahault, A. (2017) 'Communicating climate change and health in the media', *Public Health Reviews*, 38(1), pp. 1-4.

Descartes, R. (1910) 'Oeuvres de Descartes', *The Internet Archive*. Available at: <https://archive.org/details/uvresdedescartes12desc/page/152/mode/2up?q=machine> (Accessed: 20 June 2018).

Detels, R., Gulliford, M., Karim, Q. A. and Tan, C. C. (eds.) (2015) *Oxford textbook of global public health, 6th edition*. Oxford: Oxford University Press.

Detels, R., Karim, Q. A., Baum, F., Li, L. and Leyland, A. H. (2021) *Oxford textbook of public health, 7th edition*. Oxford University Press, Oxford.

Devito, J. A., Chassé G., and Vezeau, C. (2019) *La Communication Interpersonnelle*. Paris: Pearson ERPI France.

Devlin, W. J. and Bokulich, A. (2015) *The Structure of Scientific Revolutions: 50 Years on*. New York: Springer.

Devowl.io (2022) *Integrate YouTube GDPR-compliant into a WordPress website*.

Available at: <https://devowl.io/2022/youtube-website-gdpr/> (Accessed: 20 October 2022).

Dewey, J. (1929) *Experience and Nature*. London: George Allen & Unwin.

Dey, I. (1999) *Grounding Grounded Theory: Guidelines for Qualitative Enquiry*. London: Academic Press.

Dibb, S., Simkin, L., Pride, W. M. and Ferrell, O. C. (2016) *Marketing Concepts and Strategies, 7th edition*. London: Cengage Learning.

DiClemente, C. C., Prochaska, J.O., Fairhurst, S., K. Velicer, W. F., Velasquez, M. M. and Rossi, J. S. (1991) 'The process of smoking cessation : An analysis of pre-contemplation, contemplation, and preparation stages of change', *Journal of Consulting and Clinical Psychology*, 59(2), pp. 295-304.

DiClemente, R. J., Salazar, L. F., and Crosby, R. A. (2018) *Health Behavior Theory for Public Health*. Burlington: Jones & Bartlett.

Dijkers, M. P. and Millis, S. R. (2020) 'The Template for Intervention Description and Replication as a measure of intervention reporting quality: Rasch analysis', *Archives of rehabilitation research and clinical translation*, 2(3), 100055.

Dillon, P. J. and Basu, A. (2014) 'HIV/AIDS and minority men who have sex with men: a meta-ethnographic synthesis of qualitative research', *Health Communication*, 29(2), pp. 182-192.

- Djaballah, M. (2008) *Kant, Foucault, and Forms of Experience*. London: Routledge.
- Do, M., Kincaid, D. L. and Figueroa, M. E. (2014) 'Impacts of four communication programmes on HIV testing behaviour in South Africa', *AIDS Care*, 26(9), pp. 1109-1117.
- Donzelot, J. (1991) *The Policing of Families* (trans. Hurley, R.) Baltimore: Johns Hopkins Press.
- Dopp, A. R., Parisi, K. E., Munson, S. A. and Lyon, A. R. (2019) 'A glossary of user-centered design strategies for implementation experts.' *Translational behavioral medicine*, 9(6) pp. 1057-1064.
- Downing, R. (2011) *Biohealth: Beyond medicalisation: Imposing health*. Eugene: Wipf & Stock.
- Dragowski, E. A., Halkitis, P. N., Moeller, R. W. and Siconolfi, D. E. (2013) 'Social and sexual contexts explain sexual risk taking in young gay, bisexual, and other young men who have sex with men, ages 13-29 years', *Journal of HIV AIDS and Social Services*, 12(2), pp. 236-255.
- Duberley, J. and Johnson, P. (2009) 'Critical Management Methodology', in Alvesson, M., Bridgman, T. and Wilmott, H. (eds.) *The Oxford Handbook of Critical Management Studies*. Oxford: Oxford University Press.
- Dubin, R. (1976) 'Theory building in applied areas', in Dunette, M. D. (ed.) *Handbook of Industrial and Organizational Psychology*. Chicago: Rand McNally.
- Dudareva-Vizule, S., Haar, K., Sailer, A., Wisplinghoff, H., Wisplinghoff, F. and Marcus, U. and PARIS study group (2014) 'Prevalence of pharyngeal and rectal Chlamydia

trachomatis and Neisseria gonorrhoeae infections among men who have sex with men in Germany', *Sexually Transmitted Infections*, 90(1), pp. 46-51.

Duelund, P. (2010) 'Jürgen Habermas, The structural transformation of the public sphere: an inquiry into a category of bourgeois society', *International Journal of Cultural Policy*, 16(1), pp.26-28.

Duke, K. (2006) 'Switzerland launches naked poster campaign to stop AIDS', *British Medical Journal*, 332(7551), 1174.

Dunne, C. (2011) 'The place of the literature review in grounded theory research', *International Journal of Social Research Methodology*, 14(2), pp. 111-124.

Durey, A., Gibson, B. J., Ward, P. R., Calache, H. and Slack-Smith, L. (2021) 'Social practice theory: An innovative approach to considering preschool children's poor oral health', *Community dentistry and oral epidemiology*, 49(4), pp. 309-313.

Durkin, S. J., Biener, L. and Wakefield, M. (2009) 'A prospective study of degree and type of mass media campaign exposure on reducing disparities in smoking cessation among socioeconomic subgroups', *American journal of public health*, 99(12), pp. 2217-2223.

Dutta, M. J. (2008) *Communicating Health*. Cambridge: Polity.

Dutta, M. J. and Dutta, U. (2013) 'Voices of the poor from the margins of Bengal: structural inequities and health', *Qualitative Health Research*, 23(1), pp. 14-25.

Dworkin, G. (2020) 'Paternalism', in Zalta, E. N (ed.) *The Stanford Encyclopedia of Philosophy*. Available at:

<https://plato.stanford.edu/archives/fall2020/entries/paternalism/> (Accessed: 7 August 2021).

Earnshaw, V. A., Eaton, L. A., Kalichman, S. C., Brousseau, N. M., Hill, E. C., Fox, A, B. (2020) 'COVID-19 conspiracy beliefs, health behaviors, and policy support', *Transl Behav Med.* Oct 8;10(4) pp. 850-856.

Earnshaw, V. A., Lang, S. M., Lippitt, M., Jin, H. and Chaudoir, S. R. (2015) 'HIV stigma and physical health symptoms: Do social support, adaptive coping, and/or identity centrality act as resilience resources?', *AIDS and Behavior*, 19(1), pp. 41-49.

Eisenhardt, K. M. and Graebner, M. E. (2007) 'Theory building from cases: Opportunities and challenges', *Academy of Management Journal*, 50(1), pp. 25-32.

Eisinger, R. W., Dieffenbach, C. W., Fauci, A. S. (2019) 'HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable', *JAMA* 321(5) pp. 451-452.

Elbe, S. (2008) *Risking Lives: AIDS, Security and Three Concepts of Risk*. Security Dialogue, 39(2-3), pp. 177-198.

Electronic Frontier Foundation [EFF] (2022) *We need to talk about infrastructure*, December 20. Available at: <https://www.eff.org/deeplinks/2022/12/we-need-talk-about-infrastructure> (Accessed: 24 November 2022).

Ellul, J. (1973) *Propaganda. The Formation of Men's Attitudes*. New York: Vintage Books.

Ellul, J. (1978) *The Technological Society*. New York: Vintage Books/Random House.

Elmer, G. (2013) 'IPO 2.0: The Panopticon Goes Public', *MediaTropes*, 4(1), pp. 1-16.

- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K. and Kyngäs, H. (2014) 'Qualitative content analysis: A focus on trustworthiness', *SAGE open*, 4(1), pp. 1-10.
- Ems, L. and Gonzales, A. L. (2016) 'Subculture-centered public health communication: A social media strategy', *New Media & Society*, 18(8), pp. 1750-1767.
- Encyclopedia Britannica (2018) 'Logos. Philosophy and theology', *Encyclopedia Britannica online*. Available at: <https://www.britannica.com/topic/logos> (Accessed: 30 October 2017).
- Engels, F. (2016) [1892] 'The Condition of the Working Class in England in 1844' (trans. Wischnewetzky, F. K.) *CreateSpace Independent Publishing Platform*. Available at: <https://books.google.ch/books?id=OfjWAgAAQBAJ&printsec=frontcover&dq=Engels+1892+%5B1982%5D&hl=en&sa=X&ved=0ahUKEwi-nNjO7vbeAhVEThoKHXGhCwwQ6AEIMDAB#v=onepage&q=excessive%20mortality&f=false> (Accessed: 28 June 2017).
- Ent, M. R. and Gerend, M. A. (2016) 'Cognitive dissonance and attitudes toward unpleasant medical screenings', *Journal of Health Psychology* 21(9) pp. 2075-2084.
- EpidA (2016) Communicable Diseases Legislation – The Federal Epidemics Act (EpidA). Available at: <https://www.bag.admin.ch/bag/en/home/gesetze-und-bewilligungen/gesetzgebung/gesetzgebung-mensch-gesundheit/epidemiengesetz.html> (Accessed: 17 December 2016).
- Erlingsson, C. and Brysiewicz, P. (2013) 'Orientation among multiple truths: An introduction to qualitative research', *African journal of emergency medicine: Revue africaine de la medecine d'urgence*, 3(2), pp. 92-99.

Espinoza, F. (2012) *The Nature of Science. Integrating Historical, Philosophical, and Sociological Perspectives*. Lanham: Rowman & Littlefield.

ETR (2015) *Theories and Approaches. The Health Belief Model and Sexuality Education*.

Available at:

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=345>

(Accessed: 11 May 2017).

Eugster, B. and Strijbis, O. (2011) 'The Swiss: A Political Nation?', *Swiss Political Science Review*, 17 pp. 394-416

European Centre for Disease Prevention and Control - ECDC (2014) *Social marketing guide for public health managers and practitioners*. Available at:

<https://www.ecdc.europa.eu/en/publications-data/social-marketing-guide-public-health-programme-managers-and-practitioners> (Accessed: 11 November 2017).

European Centre for Disease Prevention and Control - ECDC (2015) Evidence Brief: HIV and Leadership. Monitoring Implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2014 Progress Report. Available at: http://ecdc.europa.eu/en/press/news/_layouts/forms/News.aspx (Accessed: 20 October 2016).

European Centre for Disease Prevention and Control - ECDC (2017) *1 in 2 people living with HIV in Europe is diagnosed late: ECDC and WHO urge improvement in testing practices*. Available at: <https://www.ecdc.europa.eu/en/news-events/1-2-people-living-hiv-europe-diagnosed-late-ecdc-and-who-urge-improvement-testing> (Accessed: 12 February 2018).

European Centre for Disease Prevention and Control - ECDC (2019) *Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2018 progress report*. Available at:

<https://www.ecdc.europa.eu/sites/default/files/documents/HIV-continuum-of-care-monitoring-dublin-declaration-progress-report-2018.pdf> (Accessed: 5 November 2020).

Evers, J. C. (2016) 'Elaborating on Thick Analysis: About Thoroughness and Creativity in Qualitative Analysis', *Forum: Qualitative Social Research*, 17(1), Art. 6.

Faden, R., Bernstein, J. and Shebaya, S (2022) 'Public health ethics', in E.N. Zalta (ed.), *The Stanford Encyclopedia of Philosophy*, Spring. Available at:

<https://plato.stanford.edu/archives/spr2022/entries/publichealth-ethics/> (Accessed: 26 November 2022).

Fairhurst, G. T. and Sarr, R. A. (1996) *The Art of Framing: Managing the Language of Leadership*. San Francisco: Jossey-Bass.

Fairley, C. K., Hocking, J. S., Zhang, L. and Chow, E. P. (2017) 'Frequent Transmission of Gonorrhoea in Men Who Have Sex with Men', *Emerging Infectious Disease*, 23(1), pp. 102-104.

Fargnioli, V. (2021) *InVIHsibles: Trajectoires de femmes séropositives*. Genève: Antipodes.

Fasehun, L. K., Lewinger, S., Fasehun, O. and Brooks, M. (2022) 'Barriers and Facilitators to Acceptability of the Female Condom in Low- and Middle-Income Countries: A Systematic Review', *Annals of Global Health*, 88(1), pp. 20.

Faulk, S. (2009) 'Development of an HIV/AIDS Risk Index', Charles Sturt University Seminar, Bern University of Applied Sciences.

Faulk, S. and Usunier, J. C. (2009) *AIDS and Business*. New York: Routledge.

Federal Data Protection and Information Commissioner (2020) *FDPIC considers CH-US Privacy Shield does not provide adequate level of data protection. September 8,*

Available at:

<https://www.edoeb.admin.ch/edoeb/en/home/latestnews/media/medienmitteilungen.msg-id-80318.html> (Accessed: 20 October 2022).

Federal Office of Public Health - FOPH (2015) *The Love Life Campaign*. Available at:

http://www.bag.admin.ch/hiv_aids/11667/12565/index.html (Accessed: 11 November 2017).

Federal Office of Public Health - FOPH (2018) *National HIV and STI programme Axes*.

Available at: <https://www.bag.admin.ch/bag/en/home/strategie-und-politik/nationale-gesundheitsstrategien/nationales-programm-hiv-und-andere-sexuelle-uebertragbare-infektionen/zielgruppe-mit-erhoehtem-expositionsrisiko-achse2.html> (Accessed: 9 November 2019).

Federal Office of Public Health - FOPH (2020) *VIH et SIDA en Suisse, situation en 2019: Bulletin 48/2020*. Available at:

<https://www.bag.admin.ch/bag/fr/home/das-bag/publikationen/periodika/bag-bulletin.html> (Accessed 24 February 2021).

Federal Office of Public Health - FOPH (2021) *HIV/AIDS statistics and Analysis, November 2021*. Available at:

<https://www.bag.admin.ch/bag/de/home/zahlen-und-statistiken/zahlen-zu-infektionskrankheiten/hiv-sti-statistiken-analysen-trends.html> (Accessed: 13 January 2022).

Federal Office of Public Health - FOPH (2021) *Infections sexuellement transmissibles et hépatites B/C en Suisse en 2020 : survol épidémiologique : Bulletin 48/2021*.

Available at: <https://www.bag.admin.ch/dam/bag/fr/dokumente/mt/p-und-p/hiv-sti-statistiken-analysen-und-trends/hiv-sti-epizahlen-2020.pdf.download.pdf/bu-48-vih-ist-hepbc-2020-fr.pdf> (Accessed 1 May 2022).

Federal Statistical Office (2020) *Permanent resident population aged 15 or over, by migration status*. Available at:

<https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/by-migration-status.html> (Accessed: 8 March 2021).

Federal Statistical Office (2021) *Permanent foreign resident population by nationality*.

Available at: <https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/foreign.html> (Accessed: 5 February 2018).

Feenberg, A. (1991) *Critical Theory of Technology*. Oxford: Oxford University Press.

Feenberg, A. (1992) 'On Being a Human Subject: Interest and Obligation in the Experimental Treatment of Incurable Disease', *Philosophical Forum*, 23(3), pp. 213-230.

Feenberg, A. (2004) 'Democratic Rationalisation', in Kaplan, D.M. (eds.) *Readings in the Philosophy of Technology*. Oxford: Rowman & Littlefield, pp. 209-225.

Feenberg, A. (2017) *Technosystem. The Social Life of Reason*. Cambridge: Harvard University Press.

Fernandez, M. E., Ruiter, R. A. C., Markham, C.M., Kok, G. (2019) 'Intervention mapping: Theory- and evidence-based health promotion program planning: Perspective and Examples', *Frontiers Public Health*. Aug. 14 (7) p.209.

Ferraro, F., Pfeffer, J. and Sutton, R. I. (2005) 'Economic language and assumptions: How theories can become self-fulfilling', *Academy of Management Review*, 30, pp. 8-24.

Festinger, L. (1957) *A Theory of Cognitive Dissonance*. Stanford: Stanford University Press.

Filkins B. L., Kim, J. Y., Roberts, B., Armstrong, W., Miller, M. A., Hultner, M. L., Castillo, A. P., Ducom, J.-C., Topol, E. J. and Steinhubl, S. R. (2016) 'Privacy and security in the era of digital health: what should translational researchers know and do about it?', *American journal of translational research*, 8(3), pp. 1560-1580.

Filley, A. C., House, R. J. and Kerr, S. (1976) *Managerial Process and Organizational Behavior*. Illinois: Scott Foreman.

Fischer, M., Safaeinili, N., Haverfield, M. C., Brown-Johnson, C. G., Zionts, D. and Zulman, D. M. (2021) 'Approach to Human-Centered, Evidence-Driven Adaptive Design (AHEAD) for Health Care Interventions: a Proposed Framework', *Journal of General Internal Medicine*, 36(4) pp. 1041-1048.

Fishbein, M. (2008) 'A Reasoned Action Approach to Health Promotion', *Medical Decision Making*, 28(6), pp. 834-844.

Fishbein, M. and Ajzen, I. (2010) *Predicting and Changing Behavior: The Reasoned Action Approach*. New York: Psychology Press.

Fishbein, M. and Cappella, J. N. (2006) 'The role of Theory in Developing Effective Health Communications', *Journal of Communication*, 56(S), pp. 1-17.

Fishbein, M., Triandis, H., Kanfer, F., Becker, M.H., Middlestadt, S.E. and Eichler, A. (2001) 'Factors influencing behavior and behavior change', in Baum, A., Revenson, T. R. and Singer, J. E. (eds.) *Handbook of Health Psychology*. Mahwah NJ: Lawrence Erlbaum, pp. 3-17.

Fisher, B. and Tronto, J. (1990) 'Toward a feminist theory of caring', *Circles of care: Work and identity in women's lives*, pp. 35-62.

Fisher, J. D., Fisher, W. A., Misovich, S. J., Kimble, D. L., Malloy, T. E. (1996) 'Changing AIDS risk behavior: Effects of an intervention emphasizing AIDS risk reduction information, motivation, and behavioral skills in a college student population', *Health Psychology*, 15(2), pp. 114-123

Floersch, J., Longhofer, J., Kranke, D. and Townsend, L. (2010) 'Integrating thematic, grounded theory and narrative analysis: A case study of adolescent psychotropic treatment: A case study of adolescent psychotropic treatment', *Qualitative social work: research and practice*, 9(3), pp. 407-425.

Flowers, P., Estcourt, C., Sonnenberg, P. and Burns, F. (2017) 'HIV testing intervention development among men who have sex with men in the developed world', *Sexual Health*, 14(1), pp. 80-88.

Flowers, P., Riddell, J., Boydell, N., Teal, G., Coia, N. and McDaid, L. (2019) 'What are mass media interventions made of? Exploring the active content of interventions designed to increase HIV testing in gay men within a systematic review', *British Journal of Health Psychology*, 24(3), pp. 704-737.

Floyd, D. L., Prentice-Dunn, S. and Rogers, R. W. (2000) 'A meta-analysis of research on protection motivation theory', *Journal of Applied Social Psychology*, 30(2), pp. 407-429.

Ford, J., Steel, N. and Guest, (2020) 'Communicating Risk'. In I. Kawachi, I. Lang, and W. Ricciardi (eds.) *Oxford Handbook of Public Health Practice* (4th ed.). Oxford: Oxford University Press, pp. 550-558.

Forstner, D. (1967) *Die Welt der Symbole*. Innsbruck: Oswald Haller.

Fortanet Fernández, J. (2016) 'Foucault: Il n'existe d'autre vérité que celle produite par le pouvoir' (trans. Laverne, H. and Sensarric, P.) *Collection Apprendre à philosopher*. Paris: RBA.

Fortin M. F., Gagnon J. (2016) *Fondements et étapes du processus de recherche : Méthodes quantitatives et qualitatives* (3rd ed.). Montréal, Québec: Chenelière Éducation.

Foss, S. K. and Waters, W. (2007) *Destination Dissertation: A Traveler's Guide to a Done Dissertation*. Plymouth: Rowman & Littlefield.

Foucault, M. (1969) *Interview with Georges Charbonnier: Michel Foucault L'archéologie du savoir*. Available at: <https://www.franceculture.fr/michel-foucault-larchive-cette-masse-complexe-de-choses-qui-ont-ete-dites-dans-une-culture> (Accessed: 23 February 2018).

Foucault, M. (1971) *L'Ordre du discours*, Paris: Gallimard.

Foucault, M. (1972) *The Archaeology of Knowledge and the Discourse on Language* (trans. Smith, A. M. S.) London: Tavistock.

Foucault, M. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books.

Foucault, M. (1974) 'Human Nature: Justice vs Power', in Elders, F. (ed.) *Reflexive Water: The Basic Concerns of Mankind*. London: Souvenir Press.

Foucault, M. (1975) *Surveiller et punir*. Paris: Gallimard.

Foucault, M. (1980) *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, in Gordon, C. (ed.) (trans. Gordon, C., Marshall, L., Mepham, J. and Soper, K.) New York: Pantheon Books.

Foucault, M. (1981) *The History of Sexuality: Vol. 1, An Introduction*. Harmondsworth: Penguin.

Foucault, M. (1982) 'The Subject and Power', in Dreyfus, H. L. and Rabinow, P. (eds.) *Michel Foucault: Beyond Structuralism and Hermeneutics*. Brighton: Harvester Wheatsheaf.

Foucault, M. (1984a) 'What is Enlightenment?', in Rabinow, P. (ed.) *The Foucault Reader*. New York: Pantheon Books, pp. 32-50.

Foucault, M. (1984b) *The Care of the Self: The History of Sexuality Volume 3*. (trans. Hurley, R.) London: Penguin.

Foucault, M. (1985) *The Use of Pleasure: The History of Sexuality Volume 2*. (trans. Hurley, R.) New York: Pantheon.

Foucault, M. (1986) 'Kant on Enlightenment and revolution', *Economy and Society*, 15(1), pp. 10-18. Available at: <http://karljaspers.org/files/foucault1.pdf> (Accessed: 24 October 2019).

- Foucault, M. (1990) 'Practicing Criticism', in Kritzman, L. D. (ed.) *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984*, (trans. Alan Sheridan) London: Routledge, pp. 152-158.
- Foucault, M. (1991) *Remarks on Marx: Conversations with Duccio Trombadori* (trans. Goldstein, R. J. and Cascaito, J.) New York: Semiotext.
- Foucault, M. (1995) *Discipline and Punish: The Birth of the Prison* (trans. Sheridan, A.) New York: Vintage Books.
- Foucault, M. (1997) *Ethics: Subjectivity and Truth*. New York: The New Press.
- Foucault, M. (2001) *Dits et Ecrits Tome II: 1976-1988*. Paris: Gallimard.
- Foucault, M. (2006) *History of Madness*, in Khalifa, J. E. D (trans. Murphy, J. and Khalifa, J.) London: Routledge.
- Foucault, M. (2007) *Histoire de la folie à l'âge classique*. Paris: Gallimard.
- Foucault, M. (2020) *History of Sexuality: The Will to Knowledge Volume 1*. London: Penguin.
- Foucault, M. and Fauion, J. D (2001) 'Truth and Power', *Power*. New York: The New Press, pp. 90-153.
- Foucault, M. and Rabinow, P. (ed.) (1984) *The Foucault Reader*. New York: Pantheon Books.
- Fourez, G. (1974) 'Jürgen Habermas - La technique et la science comme « Idéologie »', (trans. Ladmiral, J. R.) *Revue Philosophique de Louvain*. 4(72), 15, pp. 621-624.
- Fox, N. J. (1998) 'Foucault, Foucauldians and Sociology', *The British Journal of Sociology*, 49(3), pp. 415-433.

Fox, S. (2011) 'Peer-to-peer healthcare: Many people - especially those living with chronic or rare diseases - use online connections to supplement professional medical advice', *Pew Internet Research*. Available at: http://www.pewinternet.org/files/old-media/Files/Reports/2011/Pew_P2PHealthcare_2011.pdf (Accessed: 3 June 2017).

Fox, S. and Duggan, M. (2012) *Mobile Health*. Available at:

http://www.pewinternet.org/~media/Files/Reports/2012/PIP_MobileHealth2012_FINAL.pdf. (Accessed: 30 May 2019).

Fragnière, J.-P. (1998) *Politiques Sociales en Suisse: Enjeux et Débats*. Lausanne: Réalités Sociales.

Frank, L. B., Murphy, S. T., Chatterjee, J. S., Moran, M. B. and Baezconde-Garbanati, L. (2015) 'Telling stories, saving lives: creating narrative health messages', *Health Communication*, 30(2), pp. 154-163.

Fraser, N. (1990) *Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy*. Milwaukee: Center for Twentieth Century Studies.

Frau-Meigs, D. (2018) *Societal costs of "fake news" in the Digital Single Market*. Study for the Committee on the Internal Market and Consumer Protection, Policy Department for Economic, Scientific and Quality of Life Policies. Luxembourg: European Parliament.

Frau-Meigs, D., Velez, I. and Flores Michel, J. (2017) *Public Policies in Media and Information Literacy in Europe: Cross-Country Comparisons*. London: Routledge.

Freeborn, K., Portillo, C., Boyer, C. B. and Santos, G. M. (2019) 'Misclassification of sexual health risks in a self-identified low risk cohort of men who have sex with men (MSM) enrolled in a community based PrEP program', *AIDS care*, 32(2), pp. 230-237.

Freeman, R. E. (1984) *Strategic Management: A Stakeholder Approach*. Boston: Pitman.

Freitag, C., Berners-Lee, M., Widdicks, K., Knowles, B., Blair, G. S., Friday, A. (2021) 'The real climate and transformative impact of ICT: A critique of estimates, trends, and regulations', *Patterns*, 2(9) pp. 100340. Available at: <https://www.sciencedirect.com/science/article/pii/S2666389921001884> (Accessed: 24 November 2022).

French, J. (2017) 'Building social programme coalitions, in French, J. (ed.) *Social Marketing and Public Health Theory and Practice* 2nd ed. Oxford: Oxford University Press. pp. 167-186.

Freundlieb, D. (1994) 'Foucault's Theory of Discourse and Human Agency', in Jones, C. and Porter, R. (eds.) *Reassessing Foucault: Power, Medicine and the Body*. London: Routledge.

Frew, P. M., Archibald, M., Diallo, D. D., Hou, S. I., Horton, T., Chan, K., Mulligan, M. and del Rio, C. (2010) 'An extended model of reasoned action to understand the influence of individual- and network-level factors on African Americans' participation in HIV vaccine research', *Prevention Science: The official journal of the Society for Prevention Research*, 11(2), pp. 207-218.

Frey, B. (2018) *The SAGE encyclopedia of educational research, measurement, and evaluation*. Thousand Oaks: SAGE.

Frey, K., Locicero, S., Blank, P., Schwenkglenks, M., Dubois-Arber, F., Rosenbrock, R., Lehner, A., Staub, R., Derendinger, S., Schmidt, A., Bize, R., Kübler, D., Low, N. (2020) "'Break the Chains 2015" community-based HIV prevention campaign for men who

have sex with men in Switzerland: non-randomised evaluation and cost analysis', *BMJ Open* 10:1 e032459.

Frisco, M. L., Van Hook, J. and Thomas K. J. A. (2022) 'Racial/ethnic and nativity disparities in U.S. Covid-19 vaccination hesitancy during vaccine rollout and factors that explain them', *Social Science and Medicine*, 307, 115183.

Furton, G. L. (2022) 'The pox of politics: Troesken's tradeoff reexamined', *Public Choice*, Oct 21, pp. 1-23.

Gabarron, E. and Wynn, R. (2016) 'Use of social media for sexual health promotion: a scoping review', *Global Health Action*, 9(1), 32193.

Gabbay, J., Le May, A., Pope, C., Brangan, E., Cameron, A., Klein, J. H. and Wye, L. (2020) 'Uncovering the processes of knowledge transformation: the example of local evidence-informed policy-making in United Kingdom healthcare', *Health Research Policy and Systems*, 18(1), pp. 1-15.

Gabe, J., Bury, M. and Elston, M. A. (2004) *Key Concepts in Medical Sociology*. London: SAGE.

Gaffeo, E. (2003) 'The Economics of HIV/AIDS: A survey', *Development Policy Review*, 21(1), pp. 27-49.

Gagnon, M., Jacob, J. D. and Holmes, D. (2010) 'Governing through (in)security: a critical analysis of a fear-based public health campaign', *Critical public health*, 20(2), pp. 245-256.

Gallagher, J. (2019) *Large Ebola outbreaks new normal, says WHO*. Available at: <https://www.bbc.com/news/health-48547983> (Accessed: 6 April 2020).

- Gallo, M. F., Nguyen, N. C., Luff, A., Luong, T. N., Le, V. T., Casterline, J. and Andridge, R. (2022) 'Effects of a Novel Erectogenic Condom on Men and Women's Sexual Pleasure: Randomized Controlled Trial', *The Journal of Sex Research*, 59:9, pp. 1133-1139.
- Garcia-Iglesias, J. (2020) 'PrEP is Like An Adult Using Floaties: Meanings and New Identities of PrEP Among a Niche Sample of Gay Men', *Culture, Health & Sexuality*, 24(2), pp. 153-166.
- Gardner, L., and Leshner, G. (2016) 'The role of narrative and other-referencing in attenuating psychological reactance to diabetes self-care messages', *Health Communication*, 31(6), pp. 738-751.
- Geddes, B. (2003) *Paradigms and Sand Castles: Theory Building and Research Design in Comparative Politics*. Ann Arbor: University of Michigan Press.
- Geertz, C. (2000) *The Interpretation of Cultures: Selected Essays*. New York: Basic Books.
- Gerbner, G. (2002) *Against the Mainstream*. New York: Peter Lang.
- Gerhardt, U. (1989) *Ideas about Illness: An Intellectual and Political History of Medical Sociology*. London: Macmillan.
- Giacomini, M. (2010) 'Theory matters in qualitative health research', in Bourgeault, I., Dingwall, R. and de Vries, R. (eds.) *The SAGE Handbook of Qualitative Methods in Health Research*. London: SAGE.
- Gibbert, M., Ruigrock, W. and Wicki, B. (2008) 'What passes as a rigorous case study?' *Strategic Management Journal*, 29(13), pp. 1465-1474.

- Gilead (2018) *Truvada: Important Safety Information*. Available at:
<https://www.truvadahcp.com/important-safety-information> (Accessed: 22 January 2018).
- Gillam, S., Yates, J. and Badrinath, P. (2009) *Essential Public Health: Theory and Practice*. Cambridge: Cambridge University Press Medicine.
- Giustini, D., Ali, S. M., Fraser, M. and Boulos, M. N. K. (2018) 'Effective uses of social media in public health and medicine: a systematic review of systematic reviews', *Online journal of public health informatics*, 10(2), e215.
- Given, L. M. (2016) *100 Questions (and answers) About Qualitative Research*. Thousand Oaks, CA: SAGE.
- Given, L. M. (ed.) (2016) 'Peer debriefing', *The SAGE Encyclopedia of Qualitative Research Methods*. Thousand Oaks: SAGE.
- GLAAD (2021) *State of HIV Stigma Study*. Available at:
https://www.glaad.org/sites/default/files/HIV-StigmaStudy_2021_(Accessed: 12 March 2022).
- Glanz, K. and Bishop, D. B. (2010) 'The role of behavioral science theory in development and implementation of public health interventions', *Annual Review of Public Health*, 31, pp. 399-418.
- Glaser, B. G. (1978) *Theoretical sensitivity: advances in the methodology of grounded theory*. Mill Valley: Sociology Press.
- Glaser, B. G. (1998) *Doing Grounded Theory: Issues and Discussions*. Mill Valley: Sociology Press.

Glaser, B. G. (2000) 'The future of grounded theory', *Grounded Theory Review*, 1, pp. 1-8. Available at: <https://groundedtheoryreview.com/wp-content/uploads/2012/06/GTReviewVol1no1.pdf>

Glaser, B. G. and Strauss, A. L. (1999) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine de Gruyter.

Glaser, B. G., Holton, J. (2004) 'Remodeling grounded theory', *Grounded Theory Review*, 4:1 pp. 1-24. Available at: <https://groundedtheoryreview.com/wp-content/uploads/2012/06/GTReviewVol4no1.pdf> (Accessed 26 November 2022).

Glass T. A. and McAtee, M. J. (2006) 'Behavioral science at the crossroads in public health: Extending horizons, envisioning the future', *Social Science & Medicine*, 62(7), pp. 1650-1671.

Global Disinformation Index (2022) *Ad Tech Policy and Enforcement Gaps. Challenges and Solutions*. September. Available at: <https://www.disinformationindex.org/research/2022-09-07-ad-tech-policy-and-enforcement-gaps-challenges-and-solutions/> (Accessed: 24 November 2022).

Gnaegi, P. (1998) *Histoire et Structure des Assurances Sociales en Suisse*. Zürich: Schulthess.

Goffman, E. (1959) *The Presentation of Self in Everyday Life*. New York: Anchor.

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*. London: Prentice-Hall.

Goffman, E. (1974) *Frame Analysis: An Essay on the Organization of Experience*. New York: Harper.

- Goffman, E. (1976) *Gender Advertisements*. New York: Harper.
- Goldberg, D. S. (2012) 'Social justice, health inequalities and methodological individualism in US health promotion', *Public Health Ethics*, 5(2), pp. 104-115.
- Goldenberg, M. J. (2005) 'On evidence and evidence-based medicine: lessons from the philosophy of science', *Social science & medicine*, 62(11), pp. 2621-2632.
- Goldstein, J. A. and Grossman, S. (2021) 'How disinformation evolved in 2020', *Tech Stream*. Available at: <https://www.brookings.edu/techstream/how-disinformation-evolved-in-2020/> (Accessed: 24 November 2022).
- Gòmez, C. A. and VanOss Marìn, B. (1996) 'Gender, culture, and power: Barriers to HIV-prevention strategies for women', *The Journal of Sex Research*, 33(4), pp. 355-362.
- Gòmez, E. J. and Harris, J. (2016) 'Political repression, civil society and the politics of responding to AIDS in the BRICS nations', *Health Policy and Planning*, 31(1) pp. 56-66.
- Gong, Z., Holiday, S. and Cummins, R. G. (2021) 'Can't take my eyes off of the model: the impact of sexual appeal and product involvement on selective attention to advertisements', *Journal of Marketing Theory and Practice*, 29(2), pp. 162-174.
- Gorton, W. A. (2016) 'The philosophy of social science', *Internet Encyclopedia of Philosophy*. Available at: <http://www.iep.utm.edu/soc-sci/> (Accessed 15 October 2016).
- Gostin, L. O., Monahan, J. T., Kaldor, J., DeBartolo, M., Friedman, E. A., Gottschalk, K., et al. (2019) 'The legal determinants of health: harnessing the power of law for global health and sustainable development', *The Lancet Commissions*, 393(10183), pp. 1857-1910.

Gourmelon, N. (2005) *Les Toxicomanes en temps de SIDA, Ou les mutations d'une prise en charge*. Paris: L'Harmattan.

Graham, H. (2010) 'Where is the future in public health?', *Milbank Quarterly of Public Health*, 88(2), pp. 149-168.

Gravett, R. M. and Marrazzo, J. M. (2021) 'HIV and COVID-19: Lessons From HIV and STI Harm Reduction Strategies', *Current HIV/AIDS Report*, 18(4), pp. 261-270.

Gray J. B. and Harrington N. G. (2011) 'Narrative and Framing: A Test of an Integrated Message Strategy in the Exercise Context', *Journal of Health Communication: International Perspectives*, 16(3), pp. 264-281.

Green L. W. (2008) 'Making research relevant: If it is an evidence-based practice, where's the practice-based evidence?', *Family practice*, 25, i20-i24.

Green, J., and Thoroughgood, N. (2014) *Qualitative Methods for Health Research* (3rd ed.) Los Angeles: SAGE.

Green, J., Cross, R., Woodall, K., and Tone, K. (2019) *Health Promotion: Planning and Strategies* (4th ed.). London: SAGE.

Green, M. C. and Clark, J. L. (2013) 'Transportation into narrative worlds: implications for entertainment media influences on tobacco use', *Addiction*, 108(3), pp. 477-484.

Green, M.C. and Brock, T.C. (2000) 'The role of transportation in the persuasiveness of public narratives', *J Pers Soc Psychol*, 79(5), pp. 701-721.

Greenberg, A. E., Hays, H., Castel, A. D., Subramanian, T., Powers Happ, L., Jaurrette, M., Binkley, J., Kalmin, M. M., Wood, K. and Hart, R. (2016) 'Development of a large urban longitudinal HIV clinical cohort using a web-based platform to merge

electronically and manually abstracted data from disparate medical record systems: technical challenges and innovative solutions', *Journal of the American Medical Informatics Association*, 23(3), pp. 635-643.

Grey, C. (2017) 'Bureaucracy and Post-Bureaucracy', in Knights, D. and Willmott, H. (eds.) *Introducing Organizational Behaviour and Management*. London: Cengage Learning, pp. 535-563.

Griswold, C. L. (2020) 'Plato on Rhetoric and Poetry', in Zalta, E. N. (ed.) *The Stanford Encyclopedia of Philosophy*. Available at: <https://plato.stanford.edu/archives/spr2020/entries/plato-rhetoric/> (Accessed: 28 November 2020).

Grmek, M. D. (1995) 'Introduction', in Agrimi, J., Biraben, J.-N., Crisciani, C., ... and Gil Sotres, P. (eds.) *Histoire de la Pensée Médicale en Occident*. Paris: Editions du Seuil, pp. 7-24.

Gros, F. (2021) *Disobey! A Philosophy of Resistance*. London: Verso.

Grosberg, D., Grinvald, H., Reuveni, H. and Magnezi, R. (2016) 'Frequent surfing on social health networks is associated with increased knowledge and patient health activation', *Journal of medical Internet research*, 18(8), e5832.

Grov, C., Westmoreland, D. A., D'Angelo, A. B. and Pantalone, D. W. (2021) 'How Has HIV Pre-Exposure Prophylaxis (PrEP) Changed Sex? A Review of Research in a New Era of Bio-behavioral HIV Prevention', *The Journal of Sex Research*, 58(7), pp. 891-913.

Grov, C., Whitfield, T. H. F., Rendina, H. J., Ventuneac, A. and Parsons, J. T. (2015) 'Willingness to Take PrEP and Potential for Risk Compensation Among Highly Sexually Active Gay and Bisexual Men', *AIDS Behavior*, 19(12), pp. 2234-2244.

Guba E. G. (1990) 'The alternative paradigm dialog', *The paradigm dialog*. Newbury Park: SAGE.

Guba, E. G. and Lincoln, Y. S. (1989) *Fourth Generation Evaluation*. Newbury Park: SAGE.

Guba, E. G. and Lincoln, Y. S. (1994) 'Competing paradigms in qualitative research', *Handbook of Qualitative Research*, pp. 105-117.

Guest, G., MacQueen, K. M. and Namey, E. E. (2012) *Applied Thematic Analysis*. Thousand Oaks: SAGE.

Gunn, J. K., Rooks-Peck, C., Wichser, M. E., Denard, C., McCree, D. H., Jeffries, W. L., DeLuca, J. B., Ross, L. W., Herron, A., Barham, T., Flores, S. A. and Higa, D. H. (2021) 'Effectiveness of HIV Stigma Interventions for Men who have Sex with Men (MSM) with and without HIV in the United States: A Systematic Review and Meta-Analyses', *AIDS and Behavior*, 26, pp. 51-89.

Guston, D. H. (2014) 'Understanding 'anticipatory governance'', *Social Studies of Science*, 44(2), pp. 218-242.

Guttman, N. and Salmon, C. T. (2008) 'Guilt, Fear, Stigma and Knowledge Gaps: Ethical Issues in Public Health Communication Interventions', in Beauchamp, T. L., Walters, L., Kahn, J. P. and Mastroianni, A. C. *Contemporary Issues in Bioethics*. London: Cengage Learning. pp. 712-718.

Guttman, N. (2022) 'Ethical Issues in Health Promotion and Communication Interventions', *Oxford Research Encyclopedia of Communication*. Available at: <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-118> (Accessed: 23 December 2022)

- Gutzwiller, F. and Paccaud, F. (2007) *Santé Publique*, Bern: Hans Huber.
- Habermas, J. (1972) *Knowledge and Human Interests* (trans. Shapiro J. J.) London: Heineman.
- Habermas, J. (1986) *The Theory of Communicative Action: Reason and the Rationalization of Society*, Volume 1 (trans. McCarthy, T.) London: Polity Press.
- Habermas, J. (1991) *The Theory of Communicative Action: Lifeworld and Systems, a Critique of Functionalist Reason*, Volume 2 (trans. McCarthy, T.) London: Polity Press.
- Habermas, J. (1993) *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (trans. Burger, T.) Cambridge: MIT Press.
- Habermas, J. (1998) 'A Genealogical Analysis of the Cognitive Content of Morality', in Cronin, C. and De Greiff, P. (eds.) *The Inclusion of the Other: Studies in Political Theory*. Cambridge: MIT Press.
- Habermas, J. (2013) *The Crisis of the European Union*. London: Polity Press.
- Habermas, J. (1996) *Between Facts and Norms: Contributions to a Discourse Theory of Law and Democracy* (trans. Rehg, W.) Cambridge: MIT Press.
- Hachfeld, A., Atkinson, A., Calmy, A., de Tejada, B. M., Hasse, B., Paioni, P., ... and Swiss HIV Cohort Study, the Swiss Mother, Child HIV Cohort Study (MoCHiV) (2022) 'Decrease of condom use in heterosexual couples and its impact on pregnancy rates: the Swiss HIV Cohort Study (SHCS)', *HIV medicine*, 23(1), pp. 60-69.
- Haerry, D. (2021) 'Position paper, Programme national VIH et infections sexuellement transmissibles - pourquoi nous ne voulons pas attendre', *Positive Council*. Available at: <https://positivrat.ch/cms/fr/vues/positions/744-programme-national-vih-et->

infections-sexuellement-transmissibles-pourquoi-nous-ne-voulons-pas-attendre.html

(Accessed: 18 January 2022).

Hagger, M. S. and Weed, M. (2019) 'DEBATE: Do interventions based on behavioral theory work in the real world?', *The International Journal of Behavioral Nutrition and Physical Activity*, 16(1), pp. 1-10.

Haidt, J. (2021) 'The Dangerous Experiment on Teen Girls', *The Atlantic* Nov 21, 2021.

Available at: https://www.theatlantic.com/ideas/archive/2021/11/facebooks-dangerous-experiment-teen-girls/620767/?utm_source=pocket_collection_story

(Accessed: 18 January 2022)

Hall, E. T. (1985) *Hidden Differences: Studies in international communication*. Hamburg: Gruner & Jahr.

Hall, S. (1980) 'Encoding/decoding', in Hall, S., Hobson, D., Lowe, A. and Willis, P. (eds.) *Culture, media, language: Working papers in cultural studies*. London: Hutchinson, pp. 128-138.

Hall, S., Jhally, S., Talreja, S., Patierno, M. and Media Education Foundation (1997) *Stuart Hall representation and the media*. London: Media Education Foundation.

Hamby, A., Daniloski, K. and Brinberg, D. (2015) *Journal of Business Research*, 68(6), pp. 1242-1250.

Hamilton, A. (2020) 'Conservatism', *The Stanford Encyclopedia of Philosophy*, in Zalta, E. N. (ed.) Available at:

<https://plato.stanford.edu/archives/spr2020/entries/conservatism/> (Accessed: 4 December 2020).

Han, J., Tian, X., Yu, G. and He, F. (2016) 'Disclosure Pattern of Self-Labeled People Living with HIV/AIDS on Chinese Social Networking Site: An Exploratory Study', *Cyberpsychology, Behavior, and Social Networking*, 19(8), pp. 516-523.

Handy, C. (1993) *Understanding Organisations*. Harmondsworth: Penguin.

Haney D. P. (2008) *The Americanization of Social Science*. Philadelphia: Temple University Press.

Hanlon, A. (2022) 'The AIDA Model', *Smart Insights*. Available at: <https://www.smartinsights.com/traffic-building-strategy/offer-and-message-development/aida-model> (Accessed: 26 November 2022).

Hansson, D., Strömdahl, S., Leung, K. Y. and Britton, T. (2020) 'Introducing pre-exposure prophylaxis to prevent HIV acquisition among men who have sex with men in Sweden: insights from a mathematical pair formation model', *British Medical Journal*, 10(2), e033852.

Hargreaves, J. and Davey, C. (2020) 'Three lessons from the COVID-19 response from pandemic HIV', *The Lancet HIV*, 7(5), e309-e311.

Harper's (2020) *A letter on justice and open debate*, July 7. Available at: <https://harpers.org/a-letter-on-justice-and-open-debate/> (Accessed: 26 November 2022).

Hart, G. (2014) *Doing a Literature Review. Releasing the Social Science Research Imagination*. London: SAGE.

Hastings, G. and Domegan, C. (2018) *Social Marketing. Rebels with a Cause* (3rd ed). London: Routledge.

Hauser, G. A. (1998) 'Vernacular Dialogue and the Rhetoricity of Public Opinion', *Communication Monographs*, 65(2), pp. 83-107.

Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Reuel Friedman, M., Tula, M. and Kinsky, S. (2017) 'Harm reduction principles for healthcare settings', *Harm Reduction Journal*, 14(1), pp. 1-9.

Hawker, J., Begg, N., Reintjes, R., Ekdahl, K., Edeghere, O. and van Steenberg, J. (2019) *Communicable Disease Control and Health Protection Handbook*. Hoboken: Wiley-Blackwell.

Hayden, J. (2019) *Introduction to Health Behavior Theory* (3rd ed.) Burlington: Jones & Bartlett.

Heckscher, C. (1994) 'Defining the post-bureaucratic type', in Heckscher, C. and Donnellon, A. (eds.) *The Post- bureaucratic Organization: New Perspectives on Organizational Change* Sage. Thousand Oaks: SAGE, pp. 14-62.

Hegdahl, H. K., Fylkesnes, K. M., and Sandøy, I. F. (2016) Sex Differences in HIV Prevalence Persist over Time: Evidence from 18 Countries in Sub-Saharan Africa. *PloS one*, 11(2), e0148502. Available at: <https://doi.org/10.1371/journal.pone.0148502> (Accessed: 26 November 2022).

Heller, K. J. (1996) 'Power, Subjectification and Resistance in Foucault', *SubStance*, 25(1), 79, pp. 78-110.

Helms, L., Jenny, M. and Willumsen, D. M. (2019) 'Alpine Troubles: Trajectories of De-Consociationalisation in Austria and Switzerland Compared', *Swiss Political Science Review*, 25, pp. 381-407.

Henderson, L. (2017) 'Representation', in Ouellette, L. and Gray, J. (eds.) *Keywords for Media Studies*. New York: New York University Press, pp. 172-175.

Hennink, M. M., Kaiser, B. N. and Marconi V. C. (2016) 'Code saturation versus meaning saturation: How many interviews are enough?', *Qualitative Health Research*, 27(4), pp. 1-18.

Hennink, M. M., Kaiser, B. N. and Marconi, V. C. (2017) 'Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough?', *Qualitative Health Research*, 27(4), pp. 591-608.

Heraty, V. L. (2014) *The Dream Belongs to the Dreamer*. Bloomington: Balboa Publishing.

Herman, E. and Chomsky, N. (1988) *Manufacturing Consent*. New York: Pantheon Books.

Herman, L. (2017) *Man accused of 'stealth' just avoided a rape conviction*. Available at: <https://www.allure.com/story/man-accused-stealth-avoids-rape-conviction> (Accessed: 28 April 2021).

Hermann, M. and Bühler, G. (2019) *LOVE LIFE 2019: The Image of condoms. A "with" or "without" survey of Swiss population*. Bern: Federal Office of Public Health.

Heslop, A. (2021) 'Political system', *Encyclopedia Britannica*. Available at: <https://www.britannica.com/topic/political-system>. (Accessed: 1 November 2021).

Himmelstein, D.U. and Woolhandler, S. (2020) 'The US Health Care System on the Eve of the Covid-19 Epidemic: A Summary of Recent Evidence on Its Impaired Performance' *International Journal of Health Services* 50(4), pp. 408-414.

Hird, M. J. (2012) *Sociology of Science. A Critical Canadian Introduction*. Oxford: Oxford University Press.

Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S. E., Dixon-Woods, M., McCulloch, P., Wyatt, J. C, Chan, A.-N. and Michie, S. (2014) 'Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide', *British Medical Journal*, 348, g1687.

Hofstede, G. (2011) 'Dimensionalizing Cultures: The Hofstede Model in Context', *Online Readings in Psychology and Culture*. Accessible at: <https://scholarworks.gvsu.edu/orpc/vol2/iss1/8/> (Accessed: 14 October 2018).

Hofstede, G., Hofstede, G. J. and Minkov, M. (2010) *Cultures and Organizations: Software of the Mind*, New York: McGraw-Hill.

Holland, S. (2015) *Public Health Ethics*. Cambridge MA: Polity.

Holloway I. W., Rice, E., Gibbs, J., Winetrobe, H., Dunlap, S. and Rhoades, H. (2014) 'Acceptability of smartphone application-based HIV prevention among young men who have sex with men', *AIDS Behavior*, 18(2), pp. 285-296.

Holloway, I. and Galvin, K. (2017) *Qualitative Research in Nursing and Healthcare*. Hoboken: Wiley-Blackwell.

Holman D., Lynch, R. and Reeves, A. (2018) 'How do health behaviour interventions take account of social context? A literature trend and co-citation analysis', *Health*, 22(4), pp. 389-410.

Holt, M., Lea, T., Mao, L., Kolstee, J., Zablotska, I., Duck, T., Allan, B., West, M., Lee, E., Hull, P., Grulich, A., De Wit, J. and Prestage, G. (2018) 'Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013-17', *The Lancet HIV*, 5(8), pp. e448-e456.

Holton, J. A. (2010) 'The Coding process and its challenges. Grounded Theory Review', *An International Journal*, 1(9), pp. 22-100.

Holtzhausen, D. R. and Voto, R. (2002) 'Resistance from the margins: The postmodern public relations practitioner as organizational activist', *Journal of Public Relations Research*, 14(1), pp. 57-84.

Hopper, E. (2019) 'What Is the Elaboration Likelihood Model in Psychology?' *ThoughtCo*. Available at: <https://www.thoughtco.com/elaboration-likelihood-model-4686036> (Accessed: 19 December 2022)

Horkheimer, M. (1982) *Critical Theory. Selected Essays*. New York: Continuum Publishing Corporation.

Hornsby, R. (2001) 'A discussion in relation to 'Discourse Ethics' of Jurgen Habermas' *Discussions ala Philosophy*. Available at: <http://www.royby.com/philosophy/pages/habermas.html> (Accessed: 19 December 2022).

Hosein, E. N., Kennedy, M. G., De Castro Buffington, S. (2016) 'Two health communication approaches: Communication for Behavioral Impact (COMBI) and entertainment education', in Zimmerman, R. S., DiClemente, R. J., Andrus, J. K. and

Hosein, E. (eds.) *Introduction to Global Health Promotion*. San Francisco: Jossey-Bass, pp. 99-128.

House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W. and Gupta, V. (2004) *Culture, Leadership, and Organizations, The Globe Study of 62 Societies*. Thousand Oaks: SAGE.

Hovaguimian, F., Günthard, H. F., Hauser, C., Conen, A., Bernasconi, E., Calmy, A., Cavassini, M., Seneghini, M., Marzel, A., Heinrich, H., Scherrer, A., Riou, J., Spoerri, A., Schmidlin, K., Balakrishna, S., Braun, D. L., Rampini, S. K., Fehr, J. S., Kouyos, R. D., and Swiss HIV Cohort Study (2021) 'Data linkage to evaluate the long-term risk of HIV infection in individuals seeking post-exposure prophylaxis', *Nature communications*, 12(1), 1219.

Hovaguimian, F. Martin, E. Reinacher, M., Rasi, M., Schmidt, A. J., Bernasconi, E., Haerry, D., Bize, R., Low, N., Lehner, A., Böni, J., Kouyos, R. D., Fehr, J. S. and Hampel, B. (2022) 'Participation, retention and uptake in a multicentre pre-exposure prophylaxis cohort using online, smartphone-compatible data collection', *HIV Medecine*, 23, pp. 146-158.

Hove, T. (2014) 'Ethical Influence in Health Promotion: Some Blind Spots in the Liberal Approach', *Public Health Ethics*, 7(2), pp. 134-143.

Howarth, C. (2011) 'Representations, identity and resistance in communication', in Hook, D., Franks, B. and Bauer, M. W. (eds.) *The social psychology of communication*. London: Palgrave Macmillan.

Howell, K. E. (1998) *European Integration Reassessed: A Grounded Theory Approach*.

Accessible at: https://eprints.bournemouth.ac.uk/10298/1/Kerry_Howell.pdf

(Accessed: 4 February 2019).

- Howell, K. E. (2013) *An Introduction to the Philosophy of Methodology*. London: SAGE.
- Huberfeld N., Gordon S. H., Jones D. K. (2020) 'Federalism Complicates the Response to the COVID-19 Health and Economic Crisis: What Can Be Done?' *Journal of Health Polit Policy Law*. Dec 1;45(6) pp. 951-965.
- Hudak, N. (2020) 'Navigating Publishing Critical Health Communication Research', *Frontiers in Communication*. Available at:
<https://www.frontiersin.org/articles/10.3389/fcomm.2020.00038/full> (Accessed: 1 March 2021).
- Hughes, K. (2015) 'Anthony Giddens: The Reflexive Self and the Consumption of Alternative Medicine', in Collyer, F. (eds.) *The Palgrave Handbook of Social Theory in Health, Illness, and Medicine*. Palgrave Macmillan, pp. 439-454.
- Hunt, H. T. (2012) 'A collective unconscious reconsidered: Jung's archetypal imagination in the light of contemporary psychology and social science', *Journal of Analytical Psychology*, 57, pp. 76-98.
- Husserl E. (1982) *Cartesian meditations: An introduction to phenomenology*. 7th edition (Trans. Cairns, D.) Boston: Kluwer Inc.
- Ibrahim, W. M. A., Abaalalaa, H. S. and Hardie, A. (2022) 'Pre-suasive and persuasive strategies in the tweets of the Saudi Ministry of Health during the 2020 coronavirus pandemic: A corpus linguistic exploration' *Front. Communication*, 7,
<https://www.frontiersin.org/articles/10.3389/fcomm.2022.984651/full?amp>
 (Accessed: 20 October 2022).
- IDEO (2021), *The Human Centered Design Toolkit*. Available at:
<https://www.ideo.com/post/design-kit> (Accessed: 14 March 2022).

Igartua, J.-J. and Casanova, J. V. (2016) 'Identification with characters, elaboration, and counterarguing in entertainment-education interventions through audiovisual fiction', *Journal of Health Communication*, 21, pp. 293-300.

Igoe, K. J. (2020) 'Developing Public Health Communication Strategies—And Combating Misinformation—During COVID-19', *Harvard Public Health Environmental Health and Safety News*. Available at: <https://www.hsph.harvard.edu/ecpe/public-health-communication-strategies-covid-19/> (Accessed: 29 April 2021).

Illich, I. (1976) *Medical Nemesis: The Expropriation of Health*. New York: Pantheon Books.

International Leprosy Association (2018) *Leprosy history: Timeline*. Available at: <http://leprosyhistory.org/timeline/list.php> (Accessed: 30 October 2017).

International University Geneva (2022) *Doctorate of Business Administration*. Available at: <https://www.iun.ch/en-en/programs/doctorate/doctorate-of-business-administration-dba-#anchor-2> (Accessed: 30 June 2022).

Irvine, M. (2016) *Writing to be read. A Rhetoric for Writing Papers and Theses in a Post-Digital Era*. Available at: <http://www.faculty.georgetown.edu/irvinem/articles/Writingtoberead.html> (Accessed: 3 October 2019)

Islam, M. S., Sarkar, T., Khan, S. H., Mostofa Kamal, A., Hasan, S. M. M., Kabir, A., Yeasmin, D., Islam, M. A., Amin Chowdhury, K. I., Anwar, K. S., Chughtai, A. A. and Seale, H. (2020) 'COVID-19—Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis', *The American Journal of Tropical Medicine and Hygiene*, 103(4), pp. 1621-1629.

ISO standard 9241-1 (2022) *Human Centered Design*. Available at:

<https://www.nist.gov/itl/iad/visualization-and-usability-group/human-factors-human-centered-design> (Accessed: 23 March 2022).

Issel, M. L. and Wells, R. (2018) *Health Program Planning and Evaluation* (4th ed.).

Burlington: Jones & Bartlett.

Iwelunmor, J., Newsome, V. and Airhihenbuwa, C. O. (2014) 'Framing the impact of culture on health: a systematic review of the PEN-3 cultural model and its application in public health research and interventions', *Ethnicity & Health*, 19(1), pp. 20-46.

Jackson, B. and Jamieson, J. H. (2007) *Unspun: Finding Facts in a World of Disinformation*. London: Penguin.

Jacquard, D. (1995) 'La scolastique médicale', in Agrimi, J., Biraben, J.-N., Crisciani, C. ... and Gil Sotres, P. (eds.) *Histoire de la Pensée Médicale en Occident*. Paris: Editions du Seuil, pp. 175-210.

James, C. (2015) 'National HIV testing week: How ambitious expansion is being achieved through widening stakeholder engagement', *HIV Medicine*, 16, pp. 54-55.

Janssen Therapeutics (2018) 'Positively Fearless and Proud', Available at:

<http://www.positivelyfearless.com> (Accessed: 9 December 2018).

Janssen, B. M., Van Regenmortel, T. and Abma, T. A. (2014) 'Balancing risk prevention and health promotion: Towards a harmonising approach in care for older people in the community', *Health Care Analysis*, 22(1), pp. 82-102.

- Jenness, S. M., Johnson, J. A., Hoover, K. W., Smith, D. K. and Delaney, K. P. (2020) 'Modeling an integrated HIV prevention and care continuum to achieve the Ending the HIV Epidemic goals', *AIDS*, 34(14), pp. 2103-2113.
- Johnson, J. A. (2013) *Introduction to Public Health Management, Organization, and Policy*. Boston: Delmar Cengage Learning.
- Jolley, D. and Douglas, K. M. (2017) 'Prevention is better than cure: Addressing anti-vaccine conspiracy theories', *J Appl Soc Psychol*, 47, pp. 459-469.
- Jones, A. (2020) *Camming: Money, Power, and Pleasure in the Sex Work Industry*.
- Jones, A., Cremin, I., Abdullah, F., Idoko, J., Cherutich, P., Kilonzo, N., Rees, H., Hallett, T., O'Reilly, K., Koechlin, F., Schwartlander, B., Zaldondo, B., Kim, S., Jay, J., Huh, J., Piot, P. and Dybul, M. (2014) 'Transformation of HIV from pandemic to low-endemic levels: a public health approach to combination prevention', *The Lancet*, 384(9939), pp. 272-279.
- Jones, J., Weiss, K., Mermin, J., Dietz, P., Rosenberg, E. S., Gift, T. L., Chesson, H., Sullivan, P. S., Lyles, C., Bernstein, K. T. and Jenness, S. M. (2019) 'Proportion of Incident Human Immunodeficiency Virus Cases Among Men Who Have Sex With Men Attributable to Gonorrhea and Chlamydia: A Modeling Analysis', *Sexually transmitted diseases*, 46(6), pp. 357-363.
- Jouanna, J., Agrimi, J. Biraben, J. N., Crisciani, P., ... and Gil Sotres, P. (1995) *Histoire de la Pensée Médicale en Occident*. Paris: Editions du Seuil, pp. 151-174.
- Jung, C. G., von Franz, M. L. and Henderson, J. L. (1968) *Der Mensch und seine Symbole*. Freiburg-im-Breisgau: Walter Verlag.

- Juzwiak, R. (2014) *What Is Safe Sex? The Raw and Uncomfortable Truth About Truvada*. Available at: <http://gawker.com/what-is-safe-sex-the-raw-and-uncomfortable-truth-about-1535583252> (Accessed: 9 March 2018).
- Kahneman, D., Slovic, P. and Tversky, A. (2008) *Judgment under uncertainty: Heuristics and biases*. Cambridge: Cambridge University Press.
- Kahnemann, D. (2011) *Thinking Fast and Slow*. New York: Farrar Straus & Giroux.
- Kaiser Family Foundation (2011) *HIV/AIDS at 30: A public opinion perspective*. Available at: <http://www.kff.org> (Accessed: 3 March 2018).
- Kaiser Family Foundation (2019) *US Federal funding for HIV/AIDS*. Available at: <https://www.kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/> (Accessed: 30 November 2022).
- Kamel Boulos, M. N., Giustini, D., Wheeler, S. and Ali, S. M. (2016) *Effective uses of social media in health care: a systematic review of systematic reviews*. Available at: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016039620 (Accessed: 29 May 2018).
- Kanamori, M. J., Williams, M. L., Fujimoto, K., Shrader, C. H., Schneider, J. and de La Rosa, M. (2021) 'A Social Network Analysis of Cooperation and Support in an HIV Service Delivery Network for Young Latino MSM in Miami', *Journal of Homosexuality*, 68:6, pp. 887-900.
- Kant, I. (1781) 'The Critique of Pure Reason' (trans. Meiklejohn, J. M. D.) *Preface to the First Edition*. Available at: <https://www.marxists.org/reference/subject/ethics/kant/reason/critique-of-pure-reason.htm> (Accessed: 14 February 2019).

Karimi, F., Génois, M., Wagner, C., Singer, P. Strohmaier, M. (2018) 'Homophily influences ranking of minorities in social networks', *Scientific Reports* 8, 11077. Available at: <https://www.nature.com/articles/s41598-018-29405-7#Abs1> (Accessed: 26 November 2022).

Karwal, S. (2015) 'Digital Marketing Handbook', *Createspace Independent Publishing Platform*. Available at: <https://dl.acm.org/doi/abs/10.5555/2911018> (Accessed: 1 July 2017).

Katz, S. J., Erkkinen, M., Lindgren, B. and Hatsukami, D. (2018) 'Assessing the Impact of Conflicting Health Warning Information on Intentions to Use E-Cigarettes. An Application of the Heuristic-Systematic Model', *Journal of health communication*, 23(10-11), pp. 874-885.

Kaufman, M. R., Cornish, F., Zimmerman, R. S. and Johnson, B. T. (2014) 'Health Behavior Change Models for HIV Prevention and AIDS Care: Practical Recommendations for a Multi-Level Approach', *Journal of Acquired Immune Deficiency Syndrome*, 66(suppl. 3), pp. S250-S258.

Kawachi, I. and Berkman, L. F. (2000) 'Social cohesion, social capital and health', in Berkman, L. F. and Kawachi, I. (eds.) *Social Epidemiology*. New York: Oxford Press, pp. 174-190.

Kawachi, I. Kennedy, B.P. and Glass, R. (2011) 'Social Capital and self-rated health: a contextual analysis' *American Journal of Public Health* 89(8) pp. 1187-1193.

Kawachi, I., Lang, I., and Ricciardi, W. (2020) *Oxford Handbook of Public Health Practice* (4th ed.). Oxford: Oxford University Press.

Kekes, J. (1997) 'What is Conservatism?', *Philosophy*, 72(281), pp. 351-374.

- Kekes, J. (1998) *A Case for Conservatism*. Ithaca: Cornell University Press.
- Kelly, M. P. (2010) 'The axes of social differentiation and the evidence base on health equity', *Journal of the Royal Society of Medicine*, 103(7) pp. 266-272.
- Kelly, M. P. and Barker, M. (2016) 'Why is changing health-related behaviour so difficult?', *Public Health*, 136, pp. 109-116.
- Kendall, G. and Wickham, G. M. (1999) *Using Foucault's Methods*. London: SAGE.
- Kerlinger, F. N. and Lee, H. *Foundations of Behavioral Research*. Orlando: Harcourt College Publishers.
- Keystone-SDA/ts (2019) *New cases of HIV at record low in Switzerland*. Available at: https://www.swissinfo.ch/eng/sexual-health_new-cases-of-hiv-at-record-low-in-switzerland/45280386?utm_campaign=teaser-in-article&utm_content=o&utm_medium=display&utm_source=swissinfoch (Accessed 24 February 2020).
- Keystone-SDA/ts (2020) *HIV infections drop by a third*. Available at: https://www.swissinfo.ch/eng/hiv-infections-drop-by-a-third/46178534?utm_campaign=teaser-in-channel&utm_medium=display&utm_content=o&utm_source=swissinfoch (Accessed 17 March 2021).
- Khalajabadi Farahani, F., Akhondi, M., Shirzad, M. and Azin, A. (2018) 'HIV/STI risk-taking sexual behaviours and risk perception among male university students in Tehran: implications for HIV prevention among youth', *Journal of Biosocial Science*, 50(1), pp. 86-101.

Khan, S. (2014) 'Manufacturing Consent? Media Messages in the Mobilization Against HIV/AIDS in India and Lessons for Health Communication', *Health Communication*, 29, pp. 288-298.

Kickbusch, I. and Reddy, K.S. (2016) 'Community matters – why outbreak responses need to integrate health promotion'. *Global Health Promotion* 23(1) pp. 75-8.

Kickbusch, I., Piselli, D., Agrawal, A., Balicer, R., Banner, O., Adelhardt, M., Capobianco, E., Fabian, C., Singh Gill, A., Lupton, D., Medhora, R. P., Ndili, N., Ryś, A., Sambuli, N., Settle, D., Swaminathan, S., Morales, J. V., Wolpert, M., Wyckoff, A. W., Xue, L., et al. and Secretariat of the Lancet and Financial Times Commission (2021) 'The Lancet and Financial Times Commission on governing health futures 2030: Growing up in a digital world', *Lancet*, 398(10312), pp. 1727-1776.

Killeen R. N. F. (1975) 'A Review of Illich's Medical Nemesis', *The Western Journal of Medicine*, 125(1), pp. 67-69.

Kim, J. N., Park, S. C., Yoo, S. W. and Shen, H. (2010) 'Mapping health communication scholarship: breadth, depth, and agenda of published research in health communication', *Health Communication*, 25, pp. 487-503.

Kim, S. and So, J. (2017) 'How message fatigue toward health messages leads to ineffective persuasive outcomes: Examining the mediating roles of reactance and inattention', *Journal of Health Communication*, 23(1), pp. 109-116.

Kim, S. H. (2012) 'Max Weber', in Zalta, E. N (ed.) *The Stanford Encyclopedia of Philosophy*. Available at: <https://plato.stanford.edu/archives/fall2012/entries/weber/> (Accessed: 6 June 2019).

- King, G., Keohane, R. O. and Verba, S. (2021) *Designing Social Inquiry: Scientific Inference in Qualitative Research* 2nd ed. Princeton: Princeton University Press.
- King, N. and Brooks, J. M. (2017) *Template analysis for business and management students*. SAGE: London.
- Kippax, S. (2012) 'Effective HIV prevention: the indispensable role of social science', *Journal of the International AIDS Society*, 15, 17357.
- Klaunzer, P. (2018) *Court rules in favour of controversial safe sex campaign*. Available at: https://www.swissinfo.ch/eng/business/hiv-prevention_apex-court-rules-in-favour-of-controversial-safe-sex-campaign-/44235726 (Accessed: 7 July 2019).
- Klitenic Wear, S. (2011) *The Teachings of Syrianus on Plato's Timaeus and Parmenides*. Leiden: Koninklijke Brill NV.
- Knafl, K. and Britmayer, B. J. (1989) 'Triangulation in qualitative research: Issues of conceptual clarity and purpose', in Morse, J. (ed.) *Qualitative nursing research: A contemporary dialogue*, pp. 193-203.
- Knibb-Lamouche, J. (2012) *Leveraging Culture to Address Health Inequalities: Examples from Native Communities*. Seattle, WA: Commissioned paper prepared for the Institute on Medicine Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities.
- Koehly, L. M., Peters, J. A., Kenen, R., Hoskins, L. M., Ersig, A. L., Kuhn, N. R. and Loud, J. T. (2009) 'Characteristics of health information gatherers, disseminators, and blockers within families at risk for hereditary cancer: implications for family health communication interventions', *American Journal of Public Health*, 99(12), pp. 2203-2209.

Koh, P. K.-K., Chan, L. L. and Tan, E.-K. (2020) 'Message fatigue and desensitization to information during pandemic', *Archives of Medical Research*, 51(7), pp. 716-717.

Kok, G., Gottlieb, N. H., Peters, G. J., Mullen, P. D., Parcel, G. S., Ruiter, R. A., Fernández, M. E., Markham, C. and Bartholomew, L. K. (2016) 'A taxonomy of behaviour change methods: an Intervention Mapping approach', *Health psychology review*, 10(3), pp. 297-312.

Kok, M. O., Vaandrager, L., Bal, R. and Schuit, J. (2012) 'Practitioner opinions on health promotion interventions that work: Opening the 'black box' of a linear evidence-based approach', *Social Science & Medicine*, 74(5), pp. 715-723.

Kologlugil, S. (2010) 'Michel Foucault's archeology of knowledge and economic discourse', *Erasmus Journal for Philosophy and Economics*, 3(2), pp. 1-25.

Koopman, C. (2013) *Genealogy as Critique: Foucault and the Problems of Modernity*. Bloomington: Indiana University Press.

Kopf, E. W. (1916) 'Florence Nightingale as Statistician', *Journal of the American Statistical Association*, 15, pp. 388-404.

Kotler Marketing Group (2019) *What is Marketing? Dr. Philip Kotler Answers Your Questions on Marketing*. Available at: https://kotlermarketing.com/phil_questions.shtml#answer3 (Accessed: 3 November 2019).

Kotler, P. and Keller, K. L. (2016) *Marketing Management*. New York: Pearson Education.

Kouri, P., Rissanen, M. L., Weber, P. and Park, H. A. (2017) 'Competences in social media use in the area of health and healthcare', *Studies in Health Technology and Informatics*, 232, pp. 183-93.

Koutaïsoff, D., Amiguet, M. and Bize, R. (2015) *Cartographie et analyse des données disponibles pour estimer le nombre de préservatifs écoulés sur le marché suisse en une année*. Available at:

https://serval.unil.ch/resource/serval:BIB_60DDA4D22BE2.P001/REF (Accessed: 11 January 2022).

Kövecses, Z. (2010) *Metaphor: A Practical Introduction*. Oxford: Oxford University Press.

Kövecses, Z. (2016) 'Conceptual metaphor theory', in Semino, E. and Demjén, Z. (eds.) *The Routledge Handbook of Metaphor and Language*. Abingdon: Routledge, pp. 13-27.

Krefting, L. (1990) 'Rigor in qualitative research: The assessment of trustworthiness', *The American Journal of Occupational Therapy*, 45(3), pp. 214-222.

Kreps, G. L., Bonaguro, A. W. and Query, J. L. (1998) History and Development of the Field of Health Communication, in Jackson, L. D. and Duffy, B. K. *Health Communication Research: Guide to Developments and Directions*. Westport: Greenwood Press, pp. 1-15.

Kress, G. and van Leeuwen, L. (2020) *The Grammar of Visual Design*. London: Routledge.

Kriegner, S., Ottersen, T., Røttingen, J. A., Gopinathan, U. (2020) 'Promoting intersectoral collaboration through the evaluations of public health interventions:

insights from key informants in 6 European countries', *International Journal of Health Policy and Management*, 10(2), pp. 67-76.

Krubiner, C., Madan Keller, J. and Kaufman, J. (2020) 'Balancing the COVID-19 Response with Wider Health Needs: Key Decision-Making Considerations for Low- and Middle-Income Countries', *Center for Global Development Note*. Available at: <https://www.cgdev.org/publication/balancing-covid-19-response-wider-health-needs-key-decision-making-considerations-low> (Accessed: 15 January 2021).

Krug, S. (2013) *Don't Make Me Think! Revisited*. London: Pearson.

Kuhn, T. (1962) *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.

Kumanyika, S. K., Parker, L. and Sim, L. J. (2010) *Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making*. Washington, D.C.: National Academic Press.

Künzler-Heule, P., Engberg, S., Battegay, M., Schmidt, A. J., Fierz, K., Nguyen, H., and Nicca, D. (2019) 'Screening HIV-positive men who have sex with men for hepatitis C re-infection risk: is a single question on condom-use enough? A sensitivity analysis', *BMC Infect Dis*, 19(1), pp. 1-8.

Künzler-Heule, P., Fierz, K., Schmidt, A.J., Rasi, M., Bogdanovic, J., Kocher, A., et al. (2021) 'Response to a sexual risk reduction intervention provided in combination with hepatitis C treatment by HIV/HCV co-infected men who have sex with men: a reflexive thematic analysis', *BMC Infect Dis*, 21, p. 319.

Kusejko, K., Marzel, A., Hampel, B., Bachmann, N., Nguyen, H., Fehr, J., Braun, D. L., Battegay, M., Bernasconi, E., Calmy, A., Cavassini, M., Hoffmann, M., Böni, J., Yerly, S.,

Klimkait, T., Perreau, M., Rauch, A., Günthard, H. F., Kouyos, R. D. and Swiss HIV Cohort Study (2018) 'Quantifying the drivers of HIV transmission and prevention in men who have sex with men: a population model-based analysis in Switzerland', *HIV Medicine*, 19(10), pp. 688-697.

Kwon, H. E. and Nelson, D. E. (2016) Communicating research to help influence policy and practice', in Eyler, A. A., Chiqui, J. F., Moreland-Russell, S. and Brownson, R. C. (eds.) *Prevention policy and public health*. New York: Oxford University Press, pp. 303-327.

Kwon, S. (2022) 'Mask Wearing and Perceived Discrimination Associated With COVID-19 in the United States From March 2020 to May 2021: Three-Level Longitudinal Analyses', *Health Education & Behavior*, 49(2), pp. 200-209.

La Boétie (1995) *Discours de la Servitude Volontaire*. Paris: Mille et Une Nuits.

Lakoff, G. and Johnson, M. (2003) *Metaphors We Live By*. Chicago: University of Chicago Press.

Lamont, C. (2015) *Research Methods in International Relations*. Thousand Oaks: SAGE.

Lancet (2019) 'The erosion of women's sexual and reproductive rights', *Lancet*, 393(10183), pp. 1773.

Langdridge, D., Flowers P., Riddell J., Boydell, N., Teal, G., Coia, N. and McDaid, L. M. (2021) 'A qualitative examination of affect and ideology within mass media interventions to increase HIV testing with gay men garnered from a systematic review', *British Journal of Health Psychology*, 26(1), pp. 132-160.

- Lanier, J. (2019) *Twenty Arguments for Deleting your Social Media Accounts Right Now*. London: Vintage.
- Laranjo, J. (2016) 'Social Media and Health Behavior Change' in S. Syed-Abdul, E. Gabarron, A.Y.S. Lau (eds.), *Participatory Health Through Social Media*. Amsterdam: Academic Press. pp. 83-111
- Law, S. (2013) *The Great Philosophers. The Lives and Ideas of History's Greatest Thinkers*. London: Quercus.
- Lawless, A., Baum, F., Delany-Crowe, T. et al. (2018) 'Developing a framework for a program theory-based approach to evaluating policy processes and outcomes: Health in All Policies in South Australia', *Int J Health Policy Manag.* 7(6) pp. 510-521
- Le Guin, U. K. (2019) *The Carrier Bag Theory of Fiction*. London: Ignota.
- Lee, H., Fawcett, J., De Marco, R. (2016) 'Storytelling/narrative theory to address health communication with minority populations' *Applied Nursing Research*, 30, pp. 58-60.
- Lee, N. R. and Kotler, P. (2019) *Social Marketing: Behavior Change for Social Good*. London: SAGE.
- Lee, S. J., Brennan, E., Gibson, L. A., Tan, A. S. L., Kybert-Momjian, A., Liu, J. and Hornik, R. (2016) 'Predictive Validity of an Empirical Approach for Selecting Promising Message Topics: A Randomised-Controlled Study', *Journal of Communication*, 66, pp. 433-453.
- Legg, T. J. (2017) *The Best HIV/AIDS Apps of 2016*. Available at: <http://www.healthline.com/health/best-hiv-apps-android> (Accessed: 22 January 2018).

Leiter, B. (2015) 'Nietzsche's Moral and Political Philosophy', in Zalta, E. N. (ed.) *The Stanford Encyclopedia of Philosophy*. Available at:
<https://plato.stanford.edu/archives/win2015/entries/nietzsche-moral-political/>
(Accessed: 23 August 2020).

Leta, T. H., Sandøy, I. F. and Fylkesnes, K. (2012) 'Factors affecting voluntary HIV counselling and testing among men in Ethiopia: a cross-sectional survey', *BMC Public Health*, 12(1), pp. 438-450.

Leung, C. L., Naert, M., Andama, B., Dong, R., Edelman, D., Horowitz, C., Kiptoo, P., Manyara, S., Matelong, W., Matini, E., Naanyu, V., Nyariki, S., Pastakia, S., Valente, T., Fuster, V., Bloomfield, G. S., Kamano, J. and Vedanthan, R. (2020) 'Human-centered design as a guide to intervention planning for non-communicable diseases: the BIGPIC study from Western Kenya', *BMC Health Serv Res.*, 20(1) pp. 415.

Lewandowsky, S., Pilditch, T. D., Madsen J. K., Oreskes, N. and Risbey, J. S. (2019) 'Influence and seepage: An evidence-resistant minority can affect public opinion and scientific belief formation', *Cognition*, 188, pp. 124-139.

Lijphart, A. (1969) 'Consociational Democracy', *World Politics*. Cambridge University Press, 21(2), pp. 207-225.

Lim, M. S. C. (2017) 'Reach, engagement, and effectiveness: a systematic review of evaluation methodologies used in health promotion via social networking sites', *Health Promotion J. Aust.*, 27(3), pp. 187-197.

Lim, M. S., Agius, P. A., Carrotte, E. R., Vella, A. M. and Hellard, M. E. (2017) 'Young Australians' use of pornography and associations with sexual risk behaviours', *Australian and New Zealand Journal of Public Health*, 41(4), pp. 438-443.

- Lincoln, Y. S. and Guba, E. G. (1985) *Naturalistic Inquiry*. Newbury Park: SAGE.
- Lincoln, Y. S. and Guba, E. G. (1989) 'Ethics: The failure of positivist science', *Review of Higher Education*, 12(3), pp. 221-240.
- Lindgren, S. (2022) *Digital Media and Society* (2nd ed.). Los Angeles: SAGE.
- Link, B. G. and Phelan, J. (1995) 'Social conditions as fundamental causes of disease', *Journal of Health and Social Behavior*, extra issue, pp. 80-94.
- Link, B. G. and Phelan, J. C. (2001) 'Conceptualizing stigma', *Annual review of Sociology*, 27, pp. 363-385.
- Lipari, L. (2017) 'Communication Ethics', *Oxford Research Encyclopedia of Communication*. Available at:
<https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-58> (Accessed 14 February 2019).
- Liu, H., Morisky, D. E., Lin, X., Ma, E., Jiang, B., Yin, Y. (2016) 'Bias in Self-Reported Condom Use: Association Between Over-Reported Condom Use and Syphilis in a Three-Site Study in China', *AIDS Behav.* 20(6) pp. 1343-52.
- Lobb, R., Ramanadhan, S. and Murray, L. (2018) 'Dissemination and Implementation Research in a Global Context', in Brownson, R. C., Colditz, G. A., and Proctor, E. K. (eds.) *Dissemination and Implementation Research in Health* (2nd ed.) New York: Oxford University Press.
- Lock, M. and Nguyen, V. K. (2018) *An Anthropology of Biomedicine* (2nd ed.) London: Wiley.
- Longhofer, W. and Winchester, D. (2016) *Social Theory Re-Wired*. London: Routledge.

Lorenc, T., Petticrew, M., Welch, V. and Tugwell, P. (2013) 'What types of interventions generate inequalities? Evidence from systematic reviews', *Journal of Epidemiology and Community Health*, 67, pp. 190-193.

Ludden, D. (2019) *Why religions promote sexual conservatism*. Available at: <https://www.psychologytoday.com/us/blog/talking-apes/201906/new-research-why-religions-promote-sexual-conservatism> (Accessed: 1 June 2020).

Lupton, D. A. (2011) 'The diagnostic test, and the danger within', in Banks, D. and Purdy, M. (eds.) *The Sociology and Politics of Health*. London: Routledge, pp. 165-172.

Lupton, D. A. (2020) 'More-than-human approach to bioethics: The example of digital health', *Bioethics*, 34, pp. 969-976.

Lupton, D. A. and Leahy, D. (2021) 'Thinking, Making, Doing, Teaching and Learning: Bringing Creative Methods into Health Education', in Lupton, D. and Leahy, D. (eds.) *Creative Approaches to Health Education*. Abingdon: Routledge. pp. 1-13.

Lupton, D. A., McCarthy, S. and Chapman, S. (1995) 'Doing the right thing, the symbolic meanings and experience of having an HIV antibody test', *Social Science and Medicine*, 41(2), pp. 173-80.

Luttrell, R. M. and Capizzo, L. W. (2020) *Public Relations campaigns: An Integrated Approach*. Thousand Oaks: SAGE.

Luttrell, R. and Wallace, A. (2021) *Social Media and Society*. London: Rowman & Littlefield.

Luttrell, R., Emerick, S. and Wallace, A. (2021) *Digital Strategies. Data-Driven Public Relations, Marketing, and Advertising*. Oxford: Oxford University Press.

- Lwin, M.O., Stanaland, A.J., Chan, D. (2010) 'Using protection motivation theory to predict condom usage and assess HIV health communication efficacy in Singapore.' *Health Communication* Jan;25(1) pp. 69-79.
- Lyon, A. R., Dopp, A. R., Brewer, S. K., Kientz, J. A., and Munson, S. A. (2020) Designing the future of children's mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(5), 735-751.
- Mackert, M. S., Lazard, A. J. and Love, B. (2017) *Designing Effective Health Messages*. Dubuque: Kendall Hunt.
- Mahapatra, B. and Saggurti, N. (2014) 'Exposure to pornographic videos and its effect on HIV-related sexual risk behaviours among male migrant workers in southern India', *PLoS One*, 9(11), e113599.
- Maibach, E. W., Abrams, L. C. and Marosits, M. (2007) 'Communication and marketing as tools to cultivate the public's health: a proposed "people and places" framework', *BMC Public Health*, 7(1), pp. 1-15.
- Maibach, E. W., Schenker, A. and Singer, S. (1997) 'Results of the DELPHI survey', *Journal of Health Communication: International Perspectives*, 2(4), pp. 304-307.
- Maigret, E. (2015) *Sociologie de la Communication et des Médias*. Paris: Armand Colin.
- Maiman, L. A. and Becker, M. H. (1974) 'Origins and correlates in psychological theory', in Becker, M. H. (ed.) *The Health belief model and personal health behaviour*, 2, pp. 9-24.
- Malik, N. (2020) *We Need New Stories: Challenging the Toxic Myths Behind our Age of Discontent*. London: Orion.

Malterud, K., Siersma, V. D. and Guassora, A. D. (2016) 'Sample Size in Qualitative Interview Studies: Guided by Information Power', *Qualitative Health Research*, 26(13), pp. 1753-1760.

Malterud, K., Siersma, V. D., Guassora, A. D. (2016) 'Sample Size in Qualitative Interview Studies: Guided by Information Power', *Qualitative Health Research* 26(13) pp.1753-1760.

Manuel, I. C., Jackson-Perry, D., Courvoisier, C., Bluntschli, C., Carel, S., Muggli, E., Waelti Da Costa, V., Kampouri, E., Cavassini, M. and Darling, K. E. (2020) 'Stigmatisation et VIH : tous concernés', *Revue Medicale Suisse*, 16(690), pp. 744-748.

Maréchal, N., MacKinnon, R. and Dheere, J. (2020) *Getting to the Source of Infodemics: It's the Business Model: A Report from Ranking Digital Rights*. New America. Available at: <http://www.jstor.org/stable/resrep25417.6> (Accessed: 23 September 2022).

Marin, L. (2006) *Opacités de la peinture*. Paris: Éditions de l'École des Hautes Études en Sciences Sociales.

Marmot, M. G., Allen, J. and Goldblatt, P. (2010) *Fair society, healthy lives: Strategic review of health inequalities in England post-2010*. Available at: <http://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf> (Accessed: 8 June 2020).

Marshall, C. and Rossman, G. B. (2016) *Qualitative Research Design*. Los Angeles: SAGE.

Marteau, T. M., Hollands, G. J. and Kelly, M. P. (2015) 'Changing population behavior and reducing health disparities: Exploring the potential of "choice architecture" interventions', in Kaplan, R. M., Spittel, M. and David, D. H. (eds.) *Emerging Behavioral*

and Social Science Perspectives on Population Health, Bethesda: National Institutes of Health/Agency for Healthcare Research and Quality, section 2, pp. 105-126.

Marteau, T. M., Hollands, G. J., Fletcher, P. C. (2012) 'Changing human behavior to prevent disease: the importance of targeting automatic processes', *Science*, 337(6101), pp. 1492-1495.

Martin, W., Pauly, B. and MacDonald, M. (2016) 'Situational Analysis for Complex Systems: Methodological Development in Public Health Research', *AIMS Public Health*, 3(1), pp. 94-109.

Marzel, A., Kusejko, K., Weber, R., Bruggmann, P. Rauch, A., Roth J. A., Bernasconi, E., Calmy, A., Cavassini, M., Hoffmann, M., Böni, J., Yerly, S., Klimkait, T., Perreau, M., Günthard, H. F. and Kouyos, R. D. (2018) 'The Cumulative Impact of Harm Reduction on the Swiss HIV Epidemic: Cohort Study, Mathematical Model, and Phylogenetic Analysis', *Open Forum Infectious Diseases*, 5(5), ofy078.

Matos Alves, A. (2014) 'Jacques Ellul's "Anti-Democratic Economy": Persuading Citizens and Consumers in the Information Society', *TripleC*, 12(1), pp. 169-201.

Maurel, O. and Bourrelly, M. (2021) *Une histoire de la lutte contre le sida*. Paris: Nouveau Monde Editions.

Maxwell, J. A. (2012) *Qualitative Research Design: An Interactive Approach*. Thousand Oaks: SAGE.

May, M. T. (2017) 'Better to know: the importance of early HIV diagnosis', *The Lancet Public Health*, 2(1), pp. E6-E7.

McCain, K. W. (2016) “‘Nothing as practical as a good theory’” Does Lewin’s Maxim still have salience in the applied social sciences?, *Proceedings of the AIST*, 52(1), pp. 1-4.

McCloskey, D. N. (2004) *Knowledge and Persuasion in Economics*. Cambridge: Cambridge University Press.

McCloud, R., Bekalu, M., and Viswanath, K. (2020) ‘Health Communication’. In I. Kawachi, I. Lang, and W. Ricciardi (eds.) *Oxford Handbook of Public Health Practice* (4th ed.). Oxford: Oxford University Press, pp. 268-281.

McCombie, S. (1986) ‘The cultural impact of the AIDS test: the American experience’, *Social Science and Medicine*, 23(5), pp. 455-459.

McCombs, M. E., Shaw, D. L. and Weaver, D. L. (1997) *Communication and Democracy: Exploring the Intellectual Frontiers in Agenda-Setting Theory*. Mahwah: Lawrence Erlbaum.

McCright, A. M. and Dunlap, R. E. (2010) ‘Anti-reflexivity: The American Conservative Movement’s success in undermining climate science and policy’, *Theory, Culture, & Society*, 27(2-3), pp. 100-133.

McDaid, L., Riddell, J., Teal, G., Boydell, N., Coia, N. and Flowers, P. (2019) ‘The effectiveness of social marketing interventions to improve HIV testing among gay, bisexual and other men who have sex with men: a systematic review’, *AIDS and Behavior*, 23(9), pp. 2273-2303.

McGlone, M. and Tafiqbakhsh, J. (2000) ‘The Keats heuristic: Rhyme as reason in aphorism interpretation’, *Poetics*, 26(4), pp. 235-244.

McGonigal, J. (2022) *Imaginable: How to See the Future Coming and Feel Ready for Anything--Even Things That Seem Impossible Today*. New York: Spiegel & Grau.

McKinsey (2019) 'The value of design in global public health'. *Our Insights*. December 17. Available at: <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/the-value-of-design-in-global-public-health> (Accessed: November 26 2022).

McLuhan, M. (1994) *Understanding Media: The Extensions of Man*. Cambridge: MIT Press.

McManus, J., Constable, M., Bunten, A. and Chadborn, T. (2018) *Improving People's Health: Applying Behavioural and Social Sciences to Improve Population Health and Wellbeing in England*. London: Public Health England.

McWilliam, C. L. (2013) 'Phenomenology', in Bourgeault, I., Dingwall, R. and de Vries, R. (eds.) *SAGE Handbook of Qualitative Methods in Health Research*. London: SAGE, pp. 229-247.

Means Coleman, R. R. (2001) 'Maintaining Perspective During Troubling Research Interviews: A Reception Study with Three Convicted Murderers', *Counterblast: e-Journal of Culture and Communication*. Available at: http://www.nyu.edu/pubs/counterblast/issue1_nov01/articles/coleman_3.html (Accessed: 15 October 2016).

Médecins du Monde (2011) *The KAP Survey Model (Knowledge, Attitudes, and Practices)*. Available at: <http://www.medecinsdumonde.org/outils/nouscontacter> (Accessed: 22 January 2018).

Mehdiyar, M., Andersson, R. and Hjelm, K. (2020) 'HIV-positive migrants' experience of living in Sweden', *Global Health Action*, 13(1), 1715324.

Meleis, A. I. (1997) *Theoretical Nursing Development and Progress*. Philadelphia: JP Lippincott.

Menczer, F. (2021) *Facebook Whistleblower Testified That Company's Algorithms Are Dangerous: Here's Why*. Available at:
<https://www.scientificamerican.com/article/facebook-whistleblower-testified-that-companys-algorithms-are-dangerous-heres-why/> (Accessed: 9 March 2022).

Merriam Webster (2022) 'Get it on', *Merriam Webster Dictionary*. Available at:
<https://www.merriam-webster.com/dictionary/get%20it%20on> (Accessed: 3 July 2022).

Merriam, S. (1998) *Qualitative Research and Case Study Applications in education*. San Francisco: Jossey-Bass.

Mertens, D. M. and Ginsberg, P. E. (2009) *The Handbook of Social Research Ethics*. Newbury Park: SAGE.

Merzel, C. and D'Afflitti, J. (2003) 'Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential', *American Journal of Public Health* 93, no. 4 (April 1) pp. 557-574.

Miceli, M., Posada, J., and Yang, T. (2022) 'Studying Up Machine Learning Data: Why Talk About Bias When We Mean Power?' *Proc. ACM Hum.-Comput. Interact.* 6, GROUP (September) pp. 1-14.

Michaelsen, M. M. and Esch, T. (2022) 'Functional Mechanisms of Health Behavior Change Techniques: A Conceptual Review', *Frontiers in Psychology*, 13, 725644.

- Michie, S. and Abraham, C. (2008) 'Advancing the science of behaviour change: a plea for scientific reporting', *Addiction*, 103, pp. 1409-1410.
- Michie, S. L., Yardley, R., West, K., and Greaves, P. F. (2017) 'Developing and evaluating digital interventions to promote behavior change in health and health care: recommendations resulting from an international workshop', *J. Med. Internet Res.*, 19, 7126.
- Michie, S., West, R., Sheals, K. and Godinho, C. A. (2018) Evaluating the effectiveness of behavior change techniques in health-related behavior: a scoping review of methods used. *Translational behavioral medicine*, 8(2), pp. 212-224.
- Miller J. M. (2020) 'Do COVID-19 Conspiracy Theory Beliefs Form a Monological Belief System?', *Canadian Journal of Political Science. Revue Canadienne De Science Politique*, pp. 1-8.
- Mills, C. W. (1978) *The Sociological Imagination*. Oxford: Oxford University Press.
- MIT Docubase (2015) *Transmedia 101: MIT Open Documentary Lab*. Available at: <https://docubase.mit.edu/playlist/transmedia-101/> (Accessed: 3 February 2019).
- Molborn, S. and Sennott, C. (2015) 'Bundles of Norms About Teen Sex and Pregnancy', *Qualitative Health Research*, 25(9), pp. 1283-1299.
- Monnier, J., Deschamps, J. P., Fabry, J. Manciaux, M. and Raimbault, A. M. (1980) *Santé Publique. Santé de la Communauté*. Bruxelles: Simep.
- Mooney, C. (2005) *The Republican War on Science*. New York: Basic Books.
- Moran, D. and Cohen, J. (2012) *The Husserl Dictionary*. London: Continuum International Publishing.

Morey Hawkins, J. (2017) 'Thematic Analysis', in Allen, M. (ed.) *The SAGE Encyclopedia of Communication Research Methods*. Thousand Oaks: SAGE.

Morley, D. (2011) 'Unanswered questions in audience research', *Communication Review*, 9(2), pp. 101-121.

Morse, J. (2008) 'Confusing categories and themes', *Qualitative health research*, 18(6), pp. 727-728.

Morse, J. M., Barrett, M., Mayan, M., Olson, K. and Spiers, J. (2002) 'Verification strategies for establishing reliability and validity in qualitative research', *International Journal of Qualitative Methods*, 1(2), pp. 1-19.

Motta, M., Callaghan, T., Sylvester, S. and Lunz-Trujillo, K. (2021) 'Identifying the prevalence, correlates, and policy consequences of anti-vaccine social identity', *Politics, Groups, and Identities*.

Moustakas, C. (1994) *Phenomenological Research Methods*. Thousand Oaks, CA: SAGE.

Muessig, K. E., Pike, E. C. LeGrand, S. and Hightow-Weidman, L. B. (2013) 'Mobile Phone Applications for the Care and Prevention of HIV and Other Sexually Transmitted Diseases: A Review', *Journal of Medical Internet Research*, 15(1), e2301.

Muhammed, T. S. and Mathew, S.K. (2022) 'The disaster of misinformation: a review of research in social media', *International Journal of Data Science and Analytics*, 15, pp. 1-15.

Murphy, D. J., Dallal Bashi, Y. H., McCoy, C. F., Boyd, P., Brown, L., Martin, F., McMullen, N., Kleinbeck, K., Dangi, B., Spence, P., Hansraj, B., Devlin, B. and Malcolm, R. K. 'In vitro drug release, mechanical performance and stability testing of a custom

silicone elastomer vaginal ring releasing dapivirine and levonorgestrel', *International Journal of Pharmaceutics*: X, 25(4), 100112.

Murphy, S. T., Frank, L. B., Chatterjee, J. S., Moran, M. B., Zhao, N. , Amezola de Herrera, P. and Baezconde-Garbanati, L. (2015) *American Journal of Public Health*, 105(10), pp. 2117-2123.

Mutonyi, B. R., Slåtten, T. and Lien, G. (2021) 'Fostering innovative behavior in health organizations: a PLS-SEM analysis of Norwegian hospital employees', *BMC Health Services Research*, 21(1), pp. 1-15.

Nahai, N. (2017) *Webs of Influence – The Psychology of Online Persuasion* (2nd ed.) London: Pearson.

Naidoo, J. and Wills, J. (2016) *Foundations for Health Promotion* 4th ed. London: Elsevier.

Nakagawa, F., Lodwick, R.K., Smith, C. J., Smith, R., Cambiano, V., Lundgren, J. D., Delpech, V., Phillips, A. N. (2012) 'Projected life expectancy of people with HIV according to timing of diagnosis', *AIDS*, 26, pp. 335-343.

Nancy, S., Dongre A. R. (2021) 'Behavior Change Communication: Past, Present, and Future'. *Indian J Community Med.* Apr-Jun;46(2) pp.186-190. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8281832/> (Accessed: 26 November 2022).

Napoli, P. M. (2019) *Social Media and the Public Interest: Media Regulation in the Disinformation Age*. New York: Columbia University Press.

Nastasi, B. K., Varjas, K., Schensul, S. L., Silva, K. T., Schensul, J. J. and Ratnayake, P. (2000) 'The Participatory Intervention Model: A framework for conceptualizing and promoting intervention acceptability', *School Psychology Quarterly*, 15(2), pp. 207-232.

NAT National AIDS Trust (2015) *National AIDS prevention: Underfunded and deprioritised*. Available at:

http://www.nat.org.uk/media/Files/Policy/2015/Prevention_Report_2015.pdf

(Accessed: 30 October 2015).

Nathaniel, A. K. (2006) 'Thoughts on the literature review and GT', *Grounded*, 5(2/3), pp. 35-41.

National Assembly of France (1789) 'Declaration of the Rights of Man', *The Avalon Project. Documents in Law, History, and Diplomacy*. Available at:

<http://www.avalon.yale.edu/18thcentury>. (Accessed: 22 January 2018).

National Institute of Standards and Technology (2021) *Human Centered Design (HCD)*.

Available at: <https://www.nist.gov/itl/iad/visualization-and-usability-group/human-factors-human-centered-design> (Accessed: 1 February 2022).

Neiman, S. (2016) *Why Grow Up?* London: Penguin Random House.

Nel, A., Malherbe, M., van Niekerk, N., Beksinska, M., Greener, R., Smit, J., Freziers, R. and Walsh, T. (2020) 'Performance and Acceptability of the FC2 Female Condom When Used With and Without a Silicone Placebo Vaginal Ring - A Randomized, Crossover Trial', *Journal of acquired immune deficiency syndromes*, 85(1), pp. 58-65.

Nelson, B. (2018) *Truvada: The HIV prevention drug causing an epidemic of stigma*.

Available at: https://www.independent.co.uk/news/long_reads/truvada-hiv-aids-prevention-drug-stigma-sti-epidemic-a8648111.html (Accessed: 20 January 2019).

Nelson, J. (2015) 'Navigating grounded theory: a critical and reflective response to the challenges of using grounded theory in an education PhD', *Critical and Reflective Practice in Education*, 4, pp. 18-24.

Nelson, T. (1982) *Bible : New King James Version - John 1*. Available at:
<https://www.biblegateway.com/passage/?search=John+1%3A1-18&version=KJV>
(Accessed: 30 October 2017).

Neron, J. (2018) 'Foucault, l'Histoire de la Sexualité et la condition des femmes dans l'antiquité', *Les Cahiers de Droit*, 36(1), pp. 245-291.

Neter, E., Brainin, E., and Baron-Etel, O. (2018) 'The third digital divide in the health domain: Is internet use for health purposes associated with health benefits?' *Studies in Media Communications* 15 pp. 153-176.

Nettleton, S. (2006) *The Sociology of Health and Illness*. Cambridge: Polity Press.

Neuhauser, L. and Kreps, G. L. (2003a) 'eHealth communication and behavior change: promise and performance', *Social Semiotics*, pp. 9-27.

Neuhauser, L. and Kreps, G. L. (2003b) 'Rethinking communication in the e-health era', *Journal of Health Psychology*, 8, pp. 7-22.

New York Times (2020) *This Deal Helped Turn Google Into an Ad Powerhouse. Is That a Problem?*, 21 September. Available at:
<https://www.nytimes.com/2020/09/21/technology/google-doubleclick-antitrust-ads.html> (Accessed: 24 November 2022).

Newman, S., Steed, E., Mulligan, K. (2008) *Chronic physical illness: Self-management and behavioural interventions*. Maidenhead: Open University Press.

- Nguyen, C. T. (2020) 'Echo chambers and epistemic bubbles' *Episteme*. Cambridge University Press, 17(2), pp. 141-161.
- Nguyen, M. H., Gruber, J., Fuchs, J., Marler, W., Hunsaker, A. and Hargittai, E. (2020) 'Changes in digital communication during the COVID-19 global pandemic: implications for digital inequality and future research', *Social Media + Society*, 6(3), pp. 1-6.
- Nguyen, T. S. T. (2008) 'Peer debriefing', in Given, L. M. (ed.) *The SAGE Encyclopedia of Qualitative Research Methods* pp. 604-605. Los Angeles, CA: SAGE.
- Nichols, M.D., Petzold, A.M. (2021) 'A crisis of authority in scientific discourse', *Cultural Studies of Science Education* 16, pp. 643-650.
- Nietzsche, F. (1998) *On the Genealogy of Morality* (trans. Clark, M. and Swensen, A. J.) Indianapolis: Hackett Publishing.
- Niu, Z., Qin, Z., Hu, P. and Wang, T. (2022) Health beliefs, trust in media sources, health literacy, and preventive behaviors among high-risk Chinese for COVID-19. *Health Communication*, 37(8), 1004-1012. <https://doi.org/10.1080/10410236.2021.1880684>
- Noar, S. M., Grant Harrington, N., Van Stee, S., Shemanski Aldrich, R. (2011) 'Tailored Health Communication to Change Lifestyle Behaviors', *American Journal of Lifestyle Medicine*, 5(2), pp. 112-122.
- Noar, S. M., Palmgreen, P., Chabot, M., Dobransky, N. and Zimmerman, R. S. (2009) 'A 10-Year Systematic Review of HIV/AIDS Mass Communication Campaigns: Have We Made Progress?', *Journal of Health Communication: International Perspectives*, 14(1), pp. 15-42.

Norris, C. (2012), 'What is enlightenment? Kant and Foucault', in Gutting, G. (ed.) *The Cambridge Companion to Foucault*. Cambridge: Cambridge University Press, pp. 159-196.

Nuffield Council on Bioethics (2002) *Annual Report*. Available at:
nuffieldbioethics.org/wp-content/uploads/Nuffield-AR-2002-22.09.03_0.pdf
(Accessed: 28 March 2018).

Nunn, G. (2021) *How HIV elimination is within Australia's reach*. Available at:
<https://www.bbc.com/news/world-australia-59764592> (Accessed: 2 February 2022).

Nutbeam, D. (2021) 'From health education to digital health literacy – building on the past to shape the future', *Global Health Promotion* 28:4, pp.

Nutbeam, D., Harris, E. and Wise, M. (2010) *Theory in a Nutshell: A Practical Guide to Health Promotion Theory*. Roseville: McGraw-Hill.

Nystrom, C.L. (2021) *The Genes of Culture Vol 1*, in Wiebe, C. and Maushart, S. (eds.)
New York: Peter Lang.

O'Neil, C. (2016) *Weapons of Math Destruction*. London: Penguin Random House.

O'Neil, C. (2022) *The Shame Machine*. London: Penguin Random House.

Office Fédéral de la Statistique [OFS] (2021) *Utilisation d'Internet dans les ménages en 2021*, December. Available :
<https://www.bfs.admin.ch/bfs/fr/home/statistiques/culture-medias-societe-information-sport/societe-information/indicateurs-generaux/menages-population/acces-menages-internet.html> (Accessed: 24 November 2022).

OFSP (2016) *Rapport annuel 2016 - Mise en œuvre du Programme national VIH et autres infections sexuellement transmissibles (PNVI) 2011-2017*. Available at: <https://www.bag.admin.ch/dam/bag/fr/dokumente/mt/p-und-p/jahresberichte-umsetzung-nphs-2011-2017/jahresbericht-2016-umsetzung-nphs.pdf.download.pdf/jahresbericht-2016-umsetzung-nphs.pdf> (Accessed: 23 February 2018).

OHHLEP (2022) *One Health. High-level Expert Panel Annual Report 2021*. Available at: <https://www.who.int/publications/m/item/one-health-high-level-expert-panel-annual-report-2021> (Accessed: 16 January 2022).

Okwaro, F. M., Chandler, C. I. R., Hutchinson, E., Nabirye, C., Taaka, L., Kayendeke, M., Nayiga, S. and Staedke, S. G. (2015) 'Challenging logics of complex intervention trials: Community perspectives of a health care improvement intervention in rural Uganda', *Social Science & Medicine*, 131, pp. 10-17.

Olds, D. D. (2000) 'A semiotic model of mind', *Journal of the American Psychoanalytic Association*, 48, pp. 497-529.

Online Etymology Dictionary (2022) *Love*. Available at: https://www.etymonline.com/word/Love_ (Accessed: 8 May 2022).

Orsy, L. M. and Huizing, P. J. (2008) 'Canon Law' *Encyclopedia Britannica*. Available at: https://www.britannica.com/topic/canon-law#ref216912_ (Accessed: 20 August 2021).

Otto, S. (2016) *The War on Science: Who is Waging it, Why it Matters, and What We Can Do About It*. Minneapolis: Milkweed Editions.

Oxford Dictionary (2018) *Incorporation*. Available at: <https://en.oxforddictionaries.com/definition/incorporate> (Accessed: 1 March 2019).

- Pacheco, M., Warfield, S. K., Hatzistavarakis, P., Mochida-Meek, S., Moskowitz, D., Matson, M. M and Mustanski, B. (2022) "'I don't see myself represented:' Strategies and considerations for engaging gay male Native Hawaiian and Other Pacific Islander teens in research and HIV prevention services', *AIDS and Behavior*, pp. 1-13.
- Pankhurst, J. O. (2014) 'Structural approaches for prevention of sexually transmitted HIV in general populations: definitions and an operational approach', *Journal of the International AIDS Society*, 17(1), 19052.
- Panksepp, J. and Biven, L. (2012) *The archaeology of mind: Neuroevolutionary origins of human emotions*. New York: WW Norton.
- Parsons Leigh, J., Halperin, D., Mizen, S. J., FitzGerald, E. A., Moss, S. J., Fiest, K. M., Di Castri, A., Stelfox, H. T. and Halperin, S. (2022) 'Exploring the impact of media and information on self-reported intentions to vaccinate against COVID-19: A qualitative interview-based study', *Human Vaccines & Immunotherapeutics*, 18(5), pp. 1-9.
- Partridge, E. (1978) *A Short Etymological Dictionary of Modern English*. Henley-on-Thames: Routledge.
- Parvanta, C. (2011) 'A Public Health Communication Planning Framework', in *Essentials of Public Health Communication*, Sudbury: Jones & Bartlett Learning, pp. 19-38.
- Parvanta, C. and Bauerle Bass, S. (2020) *Health Communication. Strategies and Skills for a New Era*. Burlington: Jones & Bartlett.
- Parvanta, C., Nelson, D. E., and Harner, R. N. (2018) *Public Health Communication*. Sudbury: Jones & Bartlett Learning.

Patton, M. K. (2002) *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks: SAGE.

Paul, K. (2022) 'What TikTok does to your mental health: It's embarrassing we know so little' *The Guardian*, October. Available at:

https://www.theguardian.com/technology/2022/oct/30/tiktok-mental-health-social-media?utm_source=pocket_collection_story (Accessed: 5 December 2022).

Pauwel, L. (2020) 'An Integrated Conceptual and Methodological Framework for the Visual Study of Culture and Society,' in Pauwels, L. and Dawn, M. (eds.) *The SAGE Handbook of Visual Research Methods*. London: SAGE, pp. 14-36.

Peasant, C., Sullivan, T. P., Weiss, N. H., Martinez, I. and Meyer, J. P. (2017) 'Beyond the syndemic: condom negotiation and use among women experiencing partner violence', *AIDS Care*, 29(4), pp. 516-523.

Pebody, R. (2015) *US PrEP care cascade analysis suggests that major, structural barriers need to be addressed for PrEP to have an impact*. Available at: <https://www.aidsmap.com/news/sep-2015/us-prep-care-cascade-analysis-suggests-major-structural-barriers-need-be-addressed> (Accessed: 5 February 2018).

Peeters, R. and Widlak, A. (2018) 'The digital cage: Administrative exclusion through information architecture – The case of the Dutch civil registry's master data management system', *Government Information Quarterly*, 35(2), pp. 175-183.

Pellegrino, E. (1985) 'Preparing the groundwork', in Bryant, J. and Bankowski, Z. (eds.) *Health Policy: Ethics and Human Values—Highlights of the Athens Conference*, Council for International Organisations of Medical Sciences, Switzerland.

- Pepperberg, I. M. (2021) 'Nonhuman and Nonhuman-Human Communication: Some Issues and Questions', *Frontiers in Psychology*, 12, 647841.
- Pérez-González, L. (2020) 'Is climate science taking over the science? A corpus-based study of competing stances on bias, dogma and expertise in the blogosphere', *Humanities and Social Sciences Communications*, 7(1), pp. 1-16.
- Peshkin, A. (1988) 'In search of subjectivity: One's Own', *Educational Researcher*, 17(7), pp. 17-22.
- Peters, A., van Driel, F. and Jansen, W. (2014) 'Acceptability of the female condom by sub-Saharan African women: a literature review', *African journal of reproductive health*, 18(4), pp. 34-44.
- Peters, G. J. Y. (2014) 'A practical guide to effective behavior change: How to identify what to change in the first place', *The European Health Psychologist*, 16(5), pp. 142-155.
- Petticrew, M., Rehfeuss, E., Noyes, J., Higgins, J. P. T., Mayhew, A., Pantoja, T., Shemilt, I. and Sowden, A. (2013) 'Synthesising evidence on complex interventions: how meta-analytical, qualitative and mixed-method approaches can contribute', *Journal of Clinical Epidemiology*, 66, pp. 1230-1243.
- Petty, R. E., Cacioppo, J. T., Strathmann, A. J. and Priester, J. R. (2005) 'To think or not to think: Exploring two routes to persuasion', in Brock, T. C. and Green, M. C. (eds.) *Persuasion: Psychological insights and perspectives*. Thousand Oaks: SAGE, pp. 81-116.
- Petty, R. E., Gleicher, F., Blair, W. and Jarvis, G. (1993) 'Persuasion theory and AIDS prevention', in Pryor, J. B. and Reeder, G. D. (eds.) *The Social Psychology of HIV Infection*. Hillsdale: Lawrence Erlbaum Associates, pp. 155-182.

Pew Research Center (2021) *The Future of Digital Spaces and Their Role in Democracy*, November 22. Available at: <https://www.pewresearch.org/internet/2021/11/22/the-future-of-digital-spaces-and-their-role-in-democracy/> (Accessed: 24 November 2022).

Phelan, A. (2010) 'Socially constructing older people: examining discourses which can shape nurses' understanding and practice', *Journal of Advanced Nursing*, 67(4), pp. 893-903.

Pickover, A. M., Allbaugh, L. J., Sun, S., Casimir, M. T., Graves, C. C., Wood, K. A., Ammirati, R., Cattie, J. E., Lamis, D. A. and Kaslow, N. J. (2020) 'Ecological Framework for Social Justice Advocacy by Behavioral Health Professionals in Public Healthcare', *Psychological Services*, 17(S1), pp. 5-11.

Pierce, J. J., Siddiki, S., Jones, M. D., Schumacher, K., Pattison, A. and Peterson, H. (2014) 'Social Construction and Policy Design', *Policy Stud J*, 42, pp. 1-29.

Piot, P. (2014) *Ebola outbreaks: I discovered this virus in 1976. It's frustrating that we still know too little to treat it effectively*. Available at:

<https://www.independent.co.uk/voices/comment/ebola-outbreaks-i-discovered-this-virus-in-1976-it-s-frustrating-that-we-still-know-too-little-to-treat-it-effectively-9218620.html> (Accessed: 24 May 2017).

Piot, P. (2015) *AIDS between science and politics* (trans. Garey, L.) New York: Columbia University Press.

Piot, P., Abdool Karim, S., S., Hecht, R., Legido-Quigley, H., Buse, K., Stover, J., Resch, S., Palier, B. (2015) *La Réforme des Systèmes de Santé*. Paris: Presses Universitaires de France.

Pitasi, M. A., Chavez, P. R., DiNenno, E. A., Jeffries, W. L., Johnson, C. H., Demeke, H., August, E. M. and Bradley, H. (2018) 'Stigmatizing Attitudes Toward People Living with HIV Among Adults and Adolescents in the United States', *AIDS and Behaviour*, 22(12), pp. 3887-3891.

Place, K. R. and Vardeman-Winter, J. (2013) 'Hegemonic discourse and self-discipline: Exploring Foucault's concept of bio-power among public relations professionals', *Public Relations Inquiry*, 2(3) pp. 305-325.

Planned Parenthood (2022) *Why are internal condoms so hard to find?* Available at: <https://www.plannedparenthood.org/learn/birth-control/internal-condom/how-do-i-buy-internal-condoms> (Accessed: 11 April 2022).

Plato (2007) *The Republic* (trans. Lee, D.) London: Penguin.

Plato (2008) *Gorgias* (trans. Waterfield, R.) London: Penguin.

Poland, B., Frohlich, K. L. and Cargo, M. (2008) 'Context as a fundamental dimension of health promotion evaluation', in Potvin, L. and McQuenn, D. (eds.) *Health promotion evaluation practices in the Americas: Values and research*. New York: Springer, pp. 299-318.

Pomeroy, S. R. (2012) *The key to science (and life) is being wrong*. Available at: <https://blogs.scientificamerican.com/guest-blog/the-key-to-science-and-life-is-being-wrong/> (Accessed: 3 July 2018).

Popay, J., Whitehead, M. and Hunter, D. J. (2010) 'Injustice is killing people on a large scale – But what is to be done about it?', *Journal of Public Health*, 32(2), pp. 148-149.

Pope Benedict XVI and Seewald, P. (2010) *Light of the World: The Pope, the Church, and the Signs of the Times*. San Francisco: Ignatius Press.

Popper, K. (1968) *Conjectures and Refutations: The Growth of Scientific Knowledge*. New York: Harper Torchbooks.

Popper, K. (2002) *The Logic of Scientific Discovery*, London: Routledge.

Postman, N. (2005) *Amusing ourselves to death: Public discourse in the age of show business*. London: Penguin.

Powderly, W. G. (2016) 'Public Policy and Infectious Disease Prevention and Control', in Eyles, A. A., Chiriqui, J. F., Moreland-Russell, S. and Brownson, R. C. (eds.) *Prevention policy and public health*. New York: Oxford University Press, pp. 197-214.

Power, J., Brown, G., Lyons, A., Thorpe, R., Dowsett, G. W. and Lucke, J. 2017 'HIV Futures 8: Protocol for a Repeated Cross-sectional and Longitudinal Survey of People Living with HIV in Australia', *Frontiers in Public Health*, 5(50). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5360733/> (Accessed: 8 June 2021).

Prat, F., Planes, M., Gras, M.E. and Sullman, M. J. M. (2011) 'Stages of change and decisional balance for condom use with a romantic partner', *Journal of Health Psychology*, 17(8), pp. 1193-1202.

Preissle, J. (2008) 'Reflexivity', in Given, L. M. (ed.) *The SAGE Encyclopedia of Qualitative Research Methods* pp. 2:844. Los Angeles, CA: SAGE.

Purnat, T., Vacca, P., Czerniak, C., Ball, S., Burzo, S., Zecchin, T., Wright, A., Bezbaruah, S., Tanggol, F., Dubé, È., Labbé, F., Dionne, M., Lamichhane, J., Mahajan, A., Briand, S. and Nguyen, T. (2021) 'Infodemic Signal Detection During the COVID-19 Pandemic:

Development of a Methodology for Identifying Potential Information Voids in Online Conversations', *JMIR Infodemiology*, 1(1), e30971.

Purtle, J., Dodson, E. A., and Brownson, R. C. (2018) 'Policy Dissemination Research' in Brownson R. C., Colditz, G. A. and Proctor, E. K. (eds.) *Dissemination and Implementation Research in Health* (2nd ed.) New York: Oxford University Press, pp. 433-447.

Pusa, S., Lind, S. and Häggström, M. (2021) 'Social processes in academic-community partnership in health care. A grounded theory study', *BMC nursing*, 20(1), pp. 1-14.

Putnam, R. D. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

Raaflaub, C. (2011) *Around seventy per cent of Swiss people suffering from HIV/Aids are employed, many in full-time positions, but discrimination at work is still a daily concern*. Available at: https://www.swissinfo.ch/eng/erasing-the-stigma-of-hiv-aids-at-work/31670646?utm_campaign=teaser-in-gallery&utm_medium=display&utm_content=o&utm_source=swissinfoch (Accessed: 15 May 2019).

Rabinow, P. (1984) *The Michel Foucault Reader. An Introduction to Foucault's Thought*. London: Penguin.

Rabinow, P. (1997) *Michael Foucault: Ethics, Subjectivity and Truth*. New York: The New Press.

Rabinow, P. and Rose, N. (2006) 'Biopower today' *BioSocieties* 1, London: London School of Economics and Political Science. pp. 195-217.

- Racher, R. E. and Annis, R. C. (2008) 'Community Health Action Model: Health promotion by the community', *Research and theory for nursing practice*, 22(3), pp. 182-191.
- Ramiere, C., Charre, C., Miallhes, P., Bailly, F., Radenne, S., Uhres, A. C., ... and Cotte, L. (2019) 'Patterns of hepatitis C virus transmission in human immunodeficiency virus (HIV)-infected and HIV-negative men who have sex with men', *Clinical Infectious Diseases*, 69(12), pp. 2127-2135.
- Ramos, V. (1982) 'The Concepts of Ideology, Hegemony, and Organic Intellectuals in Gramsci's Marxism', *Theoretical Review*, 27. Available at: <https://www.marxists.org/history/erol/periodicals/theoretical-review/1982301.htm> (Accessed: 11 May 2021).
- Rankin, L. (2013) *Mind Over Medicine*. Carlsbad: Hay House.
- Rashotte, J. (2005) 'Knowing the nurse practitioner: dominant discourses shaping our horizons', *Nursing Philosophy*, 6(1), pp. 51-62.
- Rathmann, K. and Richter, M. (2016) 'Gesundheitliche Ungleichheit – eine theoretische und empirische Einführung', In Swiss Red Cross (ed.), *Privileg Gesundheit? Zugang für alle!* Zürich: Seismo Publishing, pp. 25-58.
- Rendina, H. J. and Mustanski, B. (2018) 'Privacy, Trust, and Data Sharing in Web-Based and Mobile Research: Participant Perspectives in a Large Nationwide Sample of Men Who Have Sex With Men in the United States', *Journal of Medical Internet Research*, 20(7), e9019.

Rendina, H. J., Millar, B. M. and Parsons, J. T. (2018) 'The critical role of internalized HIV-related stigma in the daily negative affective experiences of HIV-positive gay and bisexual men', *Journal of affective disorders*, 227, pp. 289-297.

Renfrew, C. (2009) *Prehistory: The Making of the Modern Mind*. New York: Modern Library.

Reporters without Borders (2021) *World Ranking 2021*. Available at: <https://rsf.org/en/ranking> (Accessed: 28 May 2022).

Reynolds-Tylus, T., Lukacena, K. M. and Truban, O. (2020) 'Message fatigue to bystander intervention messages: Examining pathways of resistance among college men', *Health Communication*, 36(13), pp. 1759-1767.

Rice, R. E. and Atkin, C. K. (2013) *Public Communication Campaigns*. Thousand Oaks: SAGE.

Richard, L., Gauvin, L. and Raine, K. (2011), 'Ecological models revisited: their uses and evolution in health promotion over two decades', *Annual review of public health*, 32(1), pp. 307-326.

Riddell, J., Teal, G., Flowers, P., Boydell, N., Coia, N. and McDaid, L. (2022) 'Mass media and communication interventions to increase HIV testing among gay and other men who have sex with men: Social marketing and visual design component analysis', *Health*, 26(3), pp. 338-360.

Rieger, K. L. (2019) 'Discriminating among grounded theory approaches', *Nursing Inquiry*, 26(1), e12261.

Rienstra, B. and Hook, D. (2006) 'Weakening Habermas: The undoing of communicative rationality', *Politikon: South African journal of political studies*, 33(3), pp. 313-339.

Rev (2021) *Facebook Whistleblower Frances Haugen Testifies on Children & Social Media Use: Full Senate Hearing Transcript*. Available at: <https://www.rev.com/blog/transcripts/facebook-whistleblower-frances-haugen-testifies-on-children-social-media-use-full-senate-hearing-transcript> (Accessed: 28 May 2022).

Riou, N. (2017) *Le consommateur digital. Les nouvelles approches pour le séduire*. Paris: Eyrolles.

Robinson, B. E., Bockting, W. O., Simon Rosser, B. R., Miner, M., Coleman, E. (2002) 'The Sexual Health Model: application of a sexological approach to HIV prevention', *Health Education Research*, 17(1), pp. 43-57.

Robinson, O. C. (2014) 'Sampling in interview-based qualitative research: A theoretical and practical guide', *Qualitative research in psychology*, 11(1), pp. 25-41.

Robinson, S. (2021) 'Social Context of Health and Illness', in Robinson, S. (ed.) *Priorities for Health Promotion and Public Health: Explaining the Evidence for Disease Prevention and Health Promotion*, pp. 3-33.

Rochel, J. (2021) 'Connecting the Dots: Digital Integrity as a Human Right', *Human Rights Law Review*, 21(2), pp. 358-383.

Rochel, J. (2022) *Les Robots parmi nous. Pour une éthique des machines*. Lausanne: PPUR Savoir Suisse.

- Rogers, E. M. (2004) 'A prospective and retrospective look at the diffusion of innovations model', *Journal of Health Communication* 9 pp. 13-19.
- Rogers, R. W. (1975) 'A protection motivation theory of fear appeals and attitude change', *Journal of Psychology*, 91, pp. 93-114.
- Rolfe, G. (2006) 'Validity, trustworthiness and rigour: Quality and the idea of qualitative research', *Journal of Advanced Nursing*, 53(3), pp. 304-310.
- Romer, D., Snitzman, S., DiClemente, R., Salazar, L. F., Venable, P. A., Carey, M. P., Hennessy, M., Brown, L. K., Valois, R. F., Stanton, B. F., Fortune, T. and Juzang, A. (2009) 'Mass media as an HIV-prevention strategy: using culturally sensitive messages to reduce HIV-associated sexual behavior of at-risk African American youths', *American journal of public health*, 99(12), pp. 2150-2159.
- Romero, R. A., Klausner, J. D., Marsch, L. A. and Young, S. D. (2021) 'Technology-Delivered Intervention Strategies to Bolster HIV Testing', *Current HIV/AIDS reports*, 18(4), pp. 391-405.
- Rose, G. (2016) *Visual Methodologies: An Introduction to Researching with Visual Materials*. London: SAGE.
- Rose, N. (1996) 'Governing 'Advanced' Liberal Democracies', in Sharma, A. and Gupta, A. (eds.) *The Anthropology Of The State: A Reader*. Malden: Blackwell Publishing, pp. 144-162.
- Rose, N. (1999) *Powers and Freedom: Reframing Political Thought*. Cambridge: Cambridge University Press.

- Rose, N. and Abi-Rached, J. M. (2013) *Neuro: The New Brain Sciences and the Management of the Mind*. Princeton: Princeton University Press.
- Rosenberg, B. D. and Siegel, J. T. (2018) 'A 50-year review of psychological reactance theory: Do not read this article', *Motivation Science*, 4(4), pp. 281-300.
- Rosenbrock, R., Almedal, C., Elford, J., Kübler, D., Lert, F., Matic, S. (2009) *Beurteilung der Schweizer HIV-Politik durch ein internationales Expertenpanel. Studie zuhanden des Bundesamtes für Gesundheit*, 22 September. Horgen: Syntagma. Available at: <https://www.bag.admin.ch/dam/bag/de/dokumente/e-f/evalber-mt/2001-2010/2009-expertenpanel-hiv-aids-experten-bericht.pdf.download.pdf/2009-expert-report-hiv-d.pdf> (Accessed: 16 October 2021).
- Rosengren, A. L., Huang, E., Daniels, J., Young, S. D., Marlin, R. W. and Klausner, J. D. (2016) 'Feasibility of using Grindr™ to distribute HIV self-test kits to men who have sex with men in Los Angeles, California', *Sexual Health*, 10.1071/SH15236.
- Rosenstock, I.M., Strecher, V. J. and Becker, M. H. (1994) The Health Belief Model and HIV risk behavior change, in DiClemente, R. J. and Peterson, J. L. (eds.) *Preventing AIDS: Theories and Methods of Behavioral Interventions*. New York: Springer Science & Business Media, pp. 5-24.
- Rossi, J. and Yudell, M. (2012) 'The use of persuasion in public health communication: An ethical critique', *Public Health Ethics*, 5(2), pp. 192-205.
- Rothbauer, P. M. (2008) 'Triangulation', in Given, L. M. (ed.) *The SAGE Encyclopedia of Qualitative Research Methods*, Los Angeles, CA: SAGE, pp. 893-894.

Rothman, A. J., Bartels, R. D., Wlaschin, J. and Salovey, P. (2006) 'The strategic use of gain and loss framed messages to promote healthy behaviour: How theory can inform practice', *Journal of Communication*, 56(S), pp. 202-220.

Routledge (2019) *Routledge International Handbook of Critical Mental Health*. London: Routledge.

Rozhnova, G., Heijne, J., Bezemer, D., van Sighem, A., Presanis, A., De Angelis, D. and Kretzschmar, M. (2018) 'Elimination prospects of the Dutch HIV epidemic among men who have sex with men in the era of preexposure prophylaxis', *AIDS*, 32(17), pp. 2615-2623.

RTS (2017) *Strong increase in STIs in Switzerland*. Available at:

<https://www.rts.ch/info/suisse/8342269-forte-hausse-des-cas-de-maladies-sexuellement-transmissibles-en-suisse.html> (Accessed: 16 October 2021).

RTS (2019) *LOVE LIFE 2019 reminds of the importance of the often-derided condom*.

Available at: <https://www.rts.ch/info/suisse/10837277-love-life-2019-rappelle-limportance-du-preservatif-trop-souvent-boude.html> (Accessed: 8 July 2020)

RTS (2021) *12h45 : Interview, David Haerry, Bettina Maeschli, Benjamin Hampel*.

Available at:

<https://www.rts.ch/play/tv/12h45/video/12h45?urn=urn:rts:video:12673046&startTime=446> (Accessed: 15 October 2021).

Rubel, A., Castro, C. and Pham, A. (2021) *Algorithms and Autonomy*. Cambridge: Cambridge University Press.

Rumpf, P. (2019) 'Pourquoi bloquer le meilleur obstacle au VIH?', *20 Minutes*. Available at: <https://www.20min.ch/fr/story/pourquoi-bloquer-le-meilleur-obstacle-au-vih-575832798625> (Accessed: 19 June 2020).

Ryckman, T., Møgedal, S., Dybul, M., Goosby, E., Watts, C., Kilonzo, N., Mcmanus, J., Sidibé, M. and UNAIDS-Lancet Commission (2015) 'Defeating AIDS--advancing global health', *Lancet*, 386(9989), pp. 171-218.

Sackett, D. (2000) 'The sins of expertness and a proposal for redemption', *British Medical Journal*, 320(7244), 1283.

Sadin, E. (2021) *La vie algorithmique. Critique de la raison numérique*. Paris: Editions L'échappée.

Sager, F. and Mavrot, C. (2020) 'Switzerland's COVID-19 policy response: Consociational crisis management and neo-corporatist reopening', *European Policy Analysis*, 6(2), pp. 293-304.

Sager, F. and Zollinger, C. (2011) 'The Swiss Political System in a Comparative Perspective', in Trampusch, C. and Mach, A. (eds.) *Switzerland in Europe*. London: Routledge.

Sager, F., Mavrot, C., and Hadorn, S. (2015) 'Addressing Multilevel Program Complexity by Evaluation Design', *European Policy Analysis*, 1(2), pp. 90-110.

Sager, F., Mavrot, C., Hadorn, S. (2017) 'Addressing Multilevel Program Complexity by Evaluation Design', *European Policy Analysis*, 1(2), pp. 90-110.

- Sager, F., Mavrot, C., Hinterleitner, M., Kaufmann, D., Grosjean, M., Stocker, T. F. (2020) 'Utilization-focused scientific policy advice: a six-point checklist', *Climate policy*, 20(10), pp. 1336-1343.
- Sah, R. K. and Robinson, S. (2021) 'Sexual Health', in Robinson, S. *Priorities for Health Promotion and Public Health: Explaining the Evidence for Disease Prevention and Health Promotion*, London: Taylor & Francis, pp. 151-174.
- Salazar, L. F., Crosby, R. and DiClemente, R. J. (2015) *Research Methods in Health Promotion* (2nd ed.) San Francisco: Jossey-Bass.
- Saldaña, J. (2015) *The Coding Manual for Qualitative Researchers*. London: SAGE.
- Salmon, C. (2017) *Storytelling: Bewitching the Modern Mind*. London: Penguin Random House.
- Salmon, C. (2019) *L'Ere du clash*. Paris: Fayard.
- Samson, A. (2014) *The Behavioral Economics Guide 2014*. Available at: <https://www.behavioraleconomics.com/the-be-guide/the-behavioral-economics-guide-2014/> (Accessed: 2 March 2019).
- Sandberg, J. and Alvesson, M. (2021) 'Meanings of theory: clarifying theory through typification', *Journal of Management Studies*, 58(2), pp. 487-516.
- Saunders, M., Lewis, P. and Thornhill, A. (2019) *Research Methods for Business Students*. Harlow: Pearson Education Ltd.
- Scherer, A. G. and Neesham, C. (2020) 'New Challenges to Enlightenment: Why Socio-Technological Conditions Lead to Organized Immaturity and What to Do About it',

SSRN Electronic Journal. Available at: <https://ssrn.com/abstract=3753612> (Accessed: 20 October 2022).

Schiller, C., Winters, M., Hanson, H. M. and Ashe, M. C. (2013) 'A framework for stakeholder identification in concept mapping and health research: a novel process and its application to older adult mobility and the built environment', *BMC public health*, 13(1), pp. 1-9.

Schmeer, K. (2000) 'Stakeholder Analysis Guidelines', *Policy Toolkit for Strengthening Health Sector Reform* (2). Washington: USAID, pp 1-43.

Schmidt, A. J. and Altpeter, E. (2019) 'The Denominator problem: estimating the size of local populations of men-who-have-sex-with-men and rates of HIV and other STIs in Switzerland', *Sexually transmitted infections*, 95(4), pp. 285-291.

Schmidt, A. J., Rasi, M., Esson, C., Christinet, V., Ritzler, M., Lung, T., et al. (2020) 'The Swiss STAR trial-an evaluation of target groups for sexually transmitted infection screening in the sub-sample of men', *Swiss medical weekly*, 150, w20392.

Schölmerich, V. L. and Kawachi, I. (2016) 'Translating the Socio-Ecological Perspective Into Multilevel Interventions: Gaps Between Theory and Practice', *Health Education & Behavior*, 43(1), pp. 17-20.

Schunk, D. H. and Pajares, F. (2002) 'The development of academic self-efficacy', in Wigfield, A. and Eccles, J. (eds.) *Development of Achievement Motivation*, San Diego: Academic Press, pp. 16-31.

Schwartländer, B., Stover, J., Hallett, T., Atun, R., Avila, C., Gouws, E., Bartos, M., Ghys, P. D., Opuni, M., Barr, D., Alsallaq, R., Bollinger, L., de Freitas, M., Garnett, G., Holmes, C., Legins, K., Pillay, Y., Stanciole, A. E., McClure, C., Hirnschall, G., Laga, M. and Padian,

N. (2011) 'Towards an improved investment approach for an effective response to HIV/AIDS', *The Lancet*, 377(9782), pp. 2031-2041.

Schwartz, J. and Grimm, J. (2019) Stigma communication surrounding PrEP: the experiences of a sample of men who have sex with men. *Health Communication*, 34, pp. 84-90.

Scott, K. W. (2004) 'Relating the Categories in Grounded Theory Analysis: Using a Conditional Relationship Guide and Reflective Coding Matrix', *The Qualitative Report*, 9(1), pp. 112-126.

Scriven, A. (2017) *Ewles & Simnett's Promoting Health: A Practical Guide*. London: Elsevier Health Sciences.

Scruton, R. (1980) *The Meaning of Conservatism*. Harmondsworth: Penguin.

Scruton, R. (1982) *From Descartes to Wittgenstein: A short history of modern philosophy*. New York: Harper & Row.

Secrétariat d'Etat aux Migrations (2022) Demandes d'asile par nations (derniers 37 mois). Available at:

<https://www.sem.admin.ch/sem/fr/home/publiservice/statistik/asylstatistik/uebersichten.html> (Accessed: 3 June 2022).

Seibt, C. (2018) *Positiv: Aids in der Schweiz*, Basel: Echtzeit Verlag.

Seidel, S. and Urquhart, C. (2013) 'On emergence and forcing in information systems grounded theory studies: the case of Strauss & Corbin', *Journal of Information Technology*, 28, pp. 237-260.

Sen, A. (2009) *The Idea of Justice*, London: Alan Lane.

Sender, K. and Decherney, P. (2016) 'Stuart Hall lives: cultural studies in an age of digital media', *Critical Studies in Media Communication*, 33(5), pp. 381-384.

Senge, P. Kleiner, A., Roberts, C., Ross, R., Roth, G. and Smith, B. (1999) *The Dance of Change. The Challenges to Sustaining Momentum in Learning Organisations*. London: Hachette.

Serrano-Zamago, A. B. and Altamirano-Bustamante, M. M. (2021) 'Appealing to Tacit Knowledge and Axiology to Enhance Medical Practice in the COVID-19 Pandemic: A Systematic Review and Hermeneutic Bioethical Analysis', *Frontiers in Public Health*, 9, 686773. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8692268/> (Accessed: 24 November 2022).

Shaw, J. A., and Donia, J. (2021) 'The Sociotechnical Ethics of Digital Health: A Critique and Extension of Approaches From Bioethics', *Frontiers in Digital Health*, 3, 725088.

Shen, F., Sheer, V. and Li, R. (2015) 'Impact of Narratives on Persuasion in Health Communication: A Meta-Analysis', *Journal of Advertising*, 44(2), pp. 105-113.

Shen, L. (2015) 'Antecedents to psychological reactance: The impact of threat, message frame, and choice', *Health Communication*, 30(10), pp. 975-985.

Sidibé, M. (2017) *Belt and Road High Level Meeting for health cooperation: towards a Health Silk Road*. Available at:

http://www.unaids.org/sites/default/files/media_asset/20170818_EXD_speech_belt-and-road-health-forum_en.pdf (Accessed: 9 June 2019).

Sidibé, M. (2017) *Global HIV Prevention Coalition launch of the HIV Prevention 2020 Road Map, a defining moment for HIV prevention*. Available at:

https://www.unaids.org/sites/default/files/media_asset/20171010_SP_EXD_preventionroadmap_en.pdf (Accessed: 30 September 2020).

Silva, M., Walker, J., Portillo, E., and Dougherty, L. (2022) 'Strengthening the Merci Mon Héros Campaign Through Adaptive Management: Application of Social Listening Methodology', *JMIR public health and surveillance*, 8(6), e35663.

Silverman, D. (2009) *Doing Qualitative Research*. London: SAGE Publications.

Simmons, M. (2017) 'Axial Coding', in Allen, M. (ed.) *The SAGE Encyclopedia of Communication Research Methods*. Thousand Oaks: SAGE Publications, pp. 80-82.

Simons, H. (2009) *Case Study Research in Practice*. Los Angeles: SAGE.

Simpson, E. and Conner, A. (2020) *Fighting Coronavirus Misinformation and Disinformation Preventive Product Recommendations for Social Media Platforms*.

Available at: <https://www.americanprogress.org/wp-content/uploads/sites/2/2020/08/Coronavirus-Disinformation.pdf> (Accessed: 23 September 2022).

Sindall, C. (2003) 'Health policy and normative analysis', in Lin, V., and Gibson, B. (eds.) *Evidence-based Public Policy*. Oxford: Oxford University Press, pp. 80-94.

Skolnik, R. (2016) 'The state of global health', in Zimmerman, R. S., DiClemente, R. J., Andrus, J. K. and Hosein, E. (eds.) *Introduction to Global Health Promotion*. San Francisco: Jossey-Bass, pp. 1-30.

Slife, B. D. and Williams, R. N. (1995) *What's Behind the Research? Discovering Hidden Assumptions in the Behavioral Sciences*. Thousand Oaks: SAGE.

Smolak, A. and El-Bassel, N. (2013) 'Multilevel stigma as a barrier to HIV testing in central Asia: a context quantified', *AIDS Behav*, 17, pp. 2742-2755.

Snowden, E. (2020) *Permanent Record*. London: Picador.

So, J. and Popova, L. (2018) 'A Profile of Individuals with Anti-tobacco Message Fatigue', *American journal of health behavior*, 42(1), pp. 109-118.

So, J., Kim, S. and Cohen, H. (2017) 'Message fatigue: Conceptual definition, operationalization, and correlates', *Communication Monographs*, 84(1), pp. 5-29.

Society for Health Communication (2017) What is Health Communication? Available at: <https://www.societyforhealthcommunication.org/what-is-health-communication> (Accessed: 16 August 2022).

Sontag, S. (1989) *AIDS and its Metaphors*. New York: Farrar, Straus & Giroux.

Sotomo (2019) *Sex in der Schweiz*. Available at: https://sotomo.ch/site/wp-content/uploads/2020/12/BAG_Studienbericht_DE.pdf (Accessed: 30 March 2020).

Spectra (2014) *Ne regrette rien!*. Available at: <https://www.spectra-online.ch/fr/spectra/actualites/lne-regrette-rien!r-54-29.html> (Accessed: 30 March 2020).

Spectra (2019) *News: The condom heart and soul of the new LOVELIFE campaign*. Available at: <https://www.spectra-online.ch/fr/spectra/actualites/l-eth-action-l-r-le-preservatif-cour-et-corps-de-la-nouvelle-campagne-love-life-795-29.html> (Accessed: 30 March 2020).

Stafylis, C., Vavala, G., Wang, Q., McLeman, B., Lemley, S. M., Young, S. D., Xie, H., Matthews, A. G., Oden, N., Revoredo, L., Shmueli-Blumberg, D., Hichborn, E. G.,

- McKelle, E., Moran, L. M., Jacobs, P., Marsch, L. A. and Klausner, J. D. (2022) 'Relative Effectiveness of Social Media, Dating Apps, and Information Search Sites in Promoting HIV Self-testing: Observational Cohort Study', *JMIR Form Res*, 6(9), e35648.
- Stake, R. E. (2000) *The Art of Case Study Research*. Thousand Oaks: SAGE Publications.
- Stanford Encyclopedia of Philosophy (2013) *Michel Foucault*. Available at: <https://plato.stanford.edu/entries/foucault/> (Accessed: 1 June 2018).
- Staupe-Delgado, R. and Rubin, O. (2022) 'Living through and with the global HIV/AIDS pandemic: Distinct 'pandemic practices' and temporalities', *Social Science & Medicine*, 296, 114809.
- Stern, P. N. (2007) 'On solid ground: Essential properties for growing grounded theory', in Bryant, A. and Charmaz, K. (eds.) *The Sage Handbook of Grounded Theory*. Los Angeles: SAGE, pp. 114-126.
- Stevens, R., Bonett, S., Bannon, J., Chittamuru, D., Slaff, B., Browne, S. K., Huang, S. and Bauermeister, J. A. (2020) 'Association Between HIV-Related Tweets and HIV Incidence in the United States: Infodemiology Study', *Journal of Medical Internet Research*, 22(6), e17196.
- Stevenson, C. and Cutcliffe, J. (2006) 'Problematizing special observation in psychiatry: Foucault, archaeology, genealogy, discourse and power/knowledge', *Journal of Psychiatric and Mental Health Nursing*, 13, pp. 713-721.
- Stiegler, B. (2010) 'Memory', in Mitchell, W. J. T. and Hansen, M. B. N. (eds.) *Critical Terms for Media Studies*, pp. 64-87.

Stivers, R. (2001) *Technology as Magic: The Triumph of the Irrational*. New York: Continuum.

Stockemer D. (2017) 'The success of radical right-wing parties in Western European regions – new challenging findings', *Journal of Contemporary European Studies*, 25(1), pp. 41-56.

Stokols, D. (2000) 'The social ecological paradigm of wellness promotion', in Jamner, M. S. and Stokals, D. (eds.) *Promoting human wellness: New frontiers for research, practice, and policy*. Berkeley: University of California Press, pp. 127-46.

Stolk, E. and Busschbach, J. (2002) 'Economics and ethics in health care. Where can they meet?', in Gastmans, C. (ed.) *Between Technology and Humanity. The Impact of Technology on Health Care Ethics*. Leuven: Leuven University Press, pp. 49-66.

Stolow, J. A., Moses, L. M, Lederer, A. M., Carter, R. (2020) 'How Fear Appeal Approaches in COVID-19 Health Communication May Be Harming the Global Community', *Health Education & Behavior*. 47(4) pp. 531-535.

Storey D., Seifert-Ahanda K., Andaluz A., Tsoi B., Matsuki J. M. and Cutler, B. (2014) 'What is health communication and how does it affect the HIV/AIDS continuum of care? A brief primer and case study from New York City', *Journal of Acquired Immune Deficiency Syndrome*, Aug 15, 66(Suppl 3), pp. S241-9.

Strate, L. (2017) *Media Ecology: An Approach to Understanding the Human Condition*. New York: Peter Lang.

Strauss, A. L. and Corbin, J. (1990) *Basics of qualitative research*. Thousand Oaks, CA: SAGE.

Strauss, A. L. and Corbin, J. (1994) 'Grounded Theory Methodology. An Overview', in Denzin, N. and Lincoln, Y. (eds.) *Handbook of Qualitative Research*. Thousand Oaks, CA: SAGE, pp. 273-285.

Strauss, A. L. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.), Thousand Oaks, CA: SAGE.

Strauss, A. L. (1987) *Qualitative analysis for social scientists*. Cambridge: Cambridge university press.

Street, A. F. (2004) 'Ask your doctor: the construction of smoking in advertising posters produced in 1946 and 2004', *Nursing Inquiry*, 11(4), pp. 226-237.

Strydom, P. (2011) *Contemporary Critical Theory and Methodology*. Abingdon: Routledge.

Suarnianti, Martiana, T. and Haskas, Y. (2019) 'Analyzing the Effect of Organizational Factors on Reducing the Disease Transmission Risk in Nurses using an AIDS Risk Reduction Model', *Journal of global infectious diseases*, 11(3), pp. 93-101.

Sullivan, P.S. Driggers, R., Stekler, J. D., Siegler, A., Goldenberg, T., McDougal, S. J., Caucutt, J., Jones, J. and Stephenson, R. (2017) 'Usability and Acceptability of a Mobile Comprehensive HIV Prevention App for Men Who Have Sex with Men: A Pilot Study', *JMIR*, 5(3), e26.

Supreme Court (2018) *Press release (Josi P), HIV prevention campaign LOVE LIFE: The conditions for a judicial review not filled*. Available at:

https://www.bger.ch/files/live/sites/bger/files/pdf/fr/archive/2C_601_2016_2018_07_04_T_f_14_07_35.pdf (Accessed: 30 March 2020).

Suter, C. (2020) *Discrimination liée au VIH en Suisse. HIV: A chronic illness like any other? CHUV*. Available at: <https://www.chuv.ch/en/min/min-home/patients-et-familles/consultation-ambulatoire/lantenne/conference-une-maladie-chronique-comme-une-autre-1> (Accessed: 3 June 2021).

Swiss AIDS Federation (2022) *Statistics on HIV/AIDS*. Available at: <https://aids.ch/en/faq/hiv-and-aids/zahlen/> (Accessed: 3 Decembre 2020).

Swiss Confederation (2020) *BBl 2020 7639 Bundesgesetz über den Datenschutz (Datenschutzgesetz, DSG) Federal Act on Data Protection (FADP)*, September 25. Available at: <https://www.fedlex.admin.ch/eli/fga/2020/1998/de> (Accessed: 20 October 2022).

Swissinfo (2009) *Report criticises “red tape”*. Available at: https://www.swissinfo.ch/eng/report-criticises-hiv-aids-red-tape/45732?utm_campaign=teaser-in-article&utm_content=o&utm_source=swissinfoch&utm_medium=display (Accessed: 30 July 2018).

Swissinfo (2016) *A fifth of Swiss have slept with more than 20 people*. Available at: https://www.swissinfo.ch/eng/society/sex-survey_fifth-of-swiss-have-slept-with-more-than-20-people/42609080_ (Accessed: 14 March 2019).

Swissinfo (2020) *HIV Infections drop by a third*. Available at: <https://www.swissinfo.ch/eng/hiv-infections-drop-by-a-third/46178534> (Accessed: 7 February 2022).

Swissinfo (2021) *Appenzell Inner Rhodes: the last Swiss canton to give women the vote*. Available at: <https://www.swissinfo.ch/eng/politics/a-visit-to-appenzell-inner-rhodes-->

the-last-canton-to-grant-women-the-right-to-vote-in-switzerland-/46328984

(Accessed: 1 Fevrier 2022).

Swissinfo (2021) *Gender pay gap gets worse in Switzerland*. Available at:

<https://www.swissinfo.ch/eng/business/gender-pay-gap-gets-worse-in-switzerland/46389846> (Accessed: 7 March 2022).

Taggart, T., Grewe, M. E., Conserve, D. F., Gliwa, C. and Roman Isler, M. (2015) 'Social Media and HIV: A Systematic Review of Uses of Social Media in HIV Communication', *Journal of Medical Internet Research*, 17(11), e4387.

Tahamtan, I., Potnis, D., Mohammadi, E., Singh, V., and Miller, L. E. (2022) 'The Mutual Influence of the World Health Organization (WHO) and Twitter Users During COVID-19: Network Agenda-Setting Analysis', *Journal of medical Internet research*, 24(4), e34321
Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9045487/#ref17>
(Accessed: 26 November 2022).

Talley, J. (2016) 'Moving from the margins: The role of narrative and metaphor in health literacy', *Journal of Communication in Healthcare*, 9(2) pp. 109-119.

Taylor, C. (2010) 'Science in the news: a diachronic perspective', *Corpora*, 5(2), pp. 221-250.

Taylor, S. (1997) 'Critical Policy Analysis: exploring contexts, texts and consequences', *Discourse: Studies in the Cultural Politics of Education*, 18(1), pp. 23-35.

Tengland, P. A. (2012) 'Behavior Change or Empowerment: On the Ethics of Health-Promotion Strategies', *Public Health Ethics*, 5, pp. 140-153.

Thaler, R. and Sunstein, C. (2003) 'Libertarian Paternalism', *The American Economic Review*, 93, pp. 175-179.

Thaler, R. H. and Sunstein, C. (2008) *Nudge: Improving Decisions About Health, Wealth, and Happiness*. New Haven: Yale University Press.

Thampi, N. Longtin, Y., Peters, A., Pittet, D. and Overy, K. (2020) 'It's in our hands: a rapid, international initiative to translate a hand hygiene song during the COVID-19 pandemic', *Journal of Hospital Infections*, 105(3) pp. 574-576.

Tie, Y. C., Birks, M. and Francis, K. (2019) 'Grounded theory research: A design framework for novice researchers', *SAGE Open Medicine*. Available at: <https://journals.sagepub.com/doi/full/10.1177/2050312118822927> (Accessed: 3 June 2021).

Timmermans, S. and Tavory, I. (2012) 'Theory construction in qualitative research: From grounded theory to abductive analysis,' *Sociological theory*, 30(3), pp. 167-186.

Tinc, P. J., Sorensen, J. A., Goodspeed, M. M. and Jenkins, P. L. (2022) 'Do Cialdini's "Principles of Influence" Motivate Safe Practices on Farms?', *J Agromedicine*, Jul 27(3), pp. 272-283.

Tingey, L., Chambers, R., Rosenstock, S., Lee, A., Goklish, N. and Larzelere, F. (2017) 'The impact of a sexual reproductive health intervention for American Indian Adolescents on predictors of condom use intention', *Journal of Adolescent Health*, 60, pp. 284-291.

Tiryakian, E. A. (2009) *Sexual Anomie, Social Structure, Societal Change*. London: Routledge.

Toadvine, T. (2016) 'Maurice Merleau-Ponty', in Zalta, E. N. (ed.) *The Stanford*

Encyclopedia of Philosophy. Available at:

<http://plato.stanford.edu/archives/fall2016/entries/merleau-ponty/> (Accessed: 12 November 2016).

Tocqueville, A. (1981) *De la démocratie en Amérique Tome II*. Paris: GF Flammarion.

Tones, K. (2002) 'Health promotion, health education, and the public's health', in

Detels, R. McEwen, J., Beaglehole, R. and Tanaka, H. (eds.) *The Oxford Textbook of Public Health* (4th ed.), pp. 865-76. Oxford: Oxford University Press.

Torres Gregory, W. (2000) 'Heidegger on Traditional Language and Technological Language', *Paideia: Contemporary Philosophy*. Available at:

<https://www.bu.edu/wcp/Papers/Cont/ContGreg.hrm> (Accessed: 24 February 2016).

Triplett, N. T., Kingzette, A. Slivinski, L., Niu, T. (2022) 'Ethics for Mental Health

Influencers: MFTs as Public Social Media Personalities', *Contemporary Family Therapy* June 44(1) pp. 125-135.

Trochim, W. M. K. (2006) 'Reliability', *Research Methods Knowledge Base*, Available at:

<http://www.socialresearchmethods.net/kb/reliable.php> (Accessed: 8 November 2016).

Trochim, W. M. K. (2006) 'Validity', *Research Methods Knowledge Base*. Available at:

<http://www.socialresearchmethods.net/kb/constval.php> (Accessed: 8 November 2016).

Trombadori, D. (1980) 'Interview with Michel Foucault', in Faubion, J. D. (ed.) *Michel Foucault. Power. The Essential Works*, 3, pp. 239-297.

Tufekci, Z. (2017) 'We're building a dystopia just to make people click on ads', *TED Talks*. Available at:

https://www.ted.com/talks/zeynep_tufekci_we_re_building_a_dystopia_just_to_make_people_click_on_ads (Accessed: 24 November 2022).

Tufekci, Z. (2018) *Twitter and Tear Gas*. New Haven: Yale University Press. Available at:

<https://www.twitterandteargas.org/downloads/twitter-and-tear-gas-by-zeynep-tufekci.pdf> (Accessed: 24 November 2022).

Udeagu, C. N., Shah, D., Shepard, C. W., Bocour, A., Guitierrez, R. and Begier, E. M.

(2012) 'Impact of a New York City Health Department Initiative to Expand HIV Partner Services Outside STD Clinics', *Public Health Reports*, 127(1), pp. 107-114.

UK Health Security Agency (2021) *HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037215/hiv-2021-report.pdf (Accessed: 12 February 2022).

UN Department of Economic and Social Affairs [DESA] (2022) *Sustainable Development Goals. Goal 3*. Available at: <https://sdgs.un.org/goals/goal3> (Accessed: 20 October 2022).

UN News (2020) *Global HIV toll likely to be far higher owing to COVID-19, warns*

UNAIDS. 26 November. Available at: <https://news.un.org/en/story/2020/11/1078622> (Accessed: 12 February 2022).

UNAIDS (1999) *Communications framework for AIDS: A new direction*. Geneva:

UNAIDS.

UNAIDS (2015) *Factsheet: 2014 Statistics*. Available at:

<http://www.unaids.org/en/resources/campaigns/HowAIDSchangedeverything/factsheet> (Accessed: 30 October 2017).

UNAIDS (2016) *End Review of UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV: Final Report*. Available at:

https://open.unaids.org/sites/default/files/documents/End%20Review%20of%20UNAIDS%20Agenda_Final%20Jan%202016.pdf

UNAIDS (2017) *HIV Prevention 2020 Road Map — Accelerating HIV prevention to reduce new infections by 75%*. Geneva: UNAIDS.

UNAIDS (2019) *Donor Profile: Switzerland*. Available at:

https://open.unaids.org/sites/default/files/documents/DonorProfiles_Switzerland_low_v7.pdf (Accessed: 13 January 2022).

UNAIDS (2021) *Unequal, unprepared, under threat: why bold action against inequalities is needed to end AIDS, stop COVID-19 and prepare for future pandemics*.

Available at: <https://www.unaids.org/en/resources/documents/2021/2021-World-AIDS-Day-report> (Accessed: 13 January 2022).

UNAIDS (2022) *Press release: UNAIDS welcomes ViiV's agreement to enable generic production of long acting PrEP to 90 countries*. Available at:

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/july/20220728_viiv-agreement?utm_source=UNAIDS (Accessed : 12 June 2022).

UNAIDS (2022) *Who we are*. Available at:

<https://www.unaids.org/en/whoweare/about> (Accessed: 13 January 2022).

United Nations - UN (1948) *Article 25. Universal Declaration of Human Rights*.

Available at: <http://www.un.org> (Accessed: 30 February 2018).

United Nations - UN(2022) *Sustainable Development Goals: Goal 3 Ensure healthy lives and promote well-being for all at all ages*. Available at:

<https://www.un.org/sustainabledevelopment/health/> (Accessed: 30 June 2022).

United Nations General Assembly (2016) *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*. Available at: <https://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS> (Accessed: 27 October 2020).

United Nations General Assembly (2021) *Political Declaration on HIV and AIDS. Ending Inequalities and Getting on Track to End AIDS by 2030*. Available at:

https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf (Accessed: 13 January 2022).

University of Twente (2019) *Communication theories*. Available at:

<https://www.utwente.nl/en/bms/communication-theories/> (Accessed: July 15 2022).

Urquhart, C. (2013) 'Grounded theory method (gtm)', *Grounded theory for qualitative research*. Thousand Oaks: SAGE, pp. 14-34.

Usunier, J. C. and Lee, J. A. (2013) *Marketing Across Cultures*. Harlow: Pearson.

Vaismoradi, M. and Snelgrove, S. (2019) 'Theme in Qualitative Content Analysis and Thematic Analysis', *Forum: Qualitative Social Research*, 20(3), Art. 23.

Vaismoradi, M., Jones, J., Turunen, H. and Snelgrove, S. (2016) 'Theme development in qualitative content analysis and thematic analysis', *Journal of nursing education and practice*, 6(5).

Vakirtzi, E. and Bayliss, P. (2013) 'Towards a Foucauldian Methodology in the Study of Autism: Issues of Archeology, Genealogy, and Subjectification', *Journal of Philosophy of Education*, 47(3), pp. 364-378.

Valente, T. W. (2002) *Evaluating Health Promotion Programs*. New York: Oxford University Press.

Van Agteren, J., Iasiello, M., Ali, K., Fassnacht, D. B., Furber, G., Woodyatt, L., Howard, A. and Kyrios, M. (2010) 'Using the Intervention Mapping Approach to Develop a Mental Health Intervention: A Case Study on Improving the Reporting Standards for Developing Psychological Interventions', *Frontiers in Psychology*, 12, 3773.

Van Dijck, J. (2014) 'Datafication, dataism and dataveillance: Big Data between scientific paradigm and ideology', *Surveillance & Society*, 12(2), pp. 197-208.

Van Maanen, J. and Kolb, D. (1982) 'The Professional Apprentice: Observations on Fieldwork Roles in Two Organizational Settings', *Sloan School of Management Working Paper*, pp. 1-45. Available at:
<http://dspace.mit.edu/bitstream/handle/1721.1/2015/SWP-1323-15473323.pdf>
(Accessed: 15 June 2017).

Van Schaik, C. P. (2016) *The Primate Origins of Human Nature*. New Jersey: John Wiley and Sons.

van Zoonen, L. (1994) *Feminist Media Studies*. London: SAGE.

Varvasovszky, Z. and Brugha, R. (2000) 'A stakeholder analysis', *Health Policy and Planning*, 15(3), pp. 338-345.

Veblen T. (2008) *The Theory of the Leisure Class*. Available at:

<http://www.gutenberg.org/ebooks/833> (Accessed: 29 September 2018).

Vernazza, P. and Bernard, E. J. (2016) 'HIV is not transmitted under fully suppressive therapy: The Swiss Statement - eight years later', *Swiss Medical Weekly*, 146(0304).

Vernazza, P., Rasia, M., Ritzlerb, M., Dostc, F., Stoffelc, M., Aebi-Poppde, K., Hausere, C. V., Essonf, C., Langed, K., Rischb, L. and Schmidtag, A. J. (2020) 'The Swiss STAR Trial—an evaluation of target groups for sexually transmitted infection screening in the sub-sample of women', *Swiss Medical Weekly*, 150, w20393.

Vignier, N., Pannetier, R., Ravalihasy, J., Gosselin, A., Lert, A., Lydie, F., Bouchaud, N., Desgrees, O. and Razafindratsima, N. (2018) 'Refusal to provide healthcare to sub-Saharan migrants in France: a comparison according to their HIV and HBV status', *European Journal of Public Health*, 28(5), pp. 904-910.

Voegtli, M. (2016) *A model cause. The fight against AIDS in Switzerland (1982-2008)*. Lausanne: Éditions Antipodes.

Von Wyl, V., Kouyos, R. D., Yerly, S., Böni, J., Shah, C., Bürgisser, P., Klimkait, T., Weber, R., Hirschel, B., Cavassini, M., Staehelin, C., Battegay, M., Vernazza, P. L., Bernasconi, E., Ledergerber, B., Bonhoeffer, S. and Günthard, H. F. (2011) 'Swiss HIV Cohort Study. The role of migration and domestic transmission in the spread of HIV-1 non-B subtypes in Switzerland', *The Journal of Infectious Diseases*, 204(7), pp. 1095-1103.

Vu, F., Cavassini, M, D'Acremont, V., Greub, G., Jaton, K., Masserey, E., Pongelli, S., Bouche, L., Ngarambe, C., Bize, R. and Bodenmann, P. (2020) 'Epidemiology of sexually

transmitted infections among female sex workers in Switzerland: a local, exploratory, cross-sectional study', *Swiss Medical Weekly*, 150, w20357.

Wansink, B., Just, D. and Smith, L. (2011) 'Move the fruit: putting fruit in new bowls and new places doubles lunchroom sales', *Journal of Nutrition Education and Behavior*. 43(4), S1.

Washburn, R. (2012) 'Rethinking the disclosure debates: a situational analysis of the multiple meanings of human biomonitoring data', *Critical Public Health*, 23(4), pp. 452-465.

Waters, T. and Waters, D. (2015) *Weber's rationalism and modern society: New translations on politics, bureaucracy, and social stratification*. Basingstoke: Palgrave Macmillan.

Watkins-Hayes, C. M. (2014) 'Intersectionality and the sociology of HIV/AIDS: Past, present, and future research directions', *Annual Review of Sociology*, 40, pp. 431-457.

Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Beagley, J., Belesova, K., ... and Costello, A. (2020) *Lancet Countdown on health and climate change: Responding to converging crises*. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32290-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32290-X/fulltext) (Accessed: 2 November 2021).

Watts, N., Amann, M., Ayeb-Karlsson, S., Belesova, K., Bouley, T., Boykoff, M., ... and Costello, A. (2017) 'The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health', *Lancet*, 391, pp. 581-630.

Weber, D. (2020) *Égalité des chances dans la promotion de la santé et la prévention en Suisse. Définitions, introduction théorique, recommandations pratiques*. Bern: PSCH, OFSP, CDS. Available at: <https://www.promotionsante.ch/publications> (Accessed: 23 November 2022).

Weber, M. (1971) *The Protestant Ethic and the Spirit of Capitalism*. London: Unwin.

Weber, M., Nicca, D., Schmidt, J. A., Reinacher, M., Rasi, M., ... and Hampel, B. (2021) 'Prophylaxie pré-exposition au VIH en Suisse', *Swiss Medical Forum – Forum Médical Suisse 2021*, 21(37-38), pp. 632-636. Available at: https://www.researchgate.net/publication/354613927_Prophylaxie_pre-exposition_au_VIH_en_Suisse (Accessed: 26 May 2022).

Weber, P., Gredig, D., Lehner, A., Nideröst, S. (2019) 'European MSM Internet Survey (EMIS-2017) National Report for Switzerland', *Olten: School of Social Work, University of Applied Sciences and Arts Northwestern Switzerland*. Available at: <http://sigmaresearch.org.uk/local/item/emis-2017-national-reports> (Accessed: 13 January 2022).

Weber, Y. (2021) *Rendre gratuits capotes, dépistages et vaccins: objectif «zéro infection»*. Available at: <https://www.20min.ch/fr/story/rendre-gratuits-capotes-depistages-et-vaccins-objectif-zero-infection-200335513787> (Accessed: 3 December 2021).

Wegenstein, B. (2014) 'Body' in Mitchell, W. J. T. and Hansen, M. B. N. (eds.) *Critical Terms for Media Studies*, pp. 19-34.

Weick, K. E. (1989) 'Theory construction as disciplined imagination', *Academy of management review*, 14(4), pp. 516-531.

Weng, F. (2014) 'Comparing the Philosophy of Jürgen Habermas and Michel Foucault', *Inquiries*, 6(9), pp. 1-2.

Wessler, H. (2019) *Habermas and the Media*. New Jersey: John Wiley & Sons.

Whetten, D. A. (1989) 'What constitutes a theoretical contribution?', *Academy of management review*, 14(4), pp. 490-495.

White, H. A. (2019) Elaboration Likelihood Model, Oxford Bibliographies, 2 July.

Available at: <https://www.oxfordbibliographies.com/display/document/obo-9780199756841/obo-9780199756841-0053.xml> (Accessed: 19 December 2022).

White, S. K. (1986) 'Foucault's challenge to Critical Theory', *American Political Science Review*, 80(2), pp. 419-432.

Whitfield, T. H. F., Rendina, H. J., Grov, C. and Parsons, J. T. (2018) 'Sexually Explicit Media and Condomless Anal Sex Among Gay and Bisexual Men', *AIDS and Behavior*, 22(2), pp. 681-689.

Widdershoven, G. (2002) 'Technology and care', in Gastmans, C. (ed.) *Between Technology and Humanity. The Impact of Technology on Health Care Ethics*. Leuven: Leuven University Press, pp. 35-48.

Wilkinson, R. (2000) *Unhealthy Societies. The Afflictions of Inequality*. London: Routledge.

Willcox, L. P. (2004) 'Foucault, Power/Knowledge and Information Systems: Reconstructing the Present', in Mingers, J. and Willcox, L. P. (eds.) *Philosophy for Information Systems*. London: John Wiley & Sons, pp. 238-296.

- Williams, A. (2003) 'Health economics: a bird's eye view of the structure of the discipline', in *Health Care Economics for Health Care Professionals: Module 1, Basic Economic Concepts*. York: University of York.
- Williams, S. (1999) 'Is Anybody There? Critical Realism, Chronic Illness and the Disability Debate', *Sociology of Health and Illness*, 21, pp. 797-919.
- Willis, E. and White, K. (2003) 'Evidence-based medicine, the Medical Profession and Health Policy', in Lin, V. and Gibson, B. (eds.) *Evidence-based Health Policy*. Victoria: Oxford University Press, pp. 33-42.
- Windahl, S., Signitzer, B. and Olson, J. T. (2009) *Using Communication Theory. An Introduction to Planned Communication*. London: SAGE.
- Winslow, C. E. A. (1920) 'The untilled fields of public health', *Science*, 51(1306), pp. 23-33.
- Wirtz, J., Sparks, J. and Zimbres, T. (2017) 'The effect of exposure to sexual appeals in advertisements on memory, attitude, and purchase intention: A meta-analytic review', *International Journal of Advertising*, 37(2), pp. 168-198.
- Wiyeh, A.B., Mome, R.K.B., Mahasha, P.W. *et al.* (2020) 'Effectiveness of the female condom in preventing HIV and sexually transmitted infections: a systematic review and meta-analysis', *BMC Public Health* 20, 319
- Wood, A. (2002) 'The Critique of Pure Reason: A Lawful Revolution and Coming of Age in Metaphysics', in Gracia, J., Reichberg, G. and Schumacher, B. (eds.) *The Classics of Western Philosophy*. Oxford: Blackwell, pp. 328.

Woodstock, L. (2016) “‘It’s kind of like an assault, you know’”: media resisters’ meta-decoding practices of media culture’, *Critical Studies in Media Communication*, 33(5), pp. 399-408.

World Bank (2001) *Anticorruption: Stakeholder Analysis*. Available at:

<http://www1.worldbank.org/publicsector/anticorrupt/PoliticalEconomy/stakeholderanalysis.htm> (Accessed: 1 June 2018).

World Economic Forum (2020) These are the most expensive cities to live in around the world. Available at: <https://www.weforum.org/agenda/2020/11/world-most-expensive-cities-covid-paris-zurich-singapore/> (Accessed: 4 Octobre 2021).

World Health Organization - WHO (1948) *Preamble to the Constitution*. Available at:

https://www.who.int/about/governance/constitution_ (Accessed: 29 March 2019).

World Health Organization - WHO (1978) *Declaration of Alma Ata*. Available at:

http://www.who.int/social_determinants/tools/multimedia/alma_ata/en/ (Accessed: 12 March 2018).

World Health Organization - WHO (1986) *Ottawa Charter for Health Promotion*.

Available at: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (Accessed: 12 March 2018).

World Health Organization - WHO (1998) *Health-for-all Policy for the twenty-first*

century. Available at: <http://apps.who.int/iris/handle/10665/79796> (Accessed: 24 April 2018).

World Health Organization - WHO (2016) *Global Health Sector Strategy On HIV 2016-2021, Towards Ending AIDS*. Available at:

<https://www.bag.admin.ch/dam/bag/fr/dokumente/mt/p-und-p/internationales/who->

aids-strategy-2016-2021.pdf.download.pdf/who-aids-strategy-2016-2021.pdf

(Accessed: 30 January 2022).

World Health Organization - WHO (2017) *WHO guidelines on ethical issues in public health surveillance*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

World Health Organization - WHO (2020) *The top 10 causes of death*. Available at: <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

(Accessed: 12 February 2021).

World Health Organization - WHO (2021a) *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach*. Available at:

<https://apps.who.int/iris/rest/bitstreams/1357089/retrieve> (Accessed: 16 January 2022).

World Health Organization - WHO (2021b) *WHO's 10 calls for climate action to assure sustained recovery from COVID-19*. Available at: <https://www.who.int/news/item/11-10-2021-who-s-10-calls-for-climate-action-to-assure-sustained-recovery-from-covid-19> (Accessed: 25 April 2022).

World Health Organization - WHO (2021c) *Finding the Signal Through the Noise: A landscape review and framework to enhance the effective use of digital social listening for immunisation demand generation*. Available at:

<https://www.gavi.org/sites/default/files/2021-06/Finding-the-Signal-Through-the-Noise.pdf> (Accessed: 23 September 2022).

World Health Organization - WHO (2022) *HIV Fact Sheet*, 9 November. Available at: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids> (Accessed 26 November 2022).

World Health Organization - WHO and UNICEF (2018) *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*. Geneva: World Health Organization.

World Medical Association (2022) *Handbook of WMA Policies*. Available at : <https://www.wma.net/policy/hb-e-version-2022-2-2/> (Accessed: 20 October 2022).

Wrigley, C. and Straker, K. (2019) *Affected: Emotionally Engaging Customers in The Digital Age*. London: Wiley.

Wyatt, G. E., Williams, J. K., Gupta, A. and Malebranche, D. (2012) 'Are cultural values and beliefs included in US based HIV interventions?', *Preventative Medicine*, 55(5), pp. 362-370.

Wylie, C. (2019) *Mindf*ck: Cambridge Analytica and the Plot to Break America*. New York: Random House.

Wyss, D., Beste, S. and Bechtiger, A. (2015) 'A Decline in the Quality of Debate? The Evolution of Cognitive Complexity in Swiss Parliamentary Debates on Immigration (1968-2014)', *Swiss Political Science Review*, 21(4), pp. 636-653.

Xin, M., Viswanath, K., Li, A. Y., Cao, W., Hu, Y., Lau, J. T. and Mo, P. K. (2020) 'The Effectiveness of Electronic Health Interventions for Promoting HIV-Preventive Behaviors Among Men Who Have Sex With Men: Meta-Analysis Based on an Integrative Framework of Design and Implementation Features', *J Med Internet Res*, 22(5), e15977.

Yach, D. and Bettcher, D. (1998) 'The globalization of Public Health, II, The convergence of self-interest and altruism', *American Journal of Public Health*, 88(5), pp. 738-744.

Yancey, A., Glenn, B. A., Ford, C. L. and Bell-Lewis, L. (2018) 'Dissemination and Implementation Research among Racial/Ethnic Minority and Other Vulnerable Populations', in Brownson R. C., Colditz, G. A. and Proctor, E. K. (eds.) *Dissemination and Implementation Research in Health* (2nd ed.) New York: Oxford University Press, pp. 449-470.

Ybarra, M. L., Thompson, R, E. (2018) 'Predicting the Emergence of Sexual Violence in Adolescence', *Prevention Science*. May;19(4) pp. 403-415.

Yeung, A. W. K., Tosevska, A., Klager, E., Eibensteiner, F., Tsagkaris, C., Parvanov, ED., Nawaz, F. A., Völkl-Kernstock, S., Schaden, E., Kletecka-Pulker, M., Willschke, H. and Atanasov, A. G. (2022) 'Medical and Health-Related Misinformation on Social Media: Bibliometric Study of the Scientific Literature', *Journal of Medical Internet Research*, 24(1), e28152.

Yigit, I., Bayramoglu, Y., Weiser, S. D., Johnson, M. O., Mugavero, M. J., Turan, J. M. and Turan, B. (2020) 'Changes in Internalized Stigma and HIV Health Outcomes in Individuals New to HIV Care: The Mediating Roles of Depression and Treatment Self-Efficacy', *AIDS Patient Care and STDs*, 34(11), pp. 491-497.

Yin, R. K. (2014) *Case Study Research: Design and Methods*. Los Angeles: SAGE.

Yong, E. (2017) *The Deadly Panic-Neglect Cycle in Pandemic Funding*. Available at: <https://www.theatlantic.com/science/archive/2017/10/panic-neglect-pandemic-funding/543696/> (Accessed: 24 October 2018).

- Young L. E. (2017) 'PrEP Chicago: a randomized controlled peer change agent intervention to promote the adoption of pre-exposure prophylaxis for HIV prevention among young Black men who have sex with men', *Clinical Trials*, 15(1), pp. 44-52.
- Young, I., Flowers, P. and McDaid, L. (2016) 'Can a Pill Prevent HIV? Negotiating the Biomedicalisation of HIV Prevention', *Sociology of Health & Illness*, 38(3), pp. 411-425.
- Young, L. E., Soliz, S., Xu, J. J. and Young, S. D. (2020) 'A review of social media analytic tools and their applications to evaluate activity and engagement in online sexual health interventions', *Preventive medicine reports*, 19, 101158.
- Young, S. D. and Jaganath, D. (2013) 'Online social networking for HIV education and prevention: a mixed methods analysis', *Sexually Transmitted Diseases*, 40(2), pp. 162-167.
- Zaki, M. (2022) *La Désinformation économique*. Lausanne: Favre.
- Zhang, C. (2016) *Police scrutiny in China hinders condom use among prostitutes, study says*. Available at: <https://www.nytimes.com/2016/07/28/world/asia/china-sex-workers-condoms-police.html> (Accessed: 3 February 2019).
- Zimmerman, R. S., DiClemente, R. J., Andrus, J. K. and Hosein, E. (2016) *Introduction to Global Health Promotion*. San Francisco: Jossey-Bass.
- Zinn, J. O. (2020) 'Health and illness as drivers of risk language in the news media – a case study of The Times', *Health, Risk & Society*, 22:7-8, pp. 437-455.
- Zöfel, K. (2022) 'Was die Schweiz bei der HIV-Eindämmung von Australien lernen kann', *SRF*, 19.12. Available at: <https://www.srf.ch/news/gesellschaft/aids-praevention-was->

die-schweiz-bei-der-hiv-eindaemmung-von-australien-lernen-kann (Accessed: 27 December 2022).

Zoller, H. M. (2005) 'Health activism: communication theory and action for social change', *Communication Theory*, 15, pp. 341-364.

Zuboff, S. (2019) *Surveillance Capitalism*. New York: Public Affairs Hachette.

Zuo, Y. and DeepBench Team (2020) *The Definitive Guide to Conducting Expert Interviews*. Available at: <https://medium.com/@deepbench/conducting-expert-interviews-heres-everything-you-need-to-know-90534cf5418d> (Accessed: 11 February 2022).

APPENDICES

AN ANALYSIS OF A PUBLIC HEALTH MEDIA CAMPAIGN IN SWITZERLAND

BY

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APPENDIX 1

Historical overview of HIV/AIDS responses in Switzerland

Early Swiss leadership on AIDS

At the onset of the global HIV epidemic in the 1980's, Switzerland was seen as a leading voice for prevention due to its daringly explicit official campaigns. The FOPH and its partners conducted public HIV campaigns since 1987, starting with its initial message "STOP AIDS" emphasising condom use (the "o" as MC). This campaign, viewed as controversial around the world, was crafted with pre-existing homosexual advocacy stakeholders (Voegtli, 2016). At that point Switzerland had what would become one of Europe's worst epidemics.

The Swiss HIV Cohort Study (SHCS)⁴² and NGO Swiss AIDS Federation (SAF) were founded at this early stage. Authorities listened to activists, mentioned condoms in speeches and mailings, and used iconic Heidi to promote condoms (Seibt, 2018). Early responses were authentic, recognising the legitimacy of concerned communities (Altman, 1988). Yet, demographics of PLWH soon changed to heterosexual female sex workers and IDUs (Voegtli, 2017). In parallel, the concept of sexual orientation emerged to reflect sexuality as part of personality and identity. Corresponding fragmented communities and identities were subsumed in the ever-evolving acronym LGBTQ+.

To address the IDU⁴³ epidemic, pioneering initiatives for harm reduction were implemented, despite conservative disapproval, in 1997. Specialist and holistic measures, needle exchanges, and methadone programmes, among others, reduced

⁴² The SHCS, a systematic longitudinal study, collects and analyses behavioural and clinical data on PLWH since 1988

⁴³ Injecting drug user using a syringe to intravenously deliver heroin or other drug

drug-related HIV spread and hepatitis (Voegtli, 2017). Recent analyses demonstrate these measures prevented more than 15'000 HIV infections, including in the general population (Marzel et al., 2018).

The avant-garde Swiss Statement clarified in 2008 that antiretroviral-treated PLWH had a very low sexual transmission risk, effectively predating U=U and PrEP, gaining international validation (Eisinger, Dieffenbach and Fauci, 2019; Vernazza and Bernard, 2016).

An international panel invited by the FOPH in 2008 to assess performance of Swiss prevention campaigns pointed to bureaucratisation, and emitted three criticisms relevant to this current investigation. Firstly, was the government funding of NGOs, seen as initially helpful to activist groups, but which stifled innovation due to increasing structuration and formalisation. Secondly, was the perceived need to address casual MSM as well as self-identified gay men. A third concern was lack of HIV prevention communication with migrants (Rosenbrock, et al., 2019; Swissinfo, 2009).

An example of a Swiss community-based campaign was SAF's *Break the chains* for key MSM populations. Begun in 2012, it combined online and social media with interpersonal communication to successfully reduce risky behaviours and increase low-cost testing (Frey, et al. 2020). In 2016 STI's were on the increase, notably chlamydia, gonorrhoea, and syphilis (RTS.ch, 2017), amid a global concern about the increasing antibiotic resistance of STIs. Swiss female sex workers were found to have low rates of MC use (Vu et al., 2020).

Switzerland approved the use of PrEP as a preventative regime, already widespread in the USA since 2012 (Voegtli, 2017). HIV was legislated federally under the Epidemics Act (EpidA 2016), identifying federal and cantonal responsibilities and coordination.

The situation in 2019

In 2019 there were fewer HIV diagnoses than ever, attributed by FOPH to individuals using PrEP and accessible screening (Keystone-SDA/ts, 2019) as well as the urban HIV/STI Checkpoints providing testing and care for MSM and trans people (Christinet and Biscontin, 2020). Yet, at the time there was no federal PrEP policy: People seeking PrEP could have low-cost access and care if they joined the national SwissPrEPared study (FOPH, 2020). This project ensured PrEP care for 5'000 participants (SwissPrEPared at www.swissprepared.ch). However, HIV discrimination remained strong (FOPH, 2019) with PLWH suffering insurance exceptions for HIV-related costs and unfair dismissals (Suter, 2020). Swiss female PLWH are particularly stigmatised socially, at work, and even medical settings (Fargnioli, 2021; Manuel et al., 2020). Irrational fears fuel stigma, yet there is no national HIV campaign on the topic, nor an anti-discrimination law as in the EU (Suter, 2020).

Tensions between conservative and progressive forces have always been a feature of Swiss HIV/AIDS policy. Even at the height of the AIDS crisis conservatives resisted activists and official messages on HIV/AIDS (Swissinfo, 2009). In 1987, for instance, a Federal Counsellor insisted that marital fidelity be added to the "STOP AIDS" message. The SAF fights for straight unambiguous messaging while the government takes a moral view (Voegtli, 2016). Christian organisations' complaints regarding the preceding LOVE LIFE campaign were fought through to the Supreme Court (Supreme Court, 2018;

Klaunzer, 2018). Up to today, politicians and others accuse such campaigns of propagating taxpayer-funded indecency (Klaunzer, 2018).

2010-2011 saw Love Life Stop AIDS campaign efforts focused on very short, five-second television advertisements. A broader campaign focused on daily discrimination against people with HIV/AIDS, asking for a show of solidarity (Brookes, 2010). Since 2011, the official Swiss HIV/AIDS campaign was known simply as “LOVE LIFE” (LL2019), putting the emphasis more on sexual health generally than HIV alone. The focus was on workplace discrimination, known to be a problem for HIV-positive workers, partly due to the lack of legislation on the subject. Wrongful dismissal, discrimination—including by health-insurance payments—harassment, and bullying were the norm for many respondents in a nationwide survey (Seibt, 2018). The somber black-and-white themed campaign featured Swiss celebrities who each ask the question “Would you still respect me if I were HIV positive?”. Viewers were invited to donate small sums via a mobile fundraising campaign (Raaflaub, 2011).

Swiss HIV strategy

There are two main government-mandated forms of surveillance: biological and behavioural. The Federal Office of Public Health (FOPH) manages a biological HIV surveillance system that also collects sexually transmitted infection data on Chlamydia, Gonorrhoea, and Syphilis. Behavioural surveillance is conducted by the University of Lausanne’s Institute of Social and Preventive Medicine (IUMSP), mainly consisting of general- and target-population surveys as well as condom sales and syringe distribution monitoring. In addition, data are collected on sexual behaviour through the Swiss Health Survey. The Swiss HIV Cohort Study collects behavioural and clinical data on people living with HIV. In 2010 the FOPH elected to combine HIV and STIs

policy under one strategy, termed The National Programme for HIV and STI (Kübler et al., 2012). The involvement of multiple actors in collection, analysis, reporting, and policymaking on HIV surveillance resulted initially with ineffective collaboration. However a yearly data triangulation workshop concerning data analysts and programme managers improved collaboration (Kübler et al., 2012).

As everywhere, Swiss HIV incidence and prevalence are estimates for two reasons: it is not known exactly how many people are infected because not everyone is tested regularly. Secondly, undiagnosed PLWH are generally asymptomatic, potentially spreading the disease. Testing volume is an unknown due to data gaps, although testing behaviour research assists estimation. This is of concern because testing reduces undiagnosed HIV infections; late testing results in poorer health outcomes than early diagnosis (Nakagawa et al., 2012). Regular screening is also key for access and maintenance of people using PrEP. Another key benefit of strong and accessible testing programmes is their capacity to function as gateways to diverse prevention strategies (Flowers et al., 2017).

As elsewhere, Swiss HIV surveillance data subject to reporting lacunae, complications, and lags (Mäusezahl and Morán Cadenas, 2012 in Kübler et al., 2012). Populations that may be at risk are notoriously difficult to monitor for HIV testing, such as migrants and sex workers. The Swiss National Programme for HIV and STIs (PNVI) is a federal (national) initiative spanning four-year periods. Its legal basis is the Epidemic Law (RS 818.101 revised 2016) stipulating that the federal and cantonal governments control, remove or attenuate infection risks. The objectives of the National Programme are:

1. Everyone knows their rights concerning sexuality and can exercise these rights.

2. Transmission risk of HIV and other STIs is reduced.
3. HIV and STIs are diagnosed early and treated appropriately.
4. HIV and STI implementation has a lasting impact because it is based on scientific evidence, target groups participate, and it is supported by the population (OFSP, 2016).

APPENDIX 2

Ethics Approval



UNIVERSITY OF PLYMOUTH

04/08/2022

Confidential

Ms Eleanor Faulk-Antonakis

Dear Ms Eleanor Faulk-Antonakis

Research Ethics Amendment Approval - Faculty Research Ethics and Integrity Committee

Project ID 2585

Project Full Title An evaluation of the effectiveness of public communication planning for HIV/AIDS prevention in Switzerland

Project End Date

The committee has considered your amendment and has granted ethical approval to conduct this research.

Approval is for the duration of the project. If you wish to continue beyond this date, you will need to seek an extension.

Please note that if you wish to make any minor changes to your research, you must complete an amendment form or major changes you will need to resubmit an application.

Yours sincerely

Mr Derek Shepherd

Chair, Faculty of Arts, Humanities & Business - Business Research Ethics and Integrity Committee

APPENDIX 3

Informed Consent Form and interview questions (example)

For:

Organisation:

Part I

This informed consent form is for public health prevention campaign specialists invited to participate in the doctoral thesis research project on public health communication planning for HIV prevention in Switzerland.

Researcher name: E. Saskia Faulk-Antonakis

University: University of Plymouth, UK

Project: An Analysis of Public Health Media Campaign in Switzerland

Contact: Ms. E. Saskia Faulk-Antonakis, HEIG-VD Ave des Sports 20 1400

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am Saskia Faulk-Antonakis, doctoral student on the DBA programme at Plymouth University UK. My research centres on public health prevention media campaigns, specifically as they relate to HIV/AIDS in Switzerland. Given your area of expertise I invite you to participate in this research as interviewee. You do not have to decide today whether you will participate in the research. If you have any questions about this form or my research generally, please do not hesitate to ask.

Purpose of the research

Despite prevention efforts HIV/AIDS continues to exact a human and economic toll around the world as well as here in Switzerland. I am researching the effectiveness of media used as part of an HIV prevention strategy (websites, social media, advertising campaigns, and so on). I believe you can help by telling me about your views on planning and implementing a media campaign to prevent the spread of HIV. I am interested to learn what is and is not effective for messaging, targeting, channels, and content; why some campaigns have an effect while others seem not to. I also seek to understand the prevention campaign planning process, how the various stakeholders negotiate, and the manner in which final decisions are made and carried out. This understanding might help inform future prevention campaigns.

Type of Research Intervention

This research will involve your participation as interviewee that will take approximately forty to sixty minutes.

Participant Selection

You are invited to participate in this research because your experience of working in an organisation actively involved in HIV/AIDS prevention can contribute much to understanding how prevention campaigns are planned and implemented.

Voluntary Participation

Your participation in this research is entirely voluntary: you may choose whether to participate or not. You may decide later to stop participating even if you agreed earlier.

Research Procedures

I am asking you to help learn more about the effectiveness of media campaign planning and as part of an HIV and STI prevention strategy. If you accept, you will be asked to respond to questions in a face-to-face (or voice/video call) interview. First I will ask if you have any questions about my research. I will then begin the interview using questions emailed to you one week prior to the interview date. The questions concern messaging, content, media channels, and strategy for an HIV prevention campaign. Then I will ask you to share your knowledge about how to increase effectiveness of public health prevention campaigns, and will not press you to share information you feel is too personal. You can decline to answer any question and I will move on to the next one.

The interview will take place in your office or at the location of your choice, or through a secure online video/voice call such as Zoom or Teams. I will be the only other person present during our discussion. The entire interview will be recorded, but no-one will be identified by name on the recording. The recording will be kept in my office and will be

kept confidential. The recording will be destroyed after eight weeks. If needed I will ask you several follow-up questions for clarifications during my data-analysis stage.

Risks

I do not seek any personal information in the interview: my focus is on professional assessments and experiences. However, there is the risk you might share a personal insight or opinion. Upon request I can delete this information. You do not have to answer any question you feel is intrusive or may subject you to professional censure.

Benefits

There will be no direct benefit to you, but your participation is likely to help identify how to improve the effectiveness of prevention campaigns, thereby potentially slowing HIV spread.

Confidentiality

If you inadvertently share a personal insight or opinion that could put you at risk of offending a colleague or other stakeholder, I can delete this information from the interview transcript, as well as any other information you deem sensitive upon request. If requested it I can share the transcript with you for approval prior to analysis. You do not have to answer any question you feel is intrusive or may subject you to professional censure. The University of Plymouth's Data Policy will be applied to protect confidentiality. I will not share information about you or your responses with anyone: the information I collect will remain anonymous unless you explicitly state otherwise. Information relating to you will be alphabetically or numerically coded instead of your name (interviewee A, B, C and so on). The name of your organisation can also be coded. Nothing will be attributed to you by name in the thesis.

Upon request I will send you a summary of the results. Knowledge gained from this research will be shared with you before it is made more widely available. My project should be completed by the end of 2021. I may publish the research in an academic journal or present it at a scientific conference.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so. You may fully withdraw from the study as well as all responses after the interview and before completion of analysis.

Who to Contact

If you have any questions, please feel free to ask them now or later. If you wish to contact me please do so at:

E. Saskia Faulk-Antonakis
Avenue des Sports 20
Switzerland

Complaints

Should you wish to complain about my conduct of this research at any stage, please contact the Research Administrator to the Faculty Research Ethics and Integrity Committee for Arts, Humanities, and Business at the University of Plymouth:

Ms. Claire Butcher, University of Plymouth
Drake Circus, Plymouth, PL4 8AA
UK O r

This proposal has been reviewed and approved by the Research Ethical Approval Committee at University of Plymouth, UK, to ensure that researchers act in accordance with the University's ethical principles.

Part II Certificate of Consent

I have been invited to participate as interviewee in research about public health communication for HIV/AIDS prevention.

I have read the foregoing information and have had the opportunity to ask questions about it; any questions I asked were answered to my satisfaction. I consent voluntarily to be an interviewee in this study.

My views expressed in the interview will not be linked with my organisation: my name will be anonymised (A, B, C) as will my organisation's name.

I will be asked for approval at subsequent stages of dissemination of this research if my name or my organisation's name will to be used, such as doctoral thesis publication, thesis defence panel, and potentially a journal article or presentation at an academic conference.

Name of Participant: _____

Signature of Participant: _____

Date: _____

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm the respondent freely and voluntarily gave consent.

Researcher name: Eleanor Saskia Faulk-Antonakis

Signature of Researcher: _____

Date: _____

APPENDIX 4

Interview questions

Generic interview questions

Note: These were adapted according to stakeholder area and expertise

1. Please describe the process for planning the LL2019 campaign
2. What do you see as root-causes for the continued spread of HIV?
3. How do you see the roles of different stakeholders in preventing spread of HIV in Switzerland?
4. What theory or perspective underlies your view of an effective prevention campaign?
5. Is there an example of a public health communication campaign that you would cite as particularly effective (also international examples)? Why?
6. When you started planning the campaign what did your organisation want to communicate to target audiences? What was your primary message/objective?
Was your message effectively carried through during the planning process? How?
Also, did you feel in control of your objectives/message during the planning process?
7. You interacted with several organisations while planning this campaign. Did any one of these seem to have more power over the planning process, to communicate their own message more strongly?
8. Tell me about the role of the advertising/digital agency specifically.
9. Was the campaign successful overall? What made it work?
10. What are the metrics used to measure success of the campaign?
11. Do the metrics correspond with your expectations and beliefs, and reality, about the campaign?

APPENDIX 4 (continued)

Adapted interview questions: Researcher's adaptations, notes, and probing

Question 1	RO (1), (2)
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Type: Open discussion question soliciting overview

Please describe (*your beliefs about*) the **process for planning the LL2019 campaign**

Probing questions include

- Your stakeholder type, involvement, role, extent, other relevant campaigns
- Time, places, meetings, calls, emails, validation type
- Input of different parties
- Equal power to negotiate, decide
- Perspective? Shared ideology?
- Were there segments, personas? Do different actors have different beliefs?

Non-verbal cues:

Question 2	RO (2)
-------------------	---------------

Type: Open question soliciting beliefs, attitudes

What do you see as **root-causes** for the continued spread of HIV?

Probing questions include

- Your perspective, expertise
- Literature factors: socioeconomic, demographic, structural
- Philosophical or political: alienation, lack of responsibility, misinformation
- Role of prevention campaigns, policies
- Affluent, non-affluent settings differences
- Other? Examples?

Non-verbal cues

Question 3**RO (1)**

Type: Open question soliciting beliefs, attitudes

How do you see (*your*) **organisation's role** in preventing spread of HIV in Switzerland?

Probing questions include

- Actual: As stakeholder your personal/organisation's role current
- Actual: Examples of negotiations, decisions, actions
- Actual: Examples from past
- Probable: Examples; ideological, religious, ethical

Non-verbal cues

Question 4**RO (2), (3), (4)**

Type: Open question soliciting beliefs, attitudes

What **theory or perspective** underlies your view of an effective prevention campaign?

Probing questions include

- According to your role and expertise
- Psychological or social? Media influence? Behavioural economics (nudge)
- Or more classic public health communication theories

Non-verbal cues

Question 5**RO (3), (4)**

Type: Open, oblique/applied question soliciting comparison/checking knowledge

Is there an **example** of a campaign that you would cite as **particularly effective**? Why?

Probing questions include

- Any public health prevention campaign (not only HIV)
- Any country, any time, channel

Non-verbal cues

Question 6**RO (1), (2)**

Type : Open and applied, specific question

As *(if)* you started campaign planning what did your organisation want to communicate to target audiences? What was *(would be)* your **primary message/objective**?

Probing questions include

- Target audiences
- Message(s) or
- Objective(s)
- Channels

Non-verbal cues

Question 6a**RO (1), (2), (3)**

Type : Yes/no then seeking specifics

Was your **message effectively carried through** during the planning process? How?
Also, did you feel in control of your objectives/message during the planning process?

Probing questions include

- Examples: audience targeted, concept, content, format, dramatization, production, channels
- Negotiations, accords, conflicts, types

Non-verbal cues

Question 7**RO (1), (2)**

Type : Yes/no , attitudinal; If "yes" then specifics

(If) You interacted with several organisations while planning this campaign. Did any *(do you believe)* one of these seem to have more power over the planning process, to communicate their own message more strongly?

Probing questions "if yes" include

- Your role: Which group, organisation ... person?
- Is it a competing message with yours?
- Are the objectives compatible?

Non-verbal cues

Question 8**RO (1), (2), (3)**

Type : Open, descriptive

Tell me about the role of the advertising/digital agency specifically in a PH campaign:

- Did (*should*) it tell you what would, and would not be, effective?
- Did (*should*) it make any suggestions that you disagreed with?
- Were (*should*) it help/be decisive in getting your message across in campaign?

Probing questions

- Does the agency “know better” what is effective?
- Does the agency have public health expertise?
- What specifically did you disagree with? Did they override your concerns?

Non-verbal cues

Question 9**RO (1), (2), (3)**

Type : Yes/no. Specifics elicited, attitudes, examples

Was the (LL2019) campaign successful overall? What made it work?

- Even if yes **what worked less well** from your viewpoint? If **not, why not?**

Probing questions

- Successful/not successful: Examples?
- Messages, channels, targeting; concept, format, content
- Execution, dramatization, production
- Institutional support (medical staff), policy environment, other

Non-verbal cues

Question 10**RO (3), (4)**

Type : Yes/no. If yes or no, specifics elicited

What are (*should be*) the metrics used to measure success of the campaign?

Probing questions

- Social media metrics (engagements, etc)
- Public health metrics (reports, statistics, etc)
- Other KPI, measures of success

Non-verbal cues

Question 11**RO (2), (3), (4)**

Type : Yes/no. If yes or no, specific beliefs, attitudes, examples elicited

Do these metrics correspond with your expectations, beliefs, reality, of the campaign?

Probing questions

- Social media metrics (engagements, etc)
- Public health metrics (new infections, epidemiological reports, statistics, etc)
- Which other KPI, measures of success
- Public/patient input

Non-verbal cues

APPENDIX 5

TA Stage 2: Open coding on interview data sources

Table 5.1: Overview of interview categories, codes, descriptors “Disconnect targets”

TA 1 st code/theme name	Disconnect of LL2019 from target populations and practitioners	Interview question
Preliminary code/category	Advertising/web campaign	9, 10, 11
Sub-category (if any)	Choice of actors and scenarios of LL2019 videos (“white, clean, affluent”), “where’s PrEP?”	6, 6a
Counter-code (if any)	Presence of older woman: relevant	9

Table 5.2: Overview of interview categories, codes, and descriptors “PrEP need”

TA 1 st code/theme name:	LL2019 low understanding of PrEP need	
Preliminary code/category	PrEP and/or PrEP policy lack (providers and key populations)	6, 9
Sub-category (if any)	MC recommendations to detriment of other means (PrEP a “gamechanger”, PEP, FC) vs what providers know is helpful and medically recommended	6, 7, 9
Counter-code (if any)	Website SSC mentions PrEP (questionnaire results)	4

Table 5.3: Overview of interview categories, codes, and descriptors “Disconnect”

TA 1 st code/theme name	Disconnect federal level, cantonal level	
Preliminary code/category	Power struggle, turf wars, paralysis	7, 9
Sub-category (if any)	Bureaucracy layers slow, consensus-based, make work; disconnect FOPH with practitioners	1, 8, 9, 10
Counter-code (if any)	NA	

Table 5.4: Overview of interview categories, codes, and descriptors “Cultures”

TA 1 st code/theme name	Cultures: German vs French and others	
Preliminary code/category	Restricted use of languages; Excluding non-Swiss origin Campaign and digital ecosystem; policy-making	2, 3, 6
Sub-category (if any)	Swiss-German “conservatism” vs. Swiss-French “social” focus Cultural links to difficult issues, e.g. sex education	1, 2
Counter-code (if any)	No Swiss-German respondent mentioned this No mention of Swiss-Italian (not present)	

Source: Author

APPENDIX 5 (continued)

Table 5.5: Overview of interview categories, codes, and descriptors “Conservative”

TA 1 st code/theme name	Politically conservative FOPH	
Preliminary code/category	Campaign and digital ecosystem; policy-making; restricting information; normative	7, 2
Sub-category (if any)	MC focus; silence on PrEP, PEP, FC (which is against best practices; Testing absent; Difficult and complex issues avoided (stigma discrimination); hide behind NGOs; homophobia?	4, 2, 6a 1
Counter-code (if any)	Website SSC mentions PrEP (questionnaire results)	

Source: Author

Table 5.6: Overview of interview categories, codes, and descriptors “Evidence basis”

TA 1 st code/theme name	Evidence / research / theory basis for campaign	
Preliminary code/category	campaign and digital ecosystem lack apparent basis	8
Sub-category (if any)	evidence missing (cite “beliefs” and “experience”) research on audience (based on Sotomo survey only?) None can cite a relevant theory (PH or Marketing/comm) Website appears to lack testing (malfunctioning page)	2, 5 4 4
Counter-code (if any)	NA	

Source: Author

Table 5.7: Overview of interview categories, codes, and descriptors “Stigma”

TA 1 st code/theme name	Swiss society level of HIV stigma, discrimination	
Preliminary code/category	Societal level, broader than campaign and digital ecosystem (not treated, absent); policy lack; testing	2,3
Sub-category (if any)	High levels of stigma; a national approach needed; homophobia?; impact on testing; lack of trust; practitioners concerns; testing costs	2
Counter-code (if any)	NA	

Source: Author

APPENDIX 5 (continued)

Table 5.8: Overview of interview categories, codes, and descriptors “Ineffectiveness”

Final code/theme	LL2019 ineffectiveness	
Preliminary code/category	Ineffective campaign at communicating vital health information	4,5
Sub-category (if any)	“Waste of money”, misleading about condoms, audiences do not identify with it, lack of theory base, lack of testing information, “nothing” on PrEP	6
Counter-code (if any)	Website contains “useful” SSC if people who complete the questionnaire properly	4

Source: Author

Table 5.9: Overview of interview categories, codes, and descriptors “Weak strategy”

Final code/theme	LL2019 weak strategy	
Preliminary code/category	Channels, messaging, actors, “target audience too broad”, not research-based; no theory basis clear	1, 10,11
Sub-category (if any)	Videos, digital ecosystem, social media	10
Counter-code (if any)	Still present in 2022 although this is not an indicator of success	9

Source: Author

APPENDIX 6

TA Stage 2: Specifics on LL2019 digital ecosystem analysis

Analysis of digital ecosystem content strategy

Stories: five so-called “stories” were central on the website and are used on posters, videos, and in social media generally. Note: Confusingly, taxonomy of LL2019 campaign planners refers to the videos as “scenes” not as “stories”. Even more confusing, “stories” are actually questions, such as “which condom is right?”.

Messengers all official and government-sanctioned: FOPH, SAF, Santé Sexuelle Suisse, whose names appear on campaign materials and were explained as “partners”.

Style: identification with (supposedly) ordinary people and day-to-day situations

Call to action: Assumed to be: “wear a condom”. Also, link to **Safer Sex Check**.

Promotion of web content channels: online banners, sponsored social media content, and clips linking back to www.lovelife.ch, as well as outdoor posters and clips shown on urban public screens, such as train stations.

Videos: Depicting foreplay, four videos between heterosexuals and one between males. The tone of the videos was “slice of life”, an advertising technique using quasi-realistic settings. The videos were planned and conceived in the German-speaking federal capital Bern (planning stage and validation) and produced in German-speaking economic hub Zürich (design and production).

Tagline: “Get it on!” meaning to go ahead, encapsulates condom use as part of sex.

Logo: itself a message, not a sender, it exhorted people to “love” “life”, shown as a condom packet, opened at the right time. Additional logos and titles from FOPH, SAF, Santé Sexuelle Suisse.

Texts: “Safer sex rules stay the same: (1) Vaginal or anal penetration with a condom (2) And because everyone likes it their own way: do your safer sex check on [lovelife.ch](https://www.lovelife.ch)”.

Website: <https://www.lovelife.ch>: partially responsive design, carrousel-based website published since 04.11.2019 in four languages (English, French, German, Italian)

Social media channels

Like most brands, LL2019 had an online and social media presence, each of which is intended to complement the other. The social media strategy, which was not the major focus of this research, has as main objective to promote and maintain interest in the campaign via continual online presence. Formats included campaign articles and photos. Videos feature HIV and STI facts, interviews, news, and so on. Promotion included online banners featuring the same stills as billboards, in selected news and infotainment media channels (20 minutes, Friday, Tamedia Network, Watson.ch among others) and other social media (Facebook/Instagram) and publishing platforms.

Content strategies for social media and the web LL2019 platform included leading with the five “Get it on” videos (Tent, Terrace, Bathroom, Bedroom, Sofa) that were the focus of this research and are analysed in depth later. Videos linked to/from web to social media. They included a 51-second profile clip featuring foreplay shots from all stories, and short 5-7 second clips. Hashtags included #getiton. Social media consistently linked back to the website, making a closed content navigation circle, presumably encouraging users to do the SSC questionnaire. Six additional videos,

outside the scope of this research, provide support information for the campaign, regarding MC, HIV and AIDS, SSC, STIs, and other topics. Channels outside the scope of this research include:

- *Youtube* channel www.youtube.com/user/lovelifech/videos
- *Instagram* https://www.instagram.com/lovelife_switzerland
- *Facebook* <https://www.facebook.com/lovelifech>

Chronology: The LL2019 campaign began on 4 November 2019 with two weeks of media promotion featuring “Get it on” subjects on billboards (F12 and F200 format), shorts shown in metropolitan train stations, and online publications. Posters can be ordered. Until the 2 December there were intense ongoing social media publications. The campaign receded from its promotional phase until the present day.

Table 6.1: Interlinkages among websites in LL2019 digital ecosystem (consulted 17 August 2022)

Name of linked resource	Content types	URL
LOVE LIFE	Top: Safer sex, HIV & Co (STI), Counselling Centers, Campaign, Safer Sex Check, Stories Tail: Contact, Media, Facebook, Instagram	https://lovelife.ch
“Partner” SAF Official NGO partner of FOPH	Top: FAQ, Living with HIV, What we do, About us Tail: Donation, Contact, Legal, Partner sites, Facebook, Twitter, LinkedIn, Xing	https://aids.ch
Dr. Gay	Online counselling etc. NOT ANALYSED	https://drgay.ch/en
“Partner” Santé Sexuelle Suisse	Top: Themes, Advice, About us, Our activities, Emergency Tail: Shop, Agenda, Jobs, News, Media, Ask a question, Facebook, Instagram	https://www.sante-sexuelle.ch
“Partner” FOPH	Federal PH administration web site	NOT ANALYSED
LL2019 Social media channels		
Facebook	News, information, events. Example: “#factfriday: Which is the best-known means of protection from pregnancy and HIV/STI? The condom.” 17.07.20	NOT ANALYSED
Instagram	News, information, events.	NOT ANALYSED

Source: Adapted from <https://www.lovelife.ch> (Accessed 7 April 2022)

APPENDIX 6 (continued)

Table 6.2: Ecosystem partners cited on the LOVE LIFE website: overview

Ecosystem partner 1: Swiss AIDS Federation (consulted 17 August 2022)

Context	<p>Swiss AIDS Federation was launched in 1985 as an activist organisation by homosexual men, the NGO now works closely with the FOPH and other authorities. It is mandated by the Federal STI Commission.</p> <p>It is the official FOPH partner for HIV/AIDS. Provides information for PLWH /public about HIV in Switzerland such as laws, campaigns, and medical advice. E.g. information videos featuring interviews with Swiss AIDS Federation staff.</p> <p>Encompasses 51 member organisations addressing cantonal and population needs. These are financially and legally dependent on the Swiss AIDS Federation.</p> <p>Non-profit organisation Head: Mr. Andreas Lehner, in Zurich Launch own campaigns including an anti-discrimination campaign, 2020</p>
Focus	<p>Plans, coordinates and implements prevention and testing projects</p> <p>Focus on population groups at greater risk</p>
Funders	FOPH, the Federal Social Insurance Office (AVS-AI), and donations
Partners	FOPH, the Federal Social Insurance (AVS-AI) Office, Swiss Federal Commission for Sexual Health (FCSH)
Site function	<p>The www.aids.ch e-shop provides informational leaflets, books, MC, dental dams, other paraphernalia at “unbeatable prices” https://shop.aids.ch/de/). Prices range from CHF6.95 for a packet of 6 Ceylor MC to CHF16.60 for a packet of 6 Ceylor non-latex MC.</p> <p>No FC are available for sale.</p>
Website	https://aids.ch/en

Ecosystem partner 2: Santé sexuelle (consulted 17 August 2022)

Context	<p>Non-governmental umbrella organisation of counselling and family planning centres</p> <p>Accredited by International Planned Parenthood Foundation (IPPF)</p>
Focus	<p>Plans, coordinates and implements prevention and testing projects</p> <p>Focus on population groups at greater risk</p>
Funders	FOPH, the Federal Social Insurance Office (AVS-AI), and donations
Partners	FOPH, the Federal Social Insurance (AVS-AI) Office, Swiss Federal Commission for Sexual Health (FCSH)
Site function	Informational, reference
Website	https://www.sante-sexuelle.ch/

Ecosystem partner 3: FOPH (consulted 17 August 2022)

Context	<p>A ministerial-level government department based in the federal capital Bern</p> <p>Employs 667 staff with a budget of CHF 238 million</p> <p>Government department under Federal Department of Home Affairs</p> <p>Head: Ms. Anne Lévy, in Bern</p>
Focus	Federal body responsible for PH in Switzerland. Development of health policy and aims for an efficient, affordable healthcare system
Funded by	Federal funds through Federal Department of Home Affairs
Partners	Works with government departments and NGOs
Site function	Official government site, informational, reference, legal
Website	https://www.bag.admin.ch/bag/en/home.html

Source: *Partners* <https://www.lovelife.ch> (Accessed 17 August 2022)

APPENDIX 6 (continued)

TA Stage 2: Specifics on LL2019 digital ecosystem analysis

LL2019 Digital ecosystem content analysis regarding PrEP

Rationale

Content analysis was utilised to identify frequencies of PrEP. As a result of consistent and frequent mention by interviewees, as confirmed in the literature, an effort was made to identify its' level of importance for LL2019 campaign planners.

Analytical procedure

Content analysis broke the LL2019 digital ecosystem into smaller units/pages according to the menu, searching for mentions (Vaismoradi and Snelgrove, 2019; Collis and Hussey, 2014) of PrEP and condoms, and quantifying these. The volume of mentions and their contexts imply communicated emphasis, from which perceived priority in messaging may be inferred.

While navigating within different points of the LL2019 ecosystem, the term "PrEP" was inserted into the search bar. Similarly, the term "condom" was inserted into the search bar for comparative value.

Sites consulted were within the digital ecosystem of LL2019:

- Love Life campaign site URL: <https://lovelife.ch/>
- Swiss AIDS Federation URL: <https://aids.ch/en/faq/protection-and-risk/prep/>
- Swiss AIDS Federation URL: <https://aids.ch/en/coronavirus/>
- FOPH URL: <https://www.bag.admin.ch/>
- Santé Sexuelle Suisse URL: <https://www.sante-sexuelle.ch/>

"PrEP" is the same in French, German, Italian, and English. Search terms are not case-sensitive. Only one language was considered, English, because content is translated

identically in three other languages therefore it would be misleading to count the frequency four times (for four languages) instead of once. Frequencies of occurrences in the search results were noted. Sometimes a simple search did not yield results, so a boolean search on the search engine Startpage.com was utilised to locate mentions in different parts of the LL2019 digital ecosystem. The search results are inventoried in the following tables, with indicative analyses for the SAF website for comparison.

Table 6.3: Analytical table of LL2019 total mentions of condoms and PrEP (site = <https://lovelife.ch>); language = English)

Page description/URL (Accessed 21 June 2022)	Frequency "condom"
www.lovelife.ch Various	52*
Page description/URL (Accessed 21 June 2022)	Frequency "PrEP"
www.lovelife.ch Various (including "Pre-Exposure Prophylaxis")	6*

Source: Authors' analysis of <https://lovelife.ch> (Accessed 21 June 2022)

*NOTE: not including mentions on the Safer Sex Check (internal questionnaire) that varies according to responses

Table 6.4: Analytical table of Swiss AIDS Federation total mentions of PrEP (site = <https://aids.ch>) (site language = English)

Page description/URL (Accessed 21 June 2022)	Frequency "PrEP"
https://aids.ch/en/coronavirus/	8
https://aids.ch/en/faq/protection-and-risk/prep/	23
Total	31

Source: Authors' analysis of <https://aids.ch> (Accessed 21 June 2022)

Table 6.5: Analytical table of FOPH total mentions of PrEP total mentions of PrEP (site language = English)

Page description/URL (Accessed 21 June 2022)	Frequency "PrEP"
Diverse pages, reports, and articles including PrEP for rabies	7+

Source: Authors' analysis of

<https://www.bag.admin.ch/bag/en/home/krankheiten/krankheiten-im-ueberblick/aids> (Accessed 22 August 2022)

Table 6.6: Analytical table of Santé Sexuelle Suisse total mentions of PrEP (site=<https://sante-sexuelle.ch>) (site language = French)

Page description/URL (Accessed 21 June 2022)	Frequency "PrEP"
https://www.sante-sexuelle.ch/ Search results return an unclassified list of consultation centres which are cantonal, not federal, mixed with news items. There is no dedicated page for PrEP	75

Source: Authors' analysis of <https://sante-sexuelle.ch> (Accessed 21 June 2022)

APPENDIX 7

TA Stage 3: Specifics on LL2019 Video analyses

Table 7.1: 1st Video analysis method: Social Marketing (SM) Analysis of LL2019 videos

SM mix element	Applied description to subject: https://lovelife.ch/en
Product	<p>No product: The unique behaviour promoted is use of the male condom. No other protective technologies are mentioned (female condom, microbicides, PrEP)</p> <p>Confusion possible: is this a condom brand ad?</p> <p>Differentiated content (MSM, hetero) for 5 videos</p> <p>Unique form of sex is vaginal or anal plus one discreetly implied oral (“Bedroom”)</p> <p>Headline: “Safer sex? Yes please! All about safer sex!”</p> <p>Learn more about safer sex</p> <p>Benefits of using male condoms and safer sex: avoidance of HIV and STIs</p> <p>Performance of target behaviour: prelude to sexual intercourse</p> <p>Added value 1. Healthy, happy, well-sexed couples in five video variations</p> <p>Added value 2. Information and links to <i>Safer Sex Check</i> and <i>Dr. Gay</i> microsites</p> <p>Added value 3. Links to “stories” actually questions and answers about condoms</p>
Place	<p>National outdoor billboard campaign</p> <p>FOPH website</p> <p>Social media: Facebook, Instagram</p> <p>Digital ecosystem links to/from Dr. Gay, Swiss AIDS Society, news media, among others</p>
Price	<p>Positive, clean, carefree emotions displayed are those you will maintain if you use male condoms. The inverse of these (fear, doubt, suffering) is what will happen if you do not. No other cost is portrayed: male condoms are the key.</p> <p>The monetary price must be paid by the user: there is no government subsidy, medical policy, or social welfare programme to cover male condom costs.</p> <p>Instrumental costs: unspecified, assuming that individuals supply themselves with condoms (or other protection not mentioned)</p>
Promotion	<p>Explicit messages:</p> <ol style="list-style-type: none"> 1. “Get it on” tagline 2. two safer sex rules: “Use a condom for anal and vaginal sex” 3. “Because everybody likes it differently: do your own personalised <i>Safer Sex Check</i> now” <p>For more information</p> <ul style="list-style-type: none"> - go to <i>Safer sex check</i> (linked) - go to Dr. Gay (linked) <p>The product is endorsed by three explicit Messengers: FOPH, Swiss AIDS Federation, Sexual Health Switzerland. The Swiss flag and emblem of the Confederation are highly visible.</p>

Source: Adapted from Lee and Kotler (2019). Videos at: <https://www.youtube.com/user/lovelifech/videos> (Accessed 2 August 2022)

APPENDIX 7 (continued)

Table 7.2: 2nd Video analysis method: Extended Social Marketing (ESM) Analysis of LL2019 videos

SM factors	Applied to 5 videos (Tent, Terrace, Bedroom, Bathroom, Sofa) at: https://lovelife.ch/en
Customer orientation	Characters, acting, sets and stories do not feel real for the majority of the Swiss population. If the campaign only targeted affluent white and white-collar urban populations it would be more compatible, but even there a closeness with more gritty realism would be more effectively “close” to the audience. The imperatively-put tagline tells people to “go ahead” but difficult for most people to process the message. Settings are unrealistically stylish, urban, and affluent; characters are hard to identify with.
Clear audience segmentation and targeting	Segments targeted: Tent=heterosexual couple. Terrace=over-50 heterosexual couple, Bedroom=MSM or homosexual couple. Bathroom=heterosexual couple. Sofa= heterosexual couple. Archetypes not clear for the Bathroom story. Is it for steady partners or casual sex? Were individual stories promoted and distributed on different media channels? The use of close-up shots for hands generates a segmentation and targeting problem. There is no technologically-motivated means of self-identifying as male or female with a preference for males or females, therefore no matter one’s skin colour or gender one must by default identify with the image one is served. The overall campaign was distributed on billboards in streets and train stations, as well as Instagram and Facebook using LOVE LIFE’s pre-existing channels. Such a broad strategy reflects a lack of targeting and segmentation, being visible to literally anyone who is not blind. Online and social media channels however require that users go to them rather than the other way around. Not much was done to attract people to the online channels except the billboard campaign and some promoted social media posts.
Motivational exchange & Competition	Motivation for using a condom is that afterwards sex can happen. However we all know it can happen anyway. The suggestion seems to be like a movie studio clapper, as in French “et action” signalling the “action” is about to start, however it is not immediately apparent. The condom inadvertently appears as a barrier to sex due to its positioning between the partners. Competitive advantage with unsafe condomless sex not clearly articulated.

Source: Adapted from Hastings and Domegan (2018). Videos at: <https://www.youtube.com/user/lovelifech/videos> (Accessed 22 August 2022)

APPENDIX 7 (continued)

Table 7.3: 3rd Video analysis method: Analysis of theoretical indicators. Analysis of LL2019 per video

Theoretical indicators	Tent	Terrace	Bathroom	Bedroom	Sofa
1. Commitment / action planning	** Safer Sex Check link Dr Gay link	** Safer Sex Check link Dr Gay link	** Safer Sex Check link Dr Gay link	** Safer Sex Check link Dr Gay link	** Safer Sex Check link Dr Gay link
2. Information social approval / comparison	* Fake setting and acting More info needed on social norms	** Identification = a real natural- looking person More info needed on social norms	* Character doll-like, unreal More info needed on social norms	** Identification= Something realistic about the scene More info needed on social norms	* Devoid of humanity More info needed on social norms
3. Incentive (outcome) / behaviour	* In sample audiences do not see what happens after condom put on	* In sample audiences do not see what happens after condom put on	* In sample do not see what happens after condom put on	* In sample audiences do not see what happens after condom put on	* In sample audiences do not see what happens after condom put on
4. Negative emotions /emotions	* Lack of emotion in set and actress, unless lust is one	** Smile and sense of fun infectious	* No emotions solicited: too much distraction by set details	** Comfortable emotions at minimal level	* No emotions solicited except feeling pity for actress
5. Restructuring social environment	* The suggestion is that after condom = sex however not compelling Other environmental info e.g. testing, PrEP, FC	* The suggestion is that after condom = sex however not compelling Other environmental info e.g. testing, PrEP, FC	* The suggestion is that after condom = sex however not compelling Other environmental info e.g. testing, PrEP, FC	* The suggestion is that after condom = sex however not compelling Other environmental info e.g. testing, PrEP, FC	* The suggestion is that after condom = sex however not compelling Other environmental info e.g. testing, PrEP, FC

Key: * = low level or absent
** = clearly present

Source: Adapted from Flowers et al. (2019). Videos:
<https://www.youtube.com/user/lovelifech/videos> (Accessed 22 August 2022)

APPENDIX 7 (continued)

Table 7.4: 4th Video analysis method: GVD Visual analysis components Analysis of LL2019 videos: overview with factors and examples

Component: Visual	Criteria factors	Examples
1 Technical	Intervention media channels	Short videos, social media posts
	Medium	Short filmed story
	Effects	Realism, editing, focus, background, lighting; , colour, focus, texture, scale
2 Reading the visual	Actor's appearance	Gender, ethnicity, racial
	Setting/Environment	Indoor, formal, natural
	Props/Objects	Condom
	Form of representation	Narrative types; Conceptual (symbolism)
	Type of contact	Type of offer (information, goods)
	Social distance/shot type	Intimate (close up), medium (social), impersonal (distance)
	Point of view	Level of engagement-detachment; Viewer representation of power
3 visual proofs, message support	Compositional salience	Information value, framing
	Modality	High/medium/low level of truth to image
	Text content and form	Interrogatory, affirmative; graphics (colour, font, size, weight)
4 Social context	Logo, tagline	Site, size, sender type, brand recognition
	Audio	Music, sound effects, voice
	Location and media channels	Outdoor billboards, website, Facebook, Instagram, etc
	References to visual culture	Interview, soft porn format
	Social norms, representations, stereotypes	MSM, sexually-active older women
	Target audiences	Intended: general public
	Positioning	
	Appeal, provocation	Fear, humour, warmth, irritation, sexual arousal, incongruity, ambiguity
	Message consistency	
	Tone	

Source: Adapted from Riddell et al., 2022 p. 343; Kress and van Leeuwen, 2020 Videos at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 August 2022)

APPENDIX 7 (continued)

Table 7.5: 4th Video analysis method: GVD Visual analysis components Analysis of LL2019 videos: components 1 and 2

Visual component	Criteria factors	LL2019 Descriptions and examples
1. Technical	Intervention media channels	Short videos (6 -7 seconds), social media posts, billboards
	Medium	Short filmed storytelling
	Effects	Realism focus in daylight mode; natural setting emphasized; sunny colour-grading; foreground logo and tagline overlay. "slice of life"
2. Reading the visual	Actor's appearance	Slim healthy, fit body types; shaved, no tattoos. gender=clear; ethnicity=Swiss, racial=white
	Setting/Environment	Indoor and outdoor, informal naturalistic settings
	Props/Objects	Condom; everyday items; naked coverage by clothing, cover, underwear
	Form of representation	Narrative: storytelling cues provide context; linear action; condom as symbol of permission to proceed
	Type of contact	Message suggestive type through positioning of condom, tagline; specific informational texts provided
	Social distance/shot type	Intimate: close up on hands in foreground (audience's hands); by extension audience's sex partner in medium shot (social). No one in the background
	Point of view	Level of engagement is suggested by foreground hands. However, if targeting is incorrect, the premise fails (male audience + female hands? Dark skin audience + white hands?); Viewer represented in position of power: opening the condom and putting it on the male determines the next step, we are told in an implied manner
	Compositional salience	Audience expected to conjugate the suggestions in the images resulting in medium-low information value Condom framed as hero's dilemma although cognitively in viewers this is not convincing due to weaknesses on other points in visual grammar
	Modality	Medium level of truth to image

Source: Adapted from Riddell et al. (2022) p. 343; Kress and van Leeuwen (2020). Videos at <https://www.youtube.com/user/lovelifech/videos> (Accessed 22 August 2022)

APPENDIX 7 (continued)

Table 7.6: 4th Video analysis method: GVD Visual analysis components Analysis of LL2019 videos: component 3 (continued)

Visual component	Criteria factors	LL2019 Descriptions and examples
3. Visual proofs, message support	Text content and form	<p>1. Affirmative tagline text in imperative form, like a command; graphics are bold, thick, white, splashy, located in upper ¼ quadrant on the right. Size = approximately one quarter of the height and width.</p> <p>2. Informational text with (a) two safer sex rules* and (b) information on Safer Sex Check is much less visible. White bold font used is a serious, official one (Helvetica or similar) that is one fifth of the size of the tagline and text box approximately the same size as the condom. On the bottom left side, far left, parallel to top left side message funders.</p> <p>3. Campaign funders (Federal government, SAF, Santé Sexuelle Suisse) appear with white fonts less than half the size of text (2) in proprietary fonts. On the top far left side, parallel to text (2) What is not said is just as important: no mention of anything but the MC</p>
	Logo, tagline	<p>Multiple logos from top left, clockwise: Most visible is Swiss flag on shield (Swiss federal government) next to FOPH identifier; AIDS red ribbon symbol of SAF; branded red and white fonts of Sexual Health Switzerland.</p> <p>The tagline appears. Bottom, center is the logo of LL campaign, on the condom package that is torn in half allowing the condom to peek out. Brand recognition is effective after three decades of the “o” in “stop” being a rolled-up condom. This “o” is the same colour as the condom on the white packet background.</p> <p>Hierarchy of information not clear for viewers. What should they pay attention to? What is the most important take-away?</p>
	Audio	<p>Sleazy music plays, rather like a soft porn film, in the background. No voice potentially due to difficulties of video editing, dubbing, and/or subtitles in at least three languages</p>

Source: Adapted from Riddell et al. (2022) p. 344-345; Kress and van Leeuwen (2020). Videos at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.7: 4th Video analysis method: GVD Visual analysis components Analysis of LL2019 videos: component 4 (continued)

Visual component	Criteria factors	LL2019 Descriptions and examples
4 Social context	Location/media channels	Outdoor billboards, website, Facebook, Instagram, among others
	Visual culture refs	Soft porn style and format; is it deliberately kitsch? Tongue-in-cheek? Or paternalistic?
	Social norms, representations, stereotypes	Nothing very sexually explicit in the videos compared with the preceding campaign. Acting remains strongly suggestive, however, and unambiguous, of what this is about: sex and MC. VERY mildly controversial is MSM, and that with the sexually-active older woman MC = male is in control of sex safety: no other way is presented
	Target audiences	Clearly intended for the general public however a quandary is presented to them: which video should they watch, if at all? There is no guidance about matching audience to clip (For example “if you are a heterosexual female you should watch this one”. Clips have the bland feel to them of other products aimed at the general public, and suggestive of no one in particular, such as breakfast cereal.
	Positioning	Positioning of each video with reference to others is unclear. This is increasingly problematic due to societal changes since the campaign was launched. In the short period unambiguous LGBTQ+ gender identities have become mainstream, which makes these videos seem very out of date. Targeting confusion (gender/age/race hands) reduces clear positioning. Positioning favouring male viewpoints and control (MC only)
	Appeal, provocation	Not an ounce of humour in the campaign. Attempts appear to have been made at sexual arousal, however it may have narrow appeal. Sex may effectively attract attention but may not assist learning nor memory. Not innovative to use sex appeal today. No fear elicited although it is implied that there is good reason to wear a condom.
	Message consistency	Inconsistent messaging due to an excess of meta-messaging, plus the commanding tagline, the prominent condom branded with LOVE LIFE, plus the short texts about safer sex and Safer Sex Check and funder logos and names. Confusion may ensue.
	Tone	Cold, over-processed, over-stuffed

Source: Adapted from Riddell et al. (2022) p. 344-345; Kress and van Leeuwen (2020). Videos at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.8: 5th Video analysis method: Theatrical Frame Analysis of five LL2019 6-second films. Film 1 'Tent'

Fronts, characters and "expressive equipment"	Setting and mood	Portrayal / angle and "documentary evidence"	Text
<p>Character 1. Young woman (est. under 30 years), light-skinned Caucasian type. Excessively thin with unblemished skin, symmetrical features, and shiny long hair.</p> <p>Attitude: Non-verbal expression is the photographic trope of passionate female desire (wiggling around on her bottom, legs apart, fingers near the mouth, slight smile, intense but vacant stare); nudity inferred but not shown as she holds the sleeping bag in front of her.</p> <p>Character 2. Young male hairless hands, manicured, light-skinned Caucasian type, opening a condom. No adornments nor engagement / wedding ring</p>	<p>Inside a costly spacious and comfortable-looking, clean camping tent</p> <p>Seated on a shiny, fresh sleeping bag</p> <p>Lighting: sunny</p> <p>Mood: youthful, casual, leisure, intimate</p> <p>Music: low, rhythmic (like heavy breathing), blues-style bass</p> <p>Soft-porn codes used</p>	<p>Male partner's viewpoint, woman is looking straight at him / viewer.</p> <p>Female portrayal as a fashion model: long-haired, feminine-looking and attractive according to average Swiss standards with light makeup. Arms and legs sharply slimmed by photo editor.</p> <p>Female portrayal as a doll-like sex object supposedly squirming with desire. Clearly sexually suggestive positioning of open condom package covers woman's genital area.</p> <p>Male condom is shown as only solution and evidence</p>	<p>When the open condom appears in the foreground main text:</p> <p>Get it on!</p> <p>Endscreen: Pink background</p> <p>Text: Lovelife.ch</p> <p>Small text funders:</p> <ol style="list-style-type: none"> 1. Swiss Confederation, FOPH 2. Swiss AIDS Federation 3. Sexual Health Switzerland

Source: Adapted from Goffmann (1959). Video at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.9: 5th Video analysis method: Theatrical Frame Analysis of five LL2019 6-second films. Film 2 ‘Terrace’

Fronts, characters and “expressive equipment”	Setting and mood	Portrayal / angle and “documentary evidence”	Text
<p>Character 1. Older woman with short grey hair (est. over 40 years), Caucasian type, wearing red feminine-sexy bra and pants. Average build but fit for her age, mildly symmetrical features.</p> <p>Attitude: Smiling, playful, friendly</p> <p>Non-verbal expression is playful, she is laughing. Character is pulling off the unseen male’s trousers.</p> <p>Character 2. Male jean-clad legs and hands, manicured and light-skinned Caucasian type, opening a condom. Fine youthful hands and feet, not hairy. No adornments nor engagement / wedding ring</p>	<p>An expensive-looking large penthouse or rooftop terrace / balcony.</p> <p>Established leafy trees with costly housing in view. Curated outdoor furnishings, cushions and plants.</p> <p>She is standing, playfully pulling on the seated man’s jeans</p> <p>Lighting: exterior, sunny</p> <p>Mood: casual, comfortable, cosy, playful</p> <p>Music: low, rhythmic (like heavy breathing), blues-style bass</p> <p>Soft-porn codes used</p>	<p>Male partner’s viewpoint, woman is looking straight at him / viewer.</p> <p>Female portrayal as a life-companion who is sexually available, indeed assertively taking the lead. Clearly sexually suggestive positioning of open condom package covers woman’s genital area. In another shot it covers her breasts.</p> <p>Male condom is shown as only solution and evidence</p>	<p>When the open condom appears in the foreground main text:</p> <p>Get it on!</p> <p>Endscreen: Pink background</p> <p>Text: Lovelife.ch</p> <p>Small text funders:</p> <ol style="list-style-type: none"> 1. Swiss Confederation, FOPH 2. Swiss AIDS Federation 3. Sexual Health Switzerland

Source: Adapted from Goffmann (1959). Video at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.10: 5th Video analysis method: Theatrical Frame Analysis of five LL2019 6-second films. Film 3 'Bathroom'

Fronts, characters and "expressive equipment"	Setting and mood	Portrayal / angle and "documentary evidence"	Text
<p>Character 1. Young man (est. under 30 years), Caucasian, mildly masculine-looking. Slim and fit. Symmetrical features. Shaved chest.</p> <p>Attitude: Non-verbal expression is the photographic trope of cool male desire (knowing smile, sideways but intense eye position). Nude torso inclined towards viewer but waist-down wrapped in spa towel.</p> <p>Character 2. Freshly manicured youthful female hands, Caucasian type, opening a condom</p> <p>No adornments nor engagement / wedding ring</p>	<p>An expensive-looking new bathroom with window and designer tub.</p> <p>Props: curated trendy plant, high-end micro tiles and accessories. Soap, a razor, post cards</p> <p>He is turning around from the sink. The towel is striped blue and white, looks fresh and clean.</p> <p>Lighting: interior, sunny</p> <p>Mood: casual, intimate</p> <p>Music: low, rhythmic (like heavy breathing), blues-style bass</p> <p>Soft-porn codes used</p>	<p>Female partner's viewpoint, man is looking straight at her / viewer.</p> <p>Male portrayal as new partner with carnal knowledge: Open condom package covers man's genital area.</p> <p>Male condom is shown as only solution and evidence</p>	<p>When the open condom appears in the foreground main text:</p> <p>Get it on!</p> <p>Endscreen: Pink background</p> <p>Text: Lovelife.ch</p> <p>Small text funders: 1. Swiss Con federation, FOPH 2. Swiss AIDS Federation 3. Sexual Health Switzerland</p>

Source: Adapted from Goffmann (1959). Video at <https://www.youtube.com/user/lovelifech/videos>. (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.11: 5th Video analysis method: Theatrical Frame Analysis of five LL2019 6-second films. Film 4 'Bedroom'

Fronts, characters and "expressive equipment"	Setting and mood	Portrayal / angle and "documentary evidence"	Text
<p>Character 1. Young man (est. under 30 years), Caucasian or Mediterranean type, mildly masculine-looking, not effeminate. Clean-shaven, healthy and fit, symmetrical features.</p> <p>Non-verbal expression is stereotypically of the young boy-man (cheeky expression while intense). Entire body is covered with a white duvet, only the head, shoulders and arms are visible.</p> <p>Character 2. Freshly manicured young white-skinned male hands opening a condom. No adornments nor engagement / wedding ring</p>	<p>An affluent-looking bedroom complete with trendy candles and futon-style bed. An art book lies on the floor.</p> <p>He lies upside-down on bed.</p> <p>Sheets look bright-white, fresh and clean.</p> <p>Lighting: interior, sunny</p> <p>Mood: playful, sweet, intimate</p> <p>Music: low, rhythmic (like heavy breathing), blues-style bass</p> <p>Soft-porn codes</p>	<p>Male partner's viewpoint, man is looking straight at him / viewer.</p> <p>Male portrayal as casual or new partner but not established as such.</p> <p>Clearly sexually suggestive positioning of open condom package near the man's face, possibly implying oral sex.</p> <p>This is the most demure of the stories, given the man's body is hidden by a duvet. He is not represented stereotypically homosexual, although very few clues are available to pick up on.</p> <p>MC shown as only solution and evidence</p>	<p>When the open condom appears in the foreground main text:</p> <p>Get it on!</p> <p>Endscreen: Pink background</p> <p>Text: Lovelife.ch</p> <p>Small text funders:</p> <ol style="list-style-type: none"> 1. Swiss Con federation, FOPH 2. Swiss AIDS Federation 3. Sexual Health Switzerland

Source: Adapted from Goffmann (1959). Video at <https://www.youtube.com/user/lovelifech/videos>. (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.12: 5th Video analysis method: Theatrical Frame Analysis of five LL2019 6-second films. Film 5 'Sofa'

Fronts, characters and "expressive equipment"	Setting and mood	Portrayal / angle and "documentary evidence"	Text
<p>Character 1. Young woman (est. under 30 years), light-skinned Caucasian type. Very thin with unblemished skin, symmetrical features, and shiny long dark hair.</p> <p>Attitude: Non-verbal expression is the cinematic (trashy) trope of female desire: she is wearing a sexy black bra and pants, gyrating on her knees on top of the sofa, legs apart, hair half covering her face, vacant stare.</p> <p>Character 2. Freshly manicured young white-skinned male hands, light-skinned Caucasian type, opening a condom. No adornments nor engagement / wedding ring</p>	<p>Inside a costly spacious and minimalist design apartment</p> <p>Kneeling on a textured design sofa</p> <p>Lighting: interior, filtered sun</p> <p>Mood: staged, sexy</p> <p>Music: low, rhythmic (like heavy breathing), blues-style bass</p> <p>Soft-porn codes used</p>	<p>Male partner's viewpoint, woman is looking straight at him / viewer.</p> <p>Female portrayal as a professional model: long-haired, feminine-looking and attractive according to average European standards with makeup. Slim waist and body.</p> <p>Clearly not a stripper, she is playing "stripper" for her partner. She looks uncomfortable doing this, perhaps unfamiliar?</p> <p>Female portrayal as a doll-like sex object: Sexually suggestive positioning of open condom package near woman's genital area.</p> <p>MC shown as only solution and evidence</p> <p>Potentially targeted at sex workers?</p>	<p>When the open condom appears in the foreground main text:</p> <p>Get it on!</p> <p>Endscreen: Pink background</p> <p>Text: Lovelife.ch</p> <p>Small text funders:</p> <ol style="list-style-type: none"> 1. Swiss Con federation, FOPH 2. Swiss AIDS Federation 3. Sexual Health Switzerland

Source: Adapted from Goffmann (1959). Video at <https://www.youtube.com/user/lovelifech/videos>. (Accessed 21 June 2022)

APPENDIX 7 (continued)

Table 7.13: Video analysis (6) method: Goffman's (1976) Gender advertisements framework applied to each LL2019 video

Analysis category	Video 1 'Tent'	Video 2 'Terrace'	Video 3 'Bathroom'	Video 4 'Bedroom'	Video 5 'Sofa'
Feminine touch	Self-touch: hair on shoulders, holding a fig-leaf green blanket to her nakedness, hand touching mouth	None: the female is portrayed as masculine, confident, and dominating	The male is portrayed according to feminine codes (wide-spaced big doe-like eyes that are half veiled by long eyelashes)	The male is lying on a comfortable clean mattress covered by a soft and fluffy-looking duvet	Self-touching: her long hair caresses her shoulders; the skin of her arms rubs on her trunk
Licensed withdrawal	The female is dependent, physically and psychologically; she impatiently waits. The point-of-view is awaiting the male to put on MC for penetration	The female is protagonist of the scene. The point-of-view is awaiting the male to put on MC for penetration	The male's averted gaze, slumped shoulders and asymmetrical stance express dependence. His point-of-view awaits female's MC application. Mirror heightens isolated depiction	The male is dependent, expectant, waiting. The point-of-view is awaiting the male to put on MC for penetrative sex	The female is isolated, appearing vulnerable, in physical / psychological withdrawal. She dances alone, expressing dependence on male desire. Point-of-view is awaiting MC application
Ritualisation of subordination	The female is positioned on the ground, the camera is above, with an impression of looking down on her	Not used	Not used	The male is positioned below the camera, lying on a low bed, with an impression of looking down upon him	The woman is on her knees on a sofa. She appears uncomfortable, "sexily" dancing, as in a brothel

Source: Adapted from Gender in advertising (Goffman, 1976) based on videos at <https://www.youtube.com/user/lovelifech/videos> (Accessed 21 June 2022)

APPENDIX 8

TA Stage 4: Supplementary cultural analyses

Advertising agency media analysis: Introduction and rationale

To better understand stakeholders and producers of LL2019 campaign the researcher contacted a founding partner of the advertising agency, that developed all materials. The reply was understandably negative, due to ongoing FOPH contracts. Due to the significance of understanding this organization as creator of LL2019 artefacts (films, social media content, website, advertisements), an indepth media analysis was conducted using the agency's own published website data on the company and its staff. It is a full-service agency located in Zurich, the Swiss-German commercial capital. ROD produced FOPH HIV/AIDS campaigns since 2014, as well as the national government COVID-19 media campaigns.

Advertising agency media analysis: rationale

The company slogans expressing their "philosophy" are available publicly and fully accessible at: <https://www.rod.ag/de/philosophie/> (Accessed 19 April 2022)

*"We dig deeper; We make everything bigger than it is; We are not formal;
We get our hands dirty; We aren't a**holes"*

To go deeper than the corporate website declarations, which resemble those of many competitors, an analysis of agency staff was conducted using the firm's own published web content. The goal was to better understand who the people who developed the campaign, and how their individual and collective assumptions and culture impact the content they produce. Analysis was conducted based on publicly available and accessible ROD corporate website "Team" pages and profiles available publicly and fully accessible at: <https://www.rod.ag/de/team/> (Accessed 19 April 2022).

Making such a content analysis possible is the publication for each staff member of a personal page featuring their first and family names, a high-quality photo portrait, a short biographical text written in a personal style, and an email address. Information gleaned from the analysis of all profiles follows in terms of staff sex, approximate age, and inferred cultural or ethnic cues as signalled on the profile photo. Written bios range from 95 to 164 words, and mostly cover origin, experience, background, personal identifiers, and leisure activities. They are written in highly personal styles that defy standardization. These analyses are depicted on Analytical Table 29, tabulating demographic attributes using frequency analysis with staff department or function.

Advertising agency media analysis: Analytical procedure

Employee sex was inferred based on first name and gender-signals and symbolism on the photo (masculine or feminine clothing and accessories, hair length and style, facial hair, body language) and gender-specific language in the bio. Employee age similarly was inferred based on the photo (clothing and accessories style, hair colour if grey, facial skin quality) and information in the bio such as years of experience cited. Employee ethnic or cultural mention (default = white, Swiss-German or German) was inferred from the photo (skin colour and hair texture) as well as from the bio where that information could have been communicated. Profile mentions of birthplace, residence, or experience were considered relevant.

Advertising agency media analysis: results and discussion

Profiles of 31 staff members were published on the corporate site www.rod.ag (Accessed 19 April 2022). Three profiles were devoid of text although the names, position, and photo were shown.

Table 8.1: Advertising agency media analytical table: content and frequency analyses

Agency department or function	Inferred sex	Estimated age over or under 35	Ethnic or cultural mention (default = white, swiss german or german)
Admin and finance	Male = 1 Female = 1	35+ 35+	Default
Partner	Male = 1 Female = 2	35+ 35+	Default
Strategy	Male = 1 Female = 2	35+ = 1 - 35 = 2	Default
Creative	Male = 5 Female = 6	35+ = 3 - 35 = 8	Default
Advisory	Male = 3 Female = 8	35+ = 2 + - 35 = 1 - 35 = 8	Default 1 Swiss-French older male 1 Swiss-French older female
Amplification	Male = 1 Female = 2	35+ = 1 - 35 = 2	Default
Publishing	Male = 1	35+ = 1	Default

Source: own analyses based on public corporate content published by ROD AG at <https://www.rod.ag/de/team/> (Accessed 19 April 2022)

Mentions of Swiss French origin or experience was very limited (n=2). One employee is identified as half Italian and half Swiss. Another specified that despite an Italian name the employee does not speak Italian. Ethnically and culturally the majority is white, Swiss-German or German with two specifically mentioning the Swiss French region (n=1) and the other mentioning a French-speaking location. Of the two employees whose written profiles are absent, one has a French-sounding name and the other is indeterminate. The agency's location is Zurich, so workers either live nearby or commute. Zurich is the most expensive city in the world, tied with Paris and Hong Kong (WEF 2020), and has been in the top five for years. Therefore, one can deduce that

white-collar knowledge-workers in advertising and media benefit from high social status and consider themselves to be middle class.

In terms of age the majority appear to be under 35 years old (n=20) with many appearing to be in their 20's. Older staff (n=11) are estimated to be under the age of 55. In terms of sex the majority are women (n=19), with men (n=12) in the minority. Overall younger staff tend to be women in lower positions hierarchically as inferred from job-titles, and older staff tend to be men with titles that evoke higher positions. Notably one of the three partners is a woman.

As the foregoing analyses demonstrate, the agency's staff shows low diversity in terms of ethnicity or culture. All appear to be of white/Caucasian origin. The vast majority use Swiss-German identifiers. One mentions the word "international". Two self-identify as having German experience or origin. Two self-identify as having experience or origin in the Swiss-French region. None self-identifies as coming from the Swiss-Italian region. None self-identifies as coming from the Romantsch region. Most staff is young, with no one that appears to be over the age of 55. Very few therefore have memories of the early days of AIDS in the 1980's. Taken alone this may not be significant, however in conjunction with the company's youth bias it may also negate memories of the early pandemic's enormous impact, and that it still could potentially have, on society. The website does not express diversity as a major corporate value (racial, ethnic, cultural, national, or linguistic). These indicators point to an insular Swiss-German urban middle class, young affluent professional cultural identity at ROD.

Advertising agency media analysis: Limitations

The analysis was conducted using identification signals that the agency intends to put forward about its staff, therefore the reality of their lives, sex, age, or cultural affiliation may be obscured. The analysis is therefore highly superficial. Some signals or information—notably in-group signals—may have been misinterpreted.

There are linguistic signals that may have been missed due to lack of fluency in the specificities of Swiss-German, particularly that used in the Zurich region. Of course, the profiles are written in “High German” however the slang and jargon used is Swiss.

As with any published material it is the result of editorial choices so one cannot assume the photo and bio provide substantive evidence about who the staff really are as individuals. Yet the publishing bias indicates which information has communication value for the company, because it has selected, edited, and agreed to publish it on the official corporate site. In that context, it is notable that ROD does not communicate diversity as an important value, whether it be racial, ethnic, cultural, national, or linguistic. One cannot infer that they do not believe in the importance of this value, however.

Some bio profiles were missing text components, so the photo was used to make inferences—a risky venture. Visual signals may have missed due to photographic style or editorial treatment that obscured sex-, age-, cultural/ethnic-related symbolism. Indeed there is no way of knowing which staff members actually worked on the LL2019 campaign. Finally, some tasks for the campaign may have been outsourced to employees of another company, such as parent company Farner AG or specialized service providers, production companies, or freelance workers.

In addition, there may be other staff members whose profiles were not included. As is often the case, there are likely contracted, part-time, or temporary workers, interns, and apprentices involved in day-to-day work who may have more diverse profiles, but were not published.

APPENDIX 8 (continued)

TA Stage 4: Analysis of LL2019 planners' cultural competency

Cultural competency at an individual level describes self-awareness of how own culture influences attitudes, behaviours, and worldview (Chiu et al., 2014). Such a competency affects how appropriately and effectively one communicates (Deardorff, 2006). Organisations, and different organisational departments have distinct cultures (Mutonyi et al., 2021) as between the FOPH, NGOs, practitioners, advertising agency, and audiences. Diverse entities collaborate best within a project that fosters inclusivity. The cultural competency continuum illustrates the degree to which public health workers may appreciate, understand, and operate within another culture different from their own. The following Figure 1 sets out the six cultural stages, going from best to worst, and the impact of each on public health planners (Issel and Wells, 2018).

Table 8.2: The Cultural Continuum stages and implications for public health planners

Cultural stages (from best to worst)	Characteristics and implications for campaigns
Cultural proficiency Good knowledge and integration	Multilingual, multicultural elements recognized and integrated in campaign
Cultural competence Knowledge, respect, sensitivity, and tolerance	Willing to make some cultural adjustments
Cultural openness Awareness, some knowledge, curiosity	May include cultural adjustments with expert help
Cultural blindness Ambivalent, lack of knowledge, belief all are same	Unaware of cultural needs, will not make cultural adaptations unless requested
Cultural incapacity Lack of respect; belief in separateness	No competence for cultural integration: campaigns separated
Cultural destructiveness Active ignorance, avoidance	Low involvement

Source: Adapted from Issel and Wells, 2018 p. 30

It is instructive to consider where campaign planners were on the continuum. Media analyses and interviews indicate, at best, the stage of “Cultural Openness” was likely: there is good faith knowledge in a diverse population. However, expert assistance—such as inclusive participation in planning by practitioners, sex workers or migrants—may be needed to communicate more widely. Such cultural change would also increase empathy, a prerequisite for Human Centered Design which is an effective and efficient method for campaign design (National Institute of Standards & Technology 2021, ISO 9241-210:2010E). At best integrating a culture of Femininity would enable LL2019 campaign and digital ecosystem to communicate with a larger swathe of the population receptive more effectively by addressing their concerns inclusively. As such, a more holistic view of bodies and media campaigns is clearly needed.

TA Stage 4: Culture and masculinity in LL2019 media

Analysed source: <https://lovelife.ch/de/sex-aber-sicher> (Accessed 7 April 2022)

Hofstede’s (2010) international survey identified six main dimensions of national culture as: Individualism/Collectivism, Indulgence/Restraint, Long/short-term Orientation, Power Distance, and Uncertainty Avoidance. Cultural dimensions that explain individualism/collectivism, power and gender relations are useful to understand HIV transmission contexts. Switzerland is individualistic, where effective messaging tends to emphasise hedonistic personal benefits. LL2019 media findings identify a masculine cultural orientation: individualistically focused on results, functionality, and threat protection. Corresponding cultural Femininity orientations to empathy, non-gender differentiation, and process-not-performance, are absent according to findings. In sum, as Figure 2 illustrates, LL2019 media express a Masculinity culture (Hofstede, 2011; 2010).

Table 8.3: Manifestations of Masculinity cultural dimension in LL2019 media

Masculinity/Femininity dimension characteristics	LL 2019 videos and campaign	LL digital ecosystem
Masculinity values: Differentiation between men and women (Hofstede 2011; 2010)	Highly differentiated men and women as demonstrated by analyses according to: Goffmann (1959) theatrical frame Goffman (1976) gender and advertising frame Grammar of visual design Social marketing mix (notably targeting and customer orientation)	Hegemony of male condom Absence of female-controlled protective measures Omerta on female condom Exclusion of any issues relevant to women Their lack of any consideration expresses perceived irrelevance of all that is not masculine. Similarly more holistic issues integral to male sexuality are absent
Masculinity values: assertiveness, effectiveness, performance, and strength as opposed to (Femininity) values: feelings-as-important-as-facts and empathy (Hofstede 2011; 2010)	The only model of sex portrayed is performance and goal oriented. This frame is the most HIV-risky one. This official media representation amplifies and normalizes penetrative sex to the detriment of multiple other forms.	Representations of sex are functional/dysfunctional, mechanistic, and performative Absence of any holistic or psychological concepts Instrumentalization of the body Lack of inclusion of growing LGBTQI+ communities
Masculinity values: performance orientation with normative or moralistic attitudes to sex opposed to Femininity (sex is expression and a means of relating)	Penile penetration and male performance is LL's only framing, hence the importance of the male condom. Other frames that are arguably more inclusive and compatible with the femininity dimension, focusing on sensuality and eroticism more broadly. LL 2019 depict female sex participation as subordinate to application of the male condom. Absence of cultural femininity aspects such as feelings or emotional connection, consent, eroticism, or sensuality.	Instrumentalisation of the penis without a holistic view of the body, mind, relationship, or life itself. Absence of male disorders e.g. erectile dysfunction. A religious moralistic one is avoided but a monolithic norm shown for penetrative sex. Lack of any ethical or normative framework (such as, minimally, consent) brings potential unintended consequences: anomie and alienation. Disturbing omissions of consent and violence

Source: Author's own based on <https://lovelife.ch/de/sex-aber-sicher/> (Accessed 7 April 2022)

APPENDIX 9

TA Stage 5: Interview theme descriptors, sub-themes, and exemplars

Table 9.1: Interview theme properties 1.1: Federal opacity, bureaucracy, ad belief

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
Federal opacity, bureaucracy and ad belief FOPH subject to “lobbies” and power struggles “resources competition” from new pandemic NGO partners bureaucratic, Hyper-specialist Federal out of touch Restricted homogenous SHs	MED “we don’t know who decides what at what level, on what ground or on what scientific base they do their campaigns” MED “The way FOPH works is a mystery for many people” MED “FOPH is getting further & further away from reality” COMM “There’s also the risk of Gilead (or other pharma providers) changing their strategy [PrEP cost hikes could be borne by individuals]” MED “priorities could change as COVID has or will divert resources away” MED “medical lobby wants to control everything thru hospitals, pharma lobby doesn’t really want everyone to be super-healthy (no so profitable), politicians exert conservative pressure” NGO “PH held hostage by increasingly entrenched interests of bureaucratic NGO’s” MED “There’s a lack of diversity in SH FOPH consults, they should listen to people from different cultures, origins, key populations” MED “Even though it’s hard to manage different sub-cultures they should get input from diverse SH such as communication experts, academia, nurses, GP’s, etc.” INTL “communities should be able to come up with their own campaigns [if governments, doctors, and others would let them]” MED “If they continue in this direction Switzerland won’t meet the 2030 targets” MED “If FOPH makes this a priority we can reach 2030 goals. If” NGO “Power struggles to balance resources for gay men and other HIV populations such as migrants” MED “Why they don’t do anything on discrimination and stigmatisation I don’t know” [institutionalised] MED “NGOs each defend one population and one agenda” “entrenched interests” and “NGO interests” [each NGO is itself a bureaucracy] “power struggles” referring to decision-making and turf wars between different authorities, interests, and NGOs.

Source: Author

APPENDIX 9 (continued)

Table 9.2: Interview theme properties 1.1: on Ad belief

<p>Ad belief Reliance on communication instead of policy</p>	<p>COMM “Potentially they gave too much power to the ad agency” MED “think what else they could have done with the campaign budget” MED “It’s too marketing-oriented, not effective” NGO “it’s a lot of money, could have been useful elsewhere” MKT “easier to communicate than make better policy” MKT “an over-reliance on metrics means they lose sight of real impacts”</p>
<p>Belief in social media and web metrics</p>	<p>MKT “increased digitalisation means more performance and measurement using social media and online metrics” MKT “just because they click doesn’t mean it sticks” MKT “they might think it’s effective if they only look at social media metrics, but those don’t mean anything. E.g. they probably rely on ‘views’ instead of ‘dwell time’ (avg number of seconds user is present on or engages with an ad—better metric than click-thru rate) which better measures if people are learning anything.”</p>
<p>Trust in marketing and advertising discourses</p>	<p>MKT “people are probably just scrolling past the content, not really seeing or reading it” INT “no one is doing those big general public national campaigns anymore ... Laser-focused is what works” MED “If people get tested during free test campaigns it’s not because of the ad campaign, it’s because people need free testing, there’s a big demand!” MED “We have to correct misperceptions all the time” MED “Instead of one or two big splashes per year why not spread out useful content” MKT “we know what works” MKT “we don’t need to do new audience research each time, we know them” MKT “it’s basically soft porn. Why add to the chorus” NGO “we make them feel good about themselves ... empowered” COMM “someone who suffered discrimination their whole life can’t suddenly gain self efficacy because of an ad campaign: it takes years of therapy”</p>

Source: Author

APPENDIX 9 (continued)

Table 9.3: Interview theme properties on 1.2: Federal/Cantonal schism

<p>schism</p> <p>May cause paralysis or slow reaction</p> <p>Cantons can do a better job on communicating</p> <p>Federal-level campaign planning</p>	<p>MED “federal power is limited to ‘promoting’ while cantons do what they can on implementing”</p> <p>MED “it’s the same with COVID-19: FOPH says one thing, each canton does its own thing”</p> <p>MED “cantonal doctors wait for federal doctors to move before moving ... also cantons wait for other cantons to move before moving”</p> <p>MED “the planning and decision process is opaque” “a mystery”</p> <p>MED “if national LL resources were given to cantons they could do campaigns that target their local problems and make them culturally and politically acceptable without the compromise that LL clearly is”</p> <p>MED “What they’re doing at federal level, like LL, the campaigns they’re trying to push are not of interest because they don’t address specific issues ... that are more important in my canton, or in Vaud, or in Geneva”</p> <p>MED “PH is hobbled by different political views, lack of unity, and that creates compromises that don’t make anyone happy”</p> <p>MED “Cantonal and federal relationships are complex. Diverse political and cultural backgrounds influencing PH mean a lack of direction”</p> <p>MED “there are budget pressures at federal & cantonal levels”</p> <p>MED “Watch out for a priority shift to COVID”</p> <p>MED “it’s a misallocation of resources to LL2019”</p> <p>MED “federal budget waste, puts pressure on cantons”</p> <p>MED “At federal level they decide on a message but cantons are free to support it, or not”</p> <p>“There’s paralysis and lack of initiative as cantons await federal level, federal level awaits cantons”</p>
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Source: Author

APPENDIX 9 (continued)

Table 9.4: Interview theme properties on 1.3: Conservatism

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
Conservatism	
Religious, moralistic political interests	MED “politicians see PH as throwing money out the window on gay men ... for them everything is about individual—personal—responsibility”
Belief in simple solutions such as condoms instead of PrEP, stigma, testing, female condoms, etc.	COMM “people limit the messaging because they lack the courage to take the risk and do what’s right for gay men” MED “LL2019 shows institutionalised homophobia” COMM “due to the COVID pandemic spending might get diverted away from HIV” MED “The FOPH today is like Thatcher and Reagan back in the day: by reducing visibility of sexual diversity they are making at-risk people even more vulnerable and hard to reach”
Discriminatory beliefs about non-white, non-swiss people	INTL “In order to be effective campaigns need to reflect the people they target and this approach can cause political problems, controversies” MED “There are so many other means of preventing transmission of HIV but they’re not presented”
Male condom-exclusive approach	MED “Only focusing on condoms is ‘basic’. They should talk about discrimination” INTL “LL avoids difficult, sensitive issues like discrimination” MED “It’s a belief and fear in PH here that if everyone knew about and used PrEP, people would be ‘having sex like crazy’. It’s similar to how they felt initially with the contraceptive pill” MED “sex education in schools is very poor ... outdated ... most of Switzerland is still so conservative” MED “School sex ed doesn’t prepare for reality, especially STI”

Source: Author

APPENDIX 9 (continued)

Table 9.5: Interview theme properties on 1.4: LL2019 ineffectiveness

<p>Targeting</p>	<p>COMM “People can’t identify with young, pretty, affluent people: that’s such a minority!”</p> <p>MED “Well done on including an older woman, that’s needed”</p> <p>COMM “those actors and settings are all so squeaky clean. That’s not how people live, what they look like!”</p> <p>MED “all white, but we know HIV disproportionately hits people in migrant and ethnic minorities”</p> <p>MED “doesn’t seem to be relevant for sex workers”</p> <p>MED “Clearly, they just don’t know who we’re dealing with day in day out”</p> <p>COMM “campaign needs to be where people are” (porn sites, dating apps)</p> <p>MED “confusing fragmentation of providers & campaigns for niche pops”</p> <p>INTL “Mass campaigns are not effective, and they are used less and less”</p> <p>COMM “non-targeted general campaigns like LL are the least effective. You can’t reach specific at-risk audiences with mass media campaigns. You have to go niche rather than spraying the whole world with prevention messages”.</p> <p>INTL “What doesn’t work is trying campaigns aimed at sex workers and gay men in mass media”</p> <p>INTL “Precision prevention that’s laser focused is what’s recommended”</p> <p>INTL International organisations [WHO, Global Fund] are moving away from mass media prevention campaigns. So... if they are happening [it is] because the government wants it ... but by the time the doctors and the bureaucrats and even the community members are involved, they narrow it down to the least common denominator and then it becomes more of an information.”</p>
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Source: Author

APPENDIX 9 (continued)

Table 9.6: Interview theme properties on 1.4: LL2019 ineffectiveness

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
LL2019 ineffectiveness Campaign tactics “marketing” style, shock, humour	COMM “Treating HIV like a product [like LL2019] doesn’t get any attention: it’s just like any other product” COMM “Getting attention is fine, but insufficient” COMM “Humour works, yes, but LL2019 is not humorous” COMM “sex appeal just attracts attention but doesn’t keep it” MED “I didn’t remember it” “I had to look it up” MED “low visibility because it’s non-controversial” MED “It’s amusing but not informative. Not effective” MED “It’s too ‘marketing’ oriented. People might remember the campaign but not the messages” INTL “for an official government campaign it’s really light” NGO “in the general pop people already don’t feel concerned about HIV, and I don’t think LL2019 can change that thinking” MED “it’s amusing and probably gets something useful across” COMM “don’t they realise people look online at France’s official recommendations, Germanys, etc?” MED “Lack of other materials apart from videos, posters. There’s a big splash once per year, then nothing” COMM “Not enough is done on content strategy: they should do more frequent, topical content”

Source: Author

Table 9.7: Interview theme properties on 1.4: LL2019 ineffectiveness/Ad belief

Ad belief blinds planners to the real impact of campaign See “Ad belief” in FEDERAL OPACITY theme	COMM “What’s the purpose of LL? To remind people condoms exist? To say sex is cool?” INTL “Mass campaigns are only done because the government requests them ... they are a waste of money” NGO “seeing the campaign people might think I put a condom on I’m safe: that is a dangerously false sense of security” COMM “they seem to believe that the web analytics are proof that their campaign is effective. But that’s not what it means. ‘Engagement’ just means someone shared an image or link. ‘Impressions’ just means users scrolled by the content” INTL “Advertising, communicating isn’t sufficient: A broader societal solution is needed. You might relate to the campaigns, you might think condoms are good but if the solution is not part of your daily life it won’t happen in your daily life.”
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Source: Author

APPENDIX 9 (continued)

Table 9.8: Interview theme properties on 1.5: Cultural differences

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
<p>Cultural differences</p> <p>Cultural inclusion-exclusion</p> <p>Röstigraben</p> <p>Swiss-Germans</p> <p>more conservative</p> <p>Individual-collective divide</p> <p>Language apartheid</p>	<p>MED “Some populations are clearly favored over others starting with languages: why not Portuguese, Spanish, Ethiopian, Eritrean? They do it for contraceptives and some other issues. Why not LL?”</p> <p>NGO “More languages and other channels should be available”</p> <p>MED “Swiss-French are more progressive and open to sensitive/difficult subjects like LGBGTQI+ health. Swiss-Germans are more conservative, and closed to discussion. They don’t understand”</p> <p>MED “Swiss-French culture accepts state intervention on PH while Swiss-German culture expects personal responsibility”</p> <p>MED “You can see cultural differences between French and German regions clearly with COVID-19: anti mask-wearing, anti-vaxxers are more in the German and rural areas”</p> <p>MED “individualism is really a conservative emphasis on the individual rather than the system. They demand ‘personal responsibility’ instead of a coherent overarching policy environment”</p> <p>MED “individual ideology means that if you get HIV or STI it’s your own fault”</p> <p>NGO “Swiss-French are more left-wing while Swiss Germans are more right-wing”</p> <p>NGO “What about migrants? The campaign’s only in French, German, Italian and English. Point made”</p> <p>INTL “Multiple languages should be used, especially for diverse cultures in big cities”</p>

Source: Author

APPENDIX 9 (continued)

Table 9.9: Interview theme properties on 1.6: Stigma of Swiss PLWH and testing

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
<p>Stigma of Swiss PLWH and testing</p> <p>A national campaign needed due to prevalence of stigma, discrimination</p> <p>Stigma: Impact on testing, early or late treatment onset</p> <p>PrEP and stigma, U=U</p>	<p>MED “Stigma is so bad here that newly diagnosed patients tell me they have never heard of anyone with HIV in Switzerland”</p> <p>NGO “Stigma’s very high. They should talk about it”</p> <p>INTL “Governments should address discrimination”</p> <p>MED “LL must talk about stigma”</p> <p>NGO “As long as stigma’s high people won’t want to test, so we have to talk about it”</p> <p>MED “Stigma is still very high. PLWH and HEP hide it from neighbors”</p> <p>NGO “we have to test more people, make it easy or even standard for people in the general population not likely at risk to get a test in a stigma-free way”</p> <p>INTL “Discrimination and ignorance are what need to be addressed”</p> <p>MED “Costs can be high for tests, especially people who need them frequently. Some insurance coverage is not sufficient”</p> <p>MED “People on PrEP need frequent tests, mainly at the beginning, and it can get really expensive”</p> <p>MED “When people have to pay for a test out of their pocket they think twice. It’s not cheap here”</p> <p>MED “there’s not enough knowledge about testing”</p> <p>MED “I know testing info is on SAF’s site but why not centralize it on LL2019—we know we need to get more people tested”</p> <p>MED “Because of stigma people don’t want to get tested, there’s a lack of trust”</p> <p>NGO “people need to feel trust in the system to get tested, a lot don’t”</p> <p>MED “The message should include testing. Testing is so important”</p> <p>INTL “It’s urgent to talk about testing: people would transmit to fewer people and get on treatment faster and more effectively”</p> <p>INTL “You have to somehow talk about prevention and treatment at the same time. It’s a vast oversimplification to say “please use a condom while having sex”.</p> <p>INTL “And I think where a campaign succeed is when there is community level dialogue, acceptance and removal of stigma.”</p> <p>NGO “seeing the campaign people might think I put a condom on I’m safe: that is a dangerously false sense of security”</p> <p>COMM “What’s the purpose of LL? To remind people condoms exist? To say sex is cool? There should be some useful information.”</p>

Source: Author

APPENDIX 9 (continued)

Table 9.10: Interview theme properties on 1.7 Lack of evidence/theory/research basis

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
<p>Lack of an evidence/theory/research basis</p> <p>Difficulty to cite a relevant theory for LL2019 (PH, BC or Marketing/comm) ; knowledge?</p> <p>Insufficient social context understanding/theoretical basis? Too many assumptions, lack of audience research)</p> <p>Evidence missing (cite “beliefs” and “experience”) Ignores medical advice (testing, PrEP)</p> <p>Audience research (based on Sotomo survey only?)</p> <p>Website and other channels</p>	<p>NGO “there are simple, well-known methods in PH communication. Use them to talk to populations”</p> <p>NGO “Trying to shock or surprise people is not effective for PH. That’s a fallacy. The risk is people miss the point of what’s behind the campaign”</p> <p>MED “At least it keeps the disease in a creative way, in a nice way in people’s mind. I think that’s important”.</p> <p>MED “It’s so hard to know if a campaign is successful really. You can check if the message was received but not if people change behavior as a result”</p> <p>COMM “There are tensions between PH and communication specialists, I don’t know why”</p> <p>COMM “it lacks a theory basis”</p> <p>MED “Instead of the same topic every year why not alternate other relevant topics, such as other STIs”</p> <p>COMM “Fun but that is insufficient. An effective campaign needs three more elements: (1) that targets see themselves in the campaign, relate to it (2) Ensure easy practical solutions beyond the campaign such as accessible, cheap condoms (3) it should be linked to the environment people are living in: why not a COVID & HIV campaign?”</p> <p>MED “It needs authentic, clear communication in images and text. Use the uncensored language people use. NO fruits and emojis, no one gets that”.</p> <p>COMM “There’s no call to action: compare to NHS ‘HIV is spread by people who don’t know they have it’. You read that and you want to run get tested!”</p> <p>COMM “PH communication has to fit with the level of risk people are willing to take. It has to answer and meet the needs of your risk level”.</p> <p>INTL “the next 10 years should be focused on prevention. But ... a whole lot of complacency with the new generation. So yes, testing is an entry point both for prevention and for treatment.”</p> <p>INTL “How do you motivate boys to understand they need to get tested, they need to be the ones who should take the lead in prevention?”</p>

Source: Author

APPENDIX 9 (continued)

Table 9.10: Interview theme properties on 1.7 Lack of evidence/theory/research basis (continued)

<p>Blind belief in advertising, marketing discourses and web/social media measurement</p>	<p>INTL “what is important is that the target audience should be able to relate to the campaign as if they were the actors acting in that campaign”</p> <p>COMM “I doubt LL effectiveness. To work it should make people feel like it concerns them”</p> <p>MED “people need to feel trust for a PH campaign to work, this doesn’t inspire it”</p> <p>“Instead of one campaign they should do diverse, regular communication on different channels, topics, languages”</p> <p>INTL “You have to get everyone <i>involved</i>. Participation and compatibility are so important, we have examples of communities developing their own”</p> <p>NGO “An effective PH campaign sparks debate, discussion, in the family, and get politicians’ attention”</p> <p>MED “Young people don’t feel concerned by HIV, some aren’t even curious. Why not ‘sex concerns us all, HIV too’ or something like that?”</p> <p>MED “Effectiveness should be measured against objectives. It is public money”.</p> <p>MED “It’s so costly. There are other better ways to get messages across (schools and training centres and others)”</p> <p>MED “The massive budget they spent on LL should be used for targeted campaigns on testing and specific populations”.</p> <p>MED “If lots of people get tested during free testing campaigns it’s not because the ads were successful. It shows people need free testing”</p> <p>MED “think of what else they could have done with all that money”</p> <p>MED “why not just do away with it because it’s useless, costly, and just distracting, but leave the SSC instead”</p> <p>INTL “the institution sending the message [on testing, condoms, or PrEP] should also be able to follow through. If you’re not able to follow through, your credibility is damaged” and targets won’t listen any more</p>
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Source: Author

APPENDIX 9 (continued)

Table 9.12: Interview theme properties on 2.1: Moralism/paternalism in PH

Theme	Raw data exemplars and stakeholder types
<p>PrEP policy and funding</p> <p>Important for MSM, gay men</p> <p>PrEP for people at risk not only for gay men</p> <p>Condom discourse to the detriment of PrEP</p>	<p>MED “they use ‘budgetary’ concerns about PrEP costs to mask prejudices”</p> <p>MED “PreP is a game-changer”</p> <p>MED “They should do a national campaign, it would benefit heterosexuals—sex tourists male and female—as well”</p> <p>NGO “PEP and PrEP should be part of the message”</p> <p>MED “Basically at federal level PrEP is like a taboo”</p> <p>MED “It’s paradoxical: How can you not talk about PrEP if you want to attain 2030 goals”</p> <p>NGO “If only people knew that someone taking PrEP is safer than someone who is not tested”</p> <p>NGO “where’s PrEP? Why isn’t it mentioned in the campaign, on the website?”</p> <p>MED “people are asking me about PrEP, it’s a shame the authorities won’t explain it”</p> <p>MED “There are <i>many</i> ways people can protect themselves from HIV. Condoms are one of many”</p> <p>COMM “too focused on male condoms”</p> <p>MED “it makes people think condoms are the only solution and that is not correct”</p> <p>COMM “condoms are disgusting, they stink, guys hate them and this won’t change their mind”</p> <p>COMM “PrEP can make people think they don’t have to take any precautions”</p> <p>MED “condom-focus will put some people off”</p> <p>MED “Why only focus on the condom? It’s a wasted opportunity to talk about STIs, testing, PEP, PrEP”</p> <p>MED “why not treat people like adults? Here if they want PrEP at a reasonable price they pretty much have to enroll on a study”</p> <p>MED “PrEP has proven its usefulness in international studies. I don’t understand why the Swiss think they have to do a study on it”</p> <p>INTL “PrEP is quite useful for women who cannot enforce condom use from men. It is quite helpful for women and for gay men because they cannot necessarily control condom use to protect themselves against HIV”</p> <p>INTL “PrEP is useful because ... you’re not depending on others. So, PrEP offers autonomy which condoms don’t, especially for women or even for gay men ... to be able to enforce condom use. ... anything that lets you decide ... without asking somebody else’s permission, is useful.”</p>

Source: Author

APPENDIX 9 (continued)

Table 9.13: Interview theme properties on 2.2: Medical practitioners feel alone and unsupported

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
Medical practitioners feel “on their own” and unsupported <ul style="list-style-type: none"> - not listened to - bureaucracy - frustration - Costs 	MED “For practitioners a campaign like LL, it’s just irrelevant. Even counterproductive” MED “At federal level they should give out information that supports what we are telling patients” NGO “Patients need more solid information on STIs and hepatitis, it seems these are not seen as priorities” MED “We have to correct misperceptions spread by messages like LL2019” MED “Practitioners are on their own and struggling with red tape”

Source: Author

Table 9.14: Interview theme properties on 2.3: SSC is a good concept

Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
Safer Sex Check is a good concept Should be more accessible	NGO “helps diagnose where a person’s risk level is and gives relevant advice” MED “It’s a handy tool for practitioners to recommend” NGO “pretty convenient” MED “At least the SSC mentions PrEP” MED “why not just do away with it ... but leave the SSC instead” MED “at least LL2019 points people toward the SSC”

Source: Author

Table 9.15: Interview theme properties on 2.4: STI and hepatitis importance

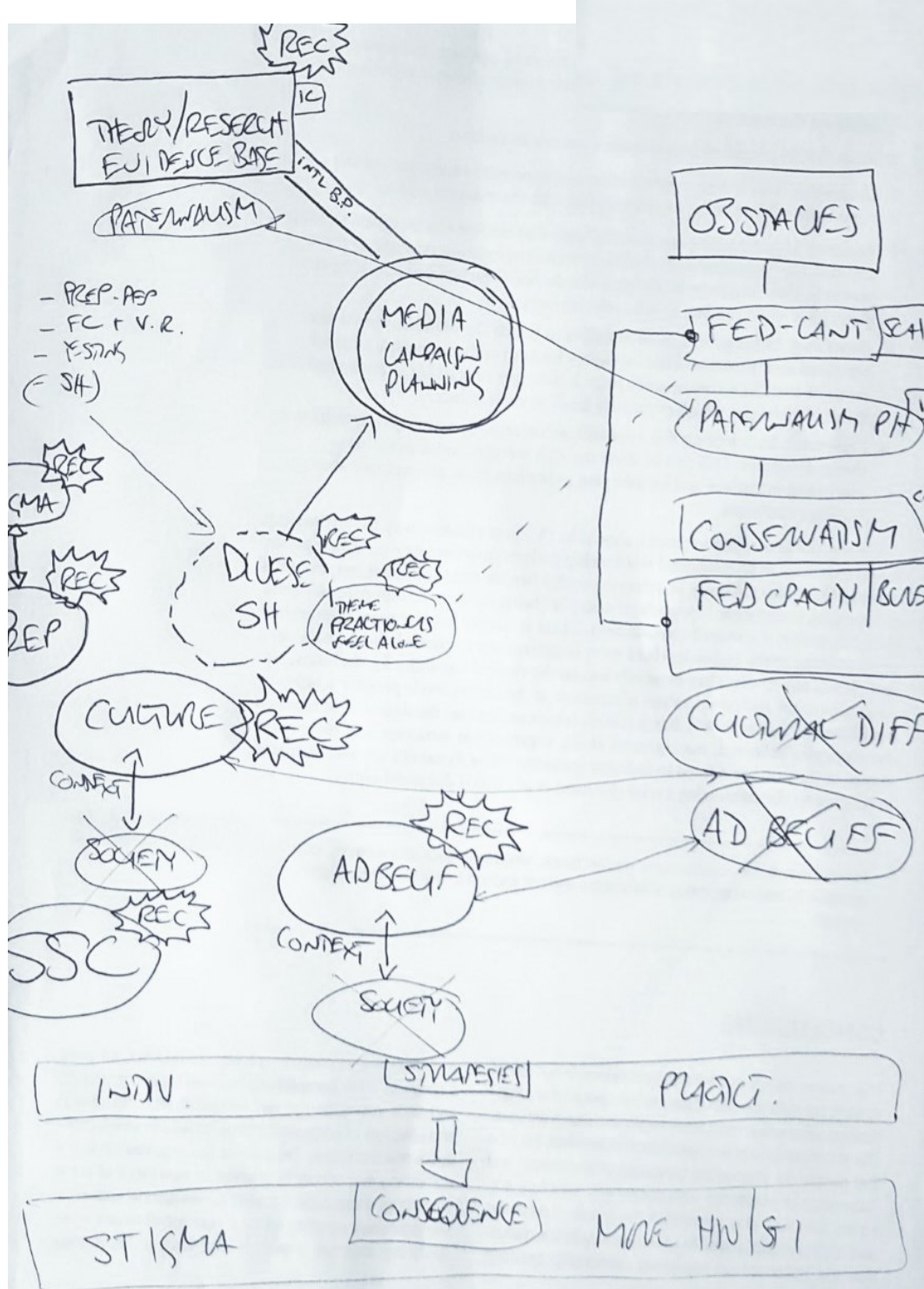
Theme / subthemes	Raw data exemplars and stakeholder types (where relevant)
STI and hepatitis importance	INTL “STIs are on the rise, people need some explanations” NGO “Lots of confusion about STIs and how to protect against them”
STI prevalence increase	MED “There should be some ‘official’ federal-level clarifications on STIs” NGO “People don’t understand what works for HIV doesn’t work for all STIs”
Lack of information	NGO “The growing importance of hepatitis is one that should be integrated with an HIV intervention”

Source: Author

APPENDIX 10

Selective Coding and theory development

Figure 10.1: Example of diagramming/mapping in progress



Source: Author

APPENDIX 10 (continued)

Selective Coding and theory development

Selective coding Phenomenon Core category INEFFECTIVENESS iterative checks and sources in open codes and categories according to data sources

(a) Interviews: Main themes, respondents' key words, and quotes:

LL2019 ineffectiveness theme: Message and content “forgettable”, use of consumer product marketing tactics such as “sex appeal”; “do not take into account latest PH recommendations”; Practitioners had to correct patients’ misperceptions caused by LL2019, adding to their workload; “weak targeting and channels” directing the messages to no specific audience thereby misaligned messaging.

Federal opacity, bureaucracy, and Ad belief; Lack of a basis in evidence, theory,

research themes: Use of an advertising discourse to mask an “empty, vacuous” campaign; the commercial tone “talks down” to people and is “patronising” causing people to ignore messages even if they understand them. Some doubted the videos could really influence people to wear male condoms especially with the disconnect between situations portrayed and “real life”; absence of stigma/discrimination awareness; lack of testing mentions; promotes male condoms exclusively to the detriment of “many other options” giving some people a “false sense of security” and sparking distrust, even interpretations of “homophobia” in others; the bias towards affluence and white skin as well as a cultural and language “exclusion” causing large swathes of the population to simply ignore the campaign seen as irrelevant to their lifestyles and identities.

APPENDIX 9 (continued)

(b) LL2019: Campaign outputs and digital ecosystem

Themes of MC dominance; male performance; female subservience; depictions limited to penetrative sex framing and packaged in consumer product advertising/marketing style, tone, and formats that are unproven in terms of effectiveness for PH use.

Representations of cultural, linguistic, and racial exclusion operationalised in videos; culturally Swiss or “Swiss German middle class”; stereotypical two genders only. PH communication research shows these affect salience/identification for the target audience thereby sabotaging effectiveness. Contrary to international best practices and research, campaign has low information value, and provides few mentions and information on PrEP, stigma, testing, female-controlled methods.

Source: Author’s analyses of <https://www.lovelife.ch> (Accessed 7 April 2022)

Appendix 10 (continued)

Selective Coding and theory development

Table 10.1: Iterative reflections and validating Causal condition (1) FEDERAL-LEVEL OPACITY, BUREAUCRACY codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>FOPH subject to “lobbies” and “power struggles”.</p> <p>The FOPH and its NGO partners are “bureaucratic” and “hyper specialised”. National administration is “disconnected”, “out of touch”.</p> <p>Practitioners believe the FOPH “does not listen” to them; practitioners suspect none of their colleagues were invited to plan or assess the campaign.</p> <p>Practitioners and advocates feel left out and uninformed about “opaque” national PH activities and policymaking.</p> <p>FOPH campaigns have “predictable” outcomes. Ineffectiveness because “do not know campaign audience” due to “homogenous” and “elitist” stakeholders that do not welcome diversity or outside input.</p> <p>Campaigns like LL2019 assumed to replace complexities of policymaking on stigma, STIs, and PrEP (AD BELIEF)</p>	<p>Endorsements of LL2019 campaign materials are all federal-level: the FOPH, SAF, and Santé Sexuelle Suisse, whose presence functions like a stamp of approval of a far-away bureaucracy.</p> <p>A lack of proximity to, and understanding of, target audiences is identified in the materials.</p>

Source: Author's analyses based on interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

APPENDIX 10 (continued)

Table 10.2: Iterative reflections and validating Causal condition (2) CONSERVATISM codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>Religious and “moralistic” political interests.</p> <p>Belief in “simple solutions” like condoms “instead of complex ones including PrEP, stigma-reduction,” testing, female condom, and so on; “Simplistic male condom-only approach”.</p> <p>“Discriminatory beliefs about non-white, non-Swiss people”.</p> <p>“Fear political backlash if PrEP promoted”.</p> <p>“tendency to marginalise MSM” and gay men is “reflected in the campaign”.</p> <p>Suspected “lack of diversity in stakeholders” involved campaign planning.</p>	<p>Focus on themes of male condom dominance and female sexual subservience.</p> <p>Cultural/racial absence or exclusion.</p> <p>Depictions of social conservatism; exclusively white and affluent.</p> <p>Little/no presence and treatment of evidence-based interventions such as PrEP, stigma and discrimination, female-controlled condoms, vaginal ring.</p>

Source: Author’s analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

Table 10.3: Iterative reflections and validating STRATEGIES and INDIVIDUALISM codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>HIV and STI testing costs are “individual burden” paid for by residents; tests are “costly” except once yearly.</p> <p>PrEP cost “has come down” but “still high”.</p> <p>Mandatory “costly” health insurance does not cover testing costs, so no subsidies for prevention; testing and protection costs may be “dissuasive”.</p> <p>Emphasis on “individual responsibility” for prevention.</p> <p>Practitioners “feel alone”, “not listened to”, and “lacking support”; They feel “pushed to take initiatives” and advocate for population to “fill the PH void” and even to “take time with patients” to “correct misperceptions caused by LL2019”.</p>	<p>LL2019 campaign frames HIV and STI protection in a neoliberal manner as an individualistic, personal issue.</p> <p>Campaign portrayal of male condoms like any product on the market, selling the sizzle while silent on monetary and comfort “price”.</p> <p>No mention of “competing” methods of prevention such as PrEP and female-controlled methods.</p> <p>Minimal information on testing; no free testing for women.</p>

Source: Author’s analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

APPENDIX 10 (continued)

Table 10.4: Iterative reflections and validating Consequences (1) STIGMA OF SWISS PLWH codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>A national campaign needed due to prevalence of stigma and discrimination; seen as “too complex to handle”.</p> <p>Stigma has “strong” impact on testing, therefore “late” testing and treatment associated health outcomes: “vital” to address.</p> <p>Relevance to PrEP to realise the “potential of PrEP to reduce stigma” through “U=U”.</p> <p>“Ignoring stigma feeds epidemics”.</p>	<p>Stigma and discrimination are ignored in LL2019, are absent from videos, and are not mentioned.</p> <p>However, they are both present on the websites of linked NGO’s angled for MSM.</p>
<p>Sources: Author’s analyses of interviews and https://www.lovelife.ch domain (Accessed 7 April 2022)</p>	

Table 10.5: Iterative reflections and validating Consequences (2) STI AND HEPATITIS IMPORTANCE codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>STI prevalence is increasing in Switzerland.</p> <p>“Confusing” and “lack of” clear STI, hepatitis, and HIV information.</p> <p>“Unclear” that male condoms do not protect for some STIs.</p> <p>“Without PrEP I fear Switzerland will not attain WHO targets” even though “currently doing well”</p>	<p>STIs are presented in a confusing textual format.</p> <p>SSC presents information in a hidden way, only according to questionnaire responses.</p> <p>The male condom focus may lead to misunderstanding that other measures are needed for specific STIs.</p>
<p>Sources: Author’s analyses of interviews and https://www.lovelife.ch domain (Accessed 7 April 2022)</p>	

Table 10.6: Iterative reflections and validating Context (1) CULTURAL DIFFERENCES codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>Cultural inclusion-exclusion; “Röstigraben”; “Swiss-Germans more conservative”.</p> <p>Individual-collective divide; Language “exclusion”</p> <p>More culturally-diverse stakeholders needed in campaign development.</p>	<p>Cultural and racial exclusion through white, affluent representations and absence of diversity in portrayals.</p> <p>Three national languages plus English excludes residents speaking other languages.</p>
<p>Sources: Author’s analyses of interviews and https://www.lovelife.ch domain (Accessed 7 April 2022)</p>	

APPENDIX 10 (continued)

Table 10.7: Iterative reflections and validating Context (2) AD BELIEF codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>Ad belief blinds planners to the real impact of campaign; reliance on “communication” instead of policy.</p> <p>Campaign “wastes” money that could be “better used for prevention”.</p> <p>Implementation of a branding/product-marketing style, strategies, and tools in PH such as uncritical use of “sex appeal”. “1-2 big splashes of campaign” per year “then nothing”.</p> <p>“Exploitation” of social media and web metrics and marketing and advertising discourses.</p> <p>Planners “listen more to their ad agency” than the communities and practitioners “who know what is needed”.</p>	<p>Reliance on light advertising and sex-appeal campaign mode instead of policies (explanations and information, provision of PrEP.</p> <p>Lacking transparent information on all prevention options.</p> <p>Emphasis on advertising and marketing codes, vehicles, branding, language; instrumentalization of sex appeal and soft porn codes.</p>

Sources: Author’s analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

Table 10.8: Iterative reflections and validating Intervening conditions (1) FEDERAL CANTON SCHISM codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>Communication lack may cause “paralysis” or “slow reaction” to health threats.</p> <p>Cantons “better at communicating” and “know what they need”; Federal-level campaign planning “ineffective”, providing generic responses; does not listen to cantonal/regional needs, nor practitioners “on the front lines”.</p> <p>FOPH only listens to un-diverse stakeholders.</p>	<p>Logos and names of Federal-level agencies FOPH, SAF, and Santé Sexuelle Suisse figure prominently on all LL2019 materials.</p> <p>In a federal system, displaying instead the names of cantonal or local authorities would be more effective—or even mentioning no governmental authorities at all.</p> <p>One message is imposed on all cantons and regions, regardless of their cultural and other specific conditions; related to cultural exclusivity theme.</p>

Sources: Author’s analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

APPENDIX 10 (continued)

Table 10.9: Iterative reflections and validating Intervening conditions (2) PH PATERNALISM codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>"Infantilising", "patronising" campaign; Assumptions of rationality and lack of population understanding, also that people may be confused if presented with more choices than male condoms.</p> <p>"Simplistic", unrealistic, "conservative" portrayals.</p> <p>Putting people who take PrEP under tutelage and surveillance by the SwissPrEPared research study, while neighbouring countries provide it with no strings attached.</p>	<p>Campaign outputs and digital ecosystem: overly simplistic, reductionist themes focus on penetrative sex, male condom dominance, female sexual subservience reflecting paternalistic social conservatism.</p>

Sources: Author's analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

Table 10.10: Iterative reflections and validating Intervening conditions (3) LACK OF PH EVIDENCE, THEORY, RESEARCH BASIS codes and categories according to data sources

Respondents' key words and quotes	Campaign outputs and digital ecosystem
<p>Few can cite relevant PH theories, and none for LL2019; "Insufficient social context understanding"/theoretical basis. Many assumptions, "lack of audience research"; Evidence missing (cite "beliefs" and "experience").</p> <p>Campaign ignores medical and policy advice from international organisations (notably on testing, PrEP, stigma, and protection women can control).</p> <p>Lack of listening to practitioners and lack of diversity in stakeholders contrary to PH and international organisation recommendations; Audience research lacking.</p> <p>Website lacks testing.</p> <p>Belief in unproven advertising, marketing discourses and web/social media measurement.</p>	<p>PH best practices emphasize stigma/discrimination, encouraging and broadening testing access. These aspects were absent from LL2019 digital ecosystem.</p> <p>HIV campaigns should emphasise protection choices; including provision, access, and awareness-raising on PrEP, female condoms, among others. These aspects were absent from LL2019 digital ecosystem.</p>

Sources: Author's analyses of interviews and <https://www.lovelife.ch> domain (Accessed 7 April 2022)

APPENDIX 11

Discussion and recommendations on Content strategy

Figure 11.1: Content strategy: Proposed content formats and channels

Content formats and typologies	Safer Sex Check (questionnaire) Blogs and news articles, long/short form Media section (interviews, Tweets, Press) Videos and podcasts, episodes, series Applications and mobile apps, e.g. direct messaging App Newsletter / subscription Forums and Comments Directory of local services (according to map, types) Activities, peer education, and workshops Glossary Arts, photo galleries, cartoons and animations
Content channels and types	Physical Physical space, e.g. billboards, installations Print materials and publications Conferences, seminars, roundtables Body and mind wellness and fitness activities Exhibitions Digital & social Information on government policies and legal Games, competitions, polls Social media posts Direct marketing Powerpoints and teaching materials Virtual reality (+ cardboard headsets) Wiki Metaverse E-commerce Products (condoms, accessories)

Source: Author

APPENDIX 11 (continued)

Figure 11.2: Content strategy: Targeting. Considerations of target audience types and characteristics, including stakeholders and additional cross-cutting targeting fields

Target audiences (users/supporter base)	Audience characteristics
Audiences	
General population	
LGBTQ+	
MSM	Age-range to be defined (e.g. over 50)
Women	
Sex workers	
HIV stigma	Cultural/regional (Ticino, Schwiizer-Dütch, Romandie, international)
Migrants	
SH	Linguistic (German, French, Italian, English, Spanish, Portuguese, Albanian, Ukrainian, Eritrean, etc. as identified)
Medical staff	
Nursing staff	
Service providers	
Advocacy and NGOs	
Health communicators and educators	Gender (the whole range)
Migrant advocates	
Partners (provider NGOs and companies)	
Others identified if and as needed	

according to audience characteristics

Source: Author

Figure 11.3: Content strategy: Suggested campaign content topic areas and types

Content topic areas	Content types
Safer sex guide	Surveys
Mainstream, sub- and counter-culture	Films
Science news	Games
Community news	Infographics
Competitions	Testimonies
	Workplace issues
Stakeholder input opportunities	Diverse interviews
Medical advice, mental health issues	Forum “ask the doctor” with users
Instructional/how-to’s	Arts and culture
Educator resources	User-generated content
Research/science communication	

Source: Author

