THE INDEPENDENT INSTITUTE OF EDUCATION

Effective brand touchpoint strategy for social media channels: The case of healthcare promotion messaging to men living with HIV.

Vega SCHOOL DESIGN • BRAND • BUSINESS

Dissertation submitted in fulfillment of the requirements for the degree **Master of Arts in Creative Brand Leadership** at The Independent Institute of Education, Vega School.

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II. DECLARATION

I hereby certify that the dissertation I have submitted to The Independent Institute of Education (The IIE) for the Master of Arts in Creative Brand Leadership is entirely original with no submissions to other universities or postgraduate education institutions.

Yours Sincerely,

Lesego Ngobeni

III. ABSTRACT

This study investigates the impact of brand touchpoints on shaping experiences and customer value within the context of healthcare communication. Social media has transformed life, offering brand leaders powerful tools for multiple modes of connection. Active digital channels are more likely to be perceived as authentic and engaging, particularly among younger demographics such as millennials.

Platforms such as Facebook, X, and TikTok can reach men in ways that resonate with online behaviours. Scholarly literature highlights gendered differences in how individuals engage with digital platforms. Yet, limited attention is paid to men's interaction with health-related social media, such as that targeted at educating and informing behaviours to curb contraction of the human immunodeficiency virus (HIV).

In the sensitive domain of healthcare, brand touchpoints must be designed to garner trust and confidence among target audiences. This study examines how men living with HIV interact with differentiated brand touchpoints across social media platforms. Audience-sensitive strategies can improve health communication and reduce barriers for men living with HIV.

Grounded in social constructivism, a qualitative case study design was used to examine the members of *MINA. For Men. For Health* recently rebranded as *Zithole. Endoda Must!* This South African campaign aims at increasing male engagement in HIV prevention and treatment. The community was appropriate as it represents a contemporary response by men to HIV services leveraging both digital and offline branded touchpoints.

Purposive sampling ensured the inclusion of participants with relevant expertise and lived experience. Three groups were involved: content creators responsible for campaign design, men living with HIV who represented the target audience, and a community manager overseeing digital engagement. Semi structured interviews were conducted virtually via Zoom and telephone. Responses were recorded with informed consent, transcribed verbatim, and analysed thematically.

Findings underscore the importance of platform differentiation for audiences. Facebook fosters in-depth interaction and trust, particularly through peer led

communities. X facilitates rapid advocacy and real-time discourse. TikTok has emerged as a space for emotionally resonant storytelling, particularly for younger audiences. Across platforms, the value of culturally relevant messaging, influencer-led strategies, and consistent community management was emphasised.

The study concludes that social media should be understood as an integrated ecosystem for awareness, engagement, support, and advocacy. Extending brand touchpoint theory to the domain of health communication, the research demonstrates how digital platforms are critical touchpoints motivating trust and behavioural outcomes. Social media emerges as an interactive environment where men living with HIV experience, negotiate, and co-create healthcare values, contributing to precision health communication scholarship.

Strategies should be tailored to the affordances of each platform: Facebook for peer-to-peer support, X for advocacy and stigma reduction, and TikTok for youth focused storytelling. Messaging must prioritise culturally relevant language, simplify biomedical concepts, and embed male figures as ambassadors of peer support. Communicators should integrate digital strategies, train community amplifiers to sustain engagement, and invest in influencer led, narrative driven campaigns for reach and resonance.

CHAPTER 1

1 INTRODUCTION AND RATIONALE

This introductory section outlines the intentions of the study reported herein. The chapter details the background context, followed by the research problem, objectives and questions.

1.1 INTRODUCTION

The 21st-century way of life has been transformed by social media (SM), one of the Internet's breakthroughs. This digital highway encompasses communication and engagement through online applications, self-published discussion platforms, and websites, as well as engaging platforms (Beig & Khan, 2018). People use social media for entertainment, social networking, and business networking. Social media provides brand leaders with a powerful tool for connecting with customers and promoting their brands (Filo, Lock, & Karg, 2015). Perceptions, awareness, information seeking, and decision-making are all impacted by information published on these platforms (Mangold & Faulds, 2009). Through personal streams of networking and interaction, social media marketing helps businesses develop relationships with their clients (Chi, 2011).

Social media channels are affordable, approachable, and adaptable. Brands and individuals can produce and share content due to the internet and mobile technologies. These platforms present specific contexts and conditions that have motivated changes to the branded communication and engagement approach. Brands that are active in online channels have a better chance of being perceived as original and appealing for connection by millennials (Azionya & Overton-de Klerk, 2021; Ozuem & Lancaster, 2018).

Social media communities have been shown to confirm an individual's sense of belonging while also generating value for businesses and other users. Additionally, SMM facilitates the rapid dissemination of information through continuous interaction among multiple stakeholders, regardless of the material's origin. Social media interaction impacts all stages of branding. Brands must build competency to interact

in cyber environments as a critical component of advancing their understanding of the customer journey (Tajvidi, Richard, Wang, & Hajli, 2020).

Brand touchpoints are a key construct in building brand experiences and value (Beig & Khan, 2018). Touchpoints serve to convey stimuli associated with a brand, prompting sensations, emotions, thoughts, and behavioural reactions (Brakus, Schmitt & Zarantonello, 2009; Lindberg & Vermeer, 2019). Consumers expect a positive and memorable experience every time they contact a brand. Branded encounters can influence consumer consideration during the decision-making process (Azionya & Overton-de Klerk, 2021; Cheung, Pires & Rosenberger III, 2019), making them a vital component of brand performance and growth. Consistent strategic exposure fosters affinity and followership. This is expressed through brand touchpoints, which serve as tangible vehicles through which consumers can experience a distinctive character.

Lupton (2014) states that healthcare-related messaging requires particular attention to capture the target audience's confidence. Mere exposure to health messages may not lead to the desired comprehension, affinity, and alignment (Ngigi & Busolo, 2018). Thus, the study aims to explore how brand interactions influence consumer decision making and how social media platform experiences add value to people's lives and also investigate potential factors that can enhance this.

Furthermore, data indicate that there may be significant differences in how men and women interact with social media (Dalyot, Rozenblum, & Baram-Tsabari, 2022). A close examination of gender specific communities is set to yield insights into practices and preferences essential for the overarching brand strategy.

HIV/AIDS remains one of the world's most prevalent pandemics affecting all ages, genders, and levels of society. For decades, this virus has ravaged the African continent. Efforts to curtail its spread and limit its prevalence continue to receive sustained attention by governments and Non-Governmental Organisation (NGO) communities. Messaging impact is a significant goal with the intention of motivating behavioural consciousness towards reducing the risk of exposure to new infections and reinfections, as well as optimising personal healthcare practices (Tanner, Song, Mann-Jackson, Alonzo, Schafer, Ware, & Rhodes, 2018).

As per Stats SA, 2025, South Africa, specifically, represents 12.9% of the total population of People Living with HIV (PLWHIV). Although much has been done to reduce HIV transmission and enhance treatment for those who are living with the disease, little progress has been made in reducing new infections in the past decade. This study explores insights to guide brand strategy in heeding the influence that social media has on healthcare promotion messaging distributed through various touchpoints.

1.2 HIV IN SOUTH AFRICA: BACKGROUND CONTEXT

As per STATS SA's figures for 2025, the total projected HIV prevalence rate amongst the South African population is estimated at 18.1% and the total number of people living with HIV is approximately 8,15 million in 2025. Significant progress has been made in HIV testing and treatment, with an estimated 5.7 million people on antiretroviral treatment; however, there remains a gap of over 2 million people who should be on treatment.

In efforts to achieve ambitious goals for impacted and infected consumer behaviour change, Joint United Nations Programme on HIV and AIDS (UNAIDS) established a target outlook by 2030 known as the ninety-five- ninety-five-ninety-five (95:95:95) target outlook (UNAIDS,2025), stating:

- A goal of 95% of all HIV-positive individuals is to be aware of their condition.
- About 95% of all HIV-positive individuals will continue receiving antiretroviral therapy.
- Viral suppression attained in 95% of patients getting antiretroviral medication.

Meanwhile, the COVID-19 pandemic may have affected viral load. Early simulations indicate a significant interruption in HIV therapy. This is set to increase the number of AIDS-related deaths in sub-Saharan Africa, with the prognosis compounded by reported disruptions in antiretroviral medication distribution during COVID-19 lockdown periods, as well as the sacrifice of HIV treatment due to lack of food (UNAIDS, 2020). Some countries have reported reductions in medicine collections of up to 20% in certain areas. However, monthly data tracked by UNAIDS from January

to June 2020 indicates that the number of people receiving treatment over that period did not significantly decrease. (UNAIDS, 2020)

In 2025, it is anticipated that 95% of persons who have HIV will know their condition; 95% of people will be getting treatment, and a comparable amount will have viral levels that are suppressed. Despite considerable gains, South Africa has not shown the required progress towards achieving the targets for epidemic control. New approach to interventions is required. According to UNAIDS (2025), at the end of 2024, the 95–95–95 targets were: 84% of adult men living with HIV knew their HIV status, 87% were accessing treatment, and 94% were virally suppressed.

Data points to the opportunity to employ social media channels and to target messaging by gender. Communicating effectively with men is a critical component towards the overarching goal. This study utilises empirical data insights to explore the preferences of male clients when brands seek to interact over sensitive personal healthcare matters.

1.3 RATIONALE FOR A FOCUS ON MEN

Men's sexual behaviour, reproductive health, and contraceptive use continue to be topics of great interest. Men are less likely than women to receive HIV testing and care services, according to data from the most recent South African HIV Prevalence, Incidence, Behaviour, and Communication Survey (Simbayi, Zuma, Zungu, Moyo, Marinda, Jooste, Mabaso, Ramlagan, North, van Zyl, Mohlabane, Dietrich, Naidoo & SABSSM V Team, 2019). Just 67% of HIV-positive men in the country receive care services, which is nearly 10% less than the percentage of women receiving treatment (UNAIDS, 2020).

There are crucial touch points during the HIV journey for males that focused interventions can alter to encourage good health-seeking behaviours. For instance, the lowest rates of antiretroviral therapy (ART) coverage, an indication of the number of persons on suppression therapy, are seen among men ages 20–34. Most men in this age range are not on treatment. This needs to change for suppression and prevention goals to be attainable (UNAIDS, 2020).

A related indicator is the rate of male circumcision. There are preventative advantages of circumcision for men, noted as decreased incidence of infection compared to men who are not circumcised. Men also experience earlier and greater incidence of relapses than women, with a 59 per cent vs. 37 per cent (UNAIDS 2020). More effort is required to encourage men onto continuous, suppressive therapy treatments (Vandormael, Akullian, Siedner, de Oliveira, Bärnighausen, Tanser, 2019)

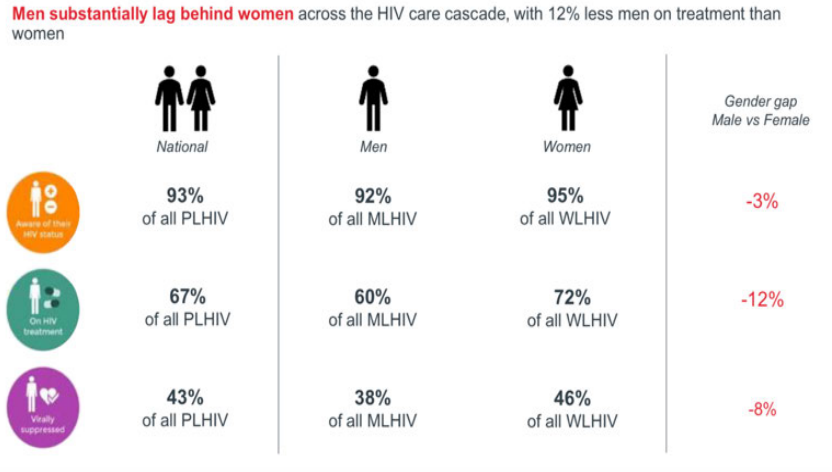

Figure 1: National Department of Health: 90-90-90 cascade data

Source: UNAIDS. Data 2020 Global Report

The gender incidence and behaviour gap are driven by a variety of societal, community, and psychosocial factors that hinder male uptake of HIV services. Data reveals concerns preventing South African male HIV patients from taking ART, such as poverty, lack of funds to travel to dispensing centres, a lack of access to food and disability grants. Additionally, disclosure related stigma and unemployment are influential.

Relatedly, patients criticised the lack of follow-ups and violations of patient confidentiality by healthcare practitioners (Health System Trust, 2019). Literature reveals that only a small percentage of young males use sexual health services in public healthcare centres, clinics or doctors' rooms. However, there is a lack of research on the traits and needs of male patients.

In some male social groups, discussing one's sexual health openly and honestly is frowned upon. Culturally, such discussions should only take place in private between close friends (Pearson, 2003). Sexual health services can be made more adolescent and male friendly through appropriate promotion and service offering. Figure 2 shows the impact of systems and community on individual responsiveness.

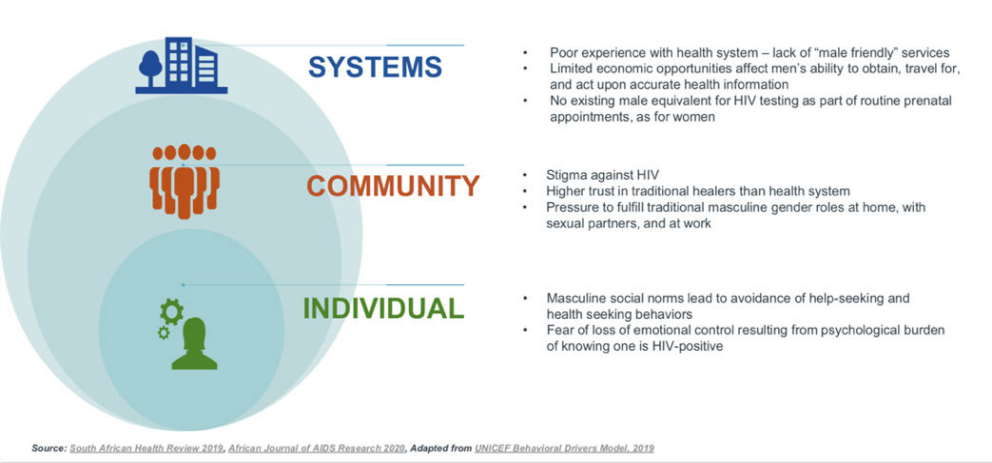

Figure 2: UNICEF Behavioural Drivers Model (Petit, 2019)

1.4 CASE OF THE MINA FOR MEN. FOR HEALTH CAMPAIGN

The goal of MINA. For Men. For Health campaign, is to create a dedicated environment for males that encourages focus on self-care and self-improvement by taking personal ownership of health and well-being. The desired outcome is the creation of a safe space within which men interact with peers and are encouraged to take accountability for their health care. MINA. For Men. For Health is a movement and a brand. It intends to motivate men living with HIV to seek and stay on treatment.

There are challenges encountered in finding effective ways to expand the MINA brand reach into a wider audience. Delivery of sensitive information requires communicators to be mindful of when and where the audience will be receptive to receiving this information. The creators of MINA selected Facebook as a primary touchpoint for the brand, an environment to attract and expand the development of a MINA community.

However, the potential of online campaigns is limited by how people respond to branded social media channels. Researchers contend that the offering of controlled and moderated spaces, such as ‘gated’ or ‘closed’ social media groups, as strategic brand touchpoints may encourage more participation from users who are concerned about privacy. This might encourage people to have more in-depth, empathetic talks (Pebody, 2016).

Figure 3 illustrates the potential for engagement through choice media platforms, and Figure 4 displays media use by channel. Facebook is ranked No. 2, with a score of 88.6%. The MINA. For Men. For Health has prioritised Facebook based interaction to advance information about treatment and lifestyle. It is also an environment where men can discuss and ask questions in a safe space. The platform creates an accessible online portal for the dispersion of content intended to support males living with HIV to share treatment and lifestyle information.

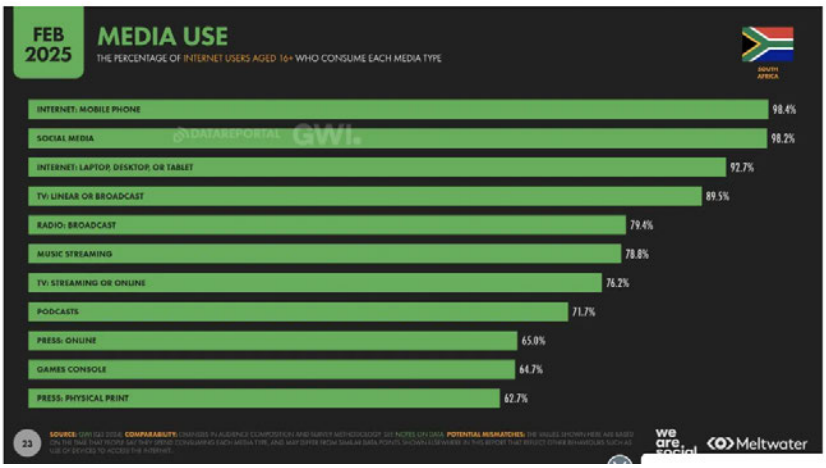

Figure 3: Media engagement trends.

Source: Meltwater (2025)

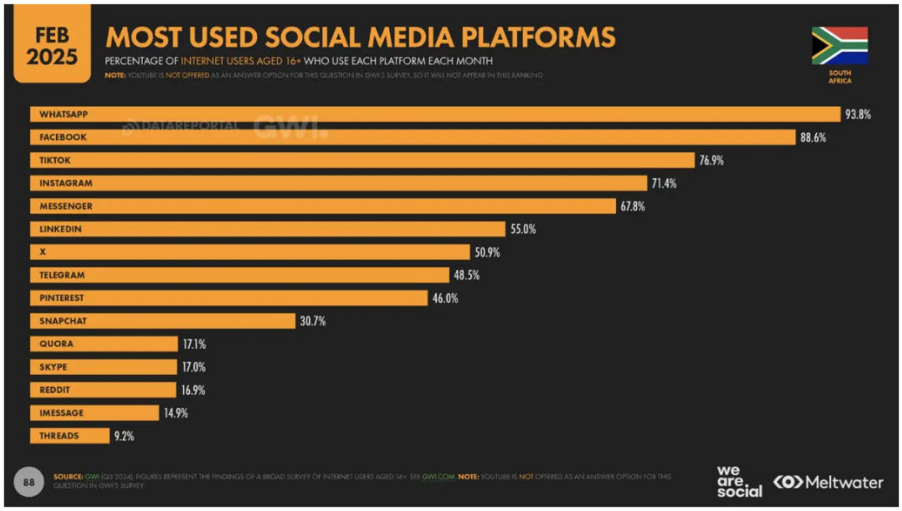

Figure 4: Social Media Channels engagement trends

Source: Meltwater (2025)

1.5 PROBLEM STATEMENT

Globally, digital and social media platforms have become central to contemporary health communication, offering new opportunities for engagement, education and behavioural influence (Kaplan and Haenlein, 2010). Scholars across public health, marketing and communication studies increasingly recognise social media as a critical ecosystem of brand touchpoints through which individuals encounter, interpret and negotiate health information (Lemon and Verhoef, 2016). International research highlights the potential of digital platforms to foster engagement, peer support and value co-creation in health contexts, particularly through interactive, community based and user generated forms of communication (Merolli, Gray and Martin-Sanchez, 2013). However, this literature also identifies persistent challenges, including misinformation, stigma, unequal access and limited trust in institutional health messaging (Chou, Prestin and Lyons, 2013).

Social media channels provide new opportunities that harness the power of networking as well as computer capabilities (Flaherty, McCarthy, Collins & McAuliffe, 2018). Social media has the potential to be an effective tool for promoting healthcare in South Africa. Its affordability, ability to support online communities, and ease of use eliminate many physical obstacles to participation.

Social media channels present an opportunity for scaling healthcare promotion programs. However, there has been limited investigation into the impact of social media channels as brand touchpoint encounters for healthcare promotion campaigns. The MINA. For Men. The For Health campaign has utilised traditional media platforms, including TV, Radio, in-clinic collateral, and digital, as well as program integration. On social media, only Facebook is used.

HIV focused groups conducted had a high engagement rate, showing that men are willing to discuss the subject on Facebook (UNAIDS, 2020). Figure 3 shows social media stats for South Africa from July 2022 to July 2023, depicting Facebook usage leading at 74.93% (Statcounter, 2025).

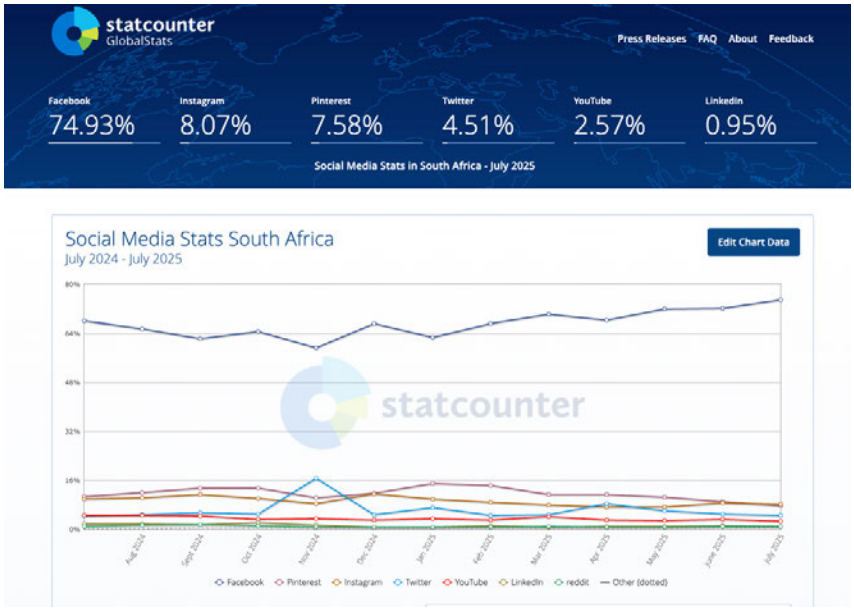

Figure 5: Social media usage in South Africa

Source: Statcounter, 2025.

Facebook is the most widely used social media platform, with 31,968,600 users, accounting for 51.5% of the entire population. Figure 6 shows that of these, 49.4% are men (NapoleonCat.com, 2025).

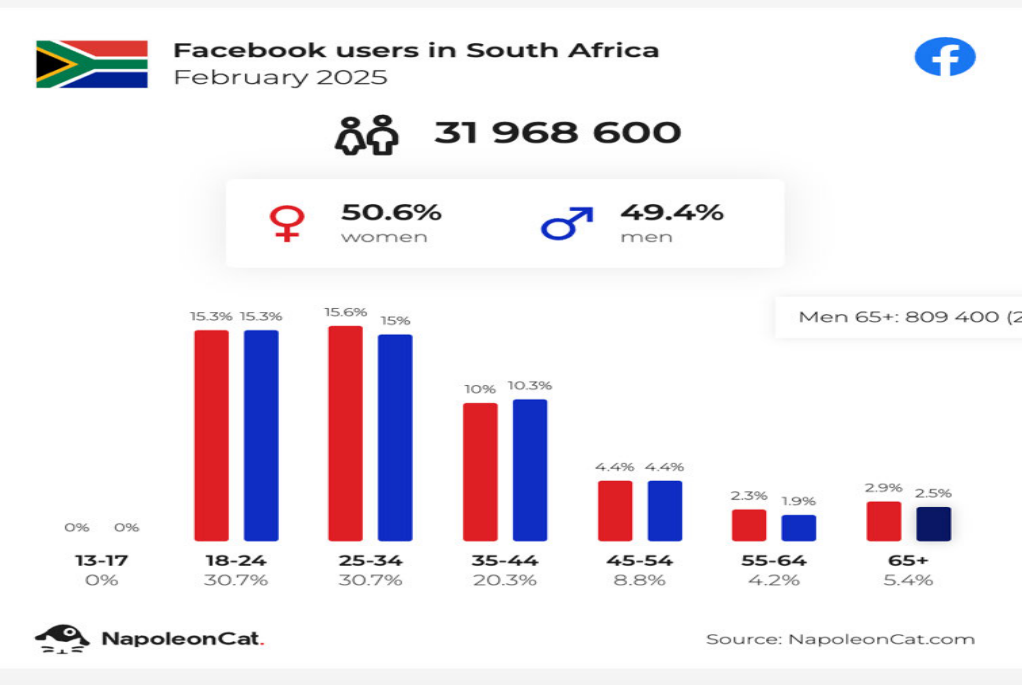

Figure 6: Facebook users in South Africa

Source: NapoleonCat.com (2025)

Facebook serves as MINA's main emphasis channel for males. To assist individuals living with HIV and to disseminate treatment and lifestyle information, health messaging should be presented on an easily navigable web platform. The use of Facebook, as employed by the MINA brand, serves as a case context to capture feedback from engaged users. MINA (meaning 'I or Me' in isiZulu). For Men. For Health platform is an initiative funded by USAID to draw males into conscious management of HIV status. Not only is MINA a branded community space for health promotion, but it has also attracted participation by a community of young South African males living with HIV.

Touchpoints serve to convey stimuli associated with a brand, prompting sensations, emotions, thoughts, and behavioural reactions (Brakus et al., 2009; Lindberg & Vermeer, 2019). Consumers expect a positive and memorable experience every time they contact a brand. This created an opportunity to explore whether the professional intention aligns with the consumer expectation of a positive and memorable encounter when contact is made with the MINA Facebook platform.

Secondly, branded encounters can influence consumer consideration during the decision making process. The research investigated whether the branded encounters influence consumer choices. Thirdly, social media networks have been shown to help individuals create value for themselves and business as well as serving to foster a sense of belonging.

Consequently, the study assesses whether the MINA community members on Facebook experience a sense of belonging. Relatedly, the data sharing was assessed to determine whether it creates value for users and the Facebook page, and the factors that may enhance this.

The purpose of this study is to explore how differentiated social media brand touchpoints shape engagement, trust, and perceived value in healthcare promotion among men living with HIV in South Africa. Using a qualitative case study of the MINA. For Men. For Health (Zithole. Endoda Must!) campaign, the research examines how platform specific influence men's health communication experiences within stigma sensitive contexts. Through the extension of brand touchpoint, customer journey and social media brand community theories into HIV healthcare promotion, the study advances contextually grounded insights that inform ethically responsive and inclusive digital health communication practice.

1.6 RESEARCH QUESTIONS

- What factors influence the effectiveness of brand touchpoints in delivering healthcare promotion messaging to men through Facebook as a social media channel?

Research sub-questions

- How do men perceive and respond to brand touchpoints on social media channels in the context of healthcare promotion messages?
- What strategies can be employed to optimise the effectiveness of touch points for healthcare promotion messages targeting men on social media channels?
- How do touch points on social media channels influence men's attitudes and behaviours towards healthcare promotion messages?

This study pursues the questions by examining the experiences of the MINA community on Facebook. The study examines how these interactions contribute to improvements in quality of life and how the various elements of the campaign influences participants' decision-making.

1.7 METHODOLOGY

This study adopts a social constructivist stance to explore meaning by examining user interactions and responses in the online discussion forums on Facebook (Alharahsheh & Pius, 2020). Epistemology guides the researcher's approach to data capture and interpretation, with qualitative research design being used to capture perspective (Tuli, 2010).

The research design included interviewing to support inquiry into behaviour and motivations. This approach was well aligned with the research's stance and aspirations.

1.8 RESEARCH ASSUMPTION

This study is guided by the assumption that social media platforms operate as meaningful brand touchpoints in healthcare communication, where value, trust and engagement are socially constructed rather than passively received. The assumption surrounding health, stigma and engagement are socially constructed rather than objectively fixed**.** Therefore**,** this aligns with the study's social constructivist paradigm, which recognises that participants' understandings of HIV, masculinity and healthcare

engagement are shaped through interaction, discourse, and socio-cultural context rather than existing independently of them. Within the context of digital health communication, this perspective is further supported by literature emphasising that online platforms mediate meaning making through affordances, norms, and visibility structures (Kietzmann et al., 2011; Lemon and Verhoef, 2016).

The research assumption acknowledges that participants' narratives are shaped by platform specific affordances such as anonymity, visibility and interactivity, that experiences of stigma and disclosure risk influence how men interpret and engage with health messaging and that prior exposure to the MINA / Zithole. Endoda Must! campaign informs expectations, trust and the perceived relevance of brand touchpoints

The study now transparently recognises that the researcher's identity as a female researcher engaging men living with HIV may shape both data generation and interpretation. This reflexive positioning aligns with qualitative research standards that emphasise the role of the researcher as an active co-constructor of meaning rather than a neutral observer (Braun and Clarke, 2006; Tracy, 2010). The revised text explicitly notes that:

- Gender dynamics may influence how participants frame disclosure, masculinity and vulnerability.
- Power relations inherent in health research contexts may affect what participants choose to share.
- Reflexive awareness was maintained throughout data collection and analysis to mitigate interpretive bias.

1.9 ETHICAL CONSIDERATIONS

The research captured data from men living with HIV, a sensitive topic that required a mindful approach to protect participants. The Vega School research ethical standards were followed, ensuring participant well-being, privacy, and autonomy. Participants were required to sign a consent form prior to participation. The data collection interactions were approached with sensitivity, empathy, and respect (Dose, 2017).

The researcher took caution to prepare adequately, seeking coaching on how to engage the community and share findings respectfully.

Ethical considerations are foregrounded from the outset, acknowledging the emotional risks and power dynamics inherent in HIV related research, while the study's qualitative case study design is recognised as analytically transferable rather than statistically generalisable, prioritising depth, contextual insight and interpretive rigour.

The Vega School's ethics committee approved the research proposal and the associated precautions. Attention was paid to ensuring that the questions asked and data collected were aligned with the research objectives. The data was in audio and transcript formats to ensure that interpretation standards were maintained.

1.10 LIMITATIONS

The research may have flaws, including potential bias, lack of diversity, and a small sample size. The researcher took precautions to ensure the participants represented the population and set to guide valid conclusions. However, sampling by nature results in many members of the population being excluded.

The sample size may not reflect the overall population living with HIV/AIDS, especially considering changes in treatment and care. The research may also face limitations due to time limits and limited access to respondents. Researchers may have biased opinions due to cultural origins and sensitivity and may favour data that only corroborate their theories. Iterative review of the research challenge and emerging outcomes can help circumvent some of these challenges.

1.11 DELIMITATIONS

Creswell (2014) refers to delimitation as the process of setting the boundaries of a research study. The research was limited to men living with HIV or Africans only. The study site was restricted to a single large metropolitan area, a relatively constrained geographic area. The main phenomena might only apply to members of creative

teams in business enterprises. The time set for the interviews may take more than an hour.

Future studies need to explore other dimensions, namely:

- To promote digital health, it may be necessary to investigate less commercialised social media channels that offer improved privacy and data security, in addition to allowing people and communities to own and manage their own personal information.
- Using specially crafted social media health messaging to engage, inform, and educate males in other parts of South Africa who are HIV positive.
- Look into various social media channels and how men living with HIV have assigned different sorts of social media channels to different types of knowledge sharing themes.

1.12 BENEFITS/ANTICIPATED OUTCOMES

This study provides insights into how brands can effectively utilise social media channels in shaping touchpoint strategy. Examining the case of a healthcare promotion brand on Facebook exposes how sensitive content ought to be navigated on social media channels.

1.13 DEFINITION OF TERMS

Brand touch points

A touchpoint is a vehicle initiated by a brand or company with the intention of achieving a tangible encounter with target audiences, either directly or indirectly (Sahara & Windasari, 2022).

Brand Community

A group of individuals who have established a subculture around a particular brand, complete with conventions, mythologies, hierarchies, rituals, and language, is known as a brand community (Tanner *et al.,* 2018).

Digital Platforms

Digital channels offer digital touchpoints through which customers and businesses can engage and communicate (Sahara *et al.,* 2022).

Consumer engagement

A psychological condition known as ‘customer engagement’ is triggered by interesting and imaginative interactions between the consumer and the agent/focus object in a transactional relationship, such as a brand (Sahara *et al.,* 2022).

Ontology

The main concerns of ontology are the existence and nature of phenomena.
(Alharahsheh & Pius, 2020).

Epistemology

Epistemology describes the process of capturing data and arriving at a particular understanding or knowing of reality (Tuli, 2010).

1.14 DISSERTATION OUTLINE

The dissertation presented herein undertakes a rigorous exploration of digital and social media interventions for men living with HIV, grounded in a commitment to participatory research, inclusivity, adaptability, and ethical integrity. This chapter offers a comprehensive overview and synthesis of the preceding dissertation chapters. It draws together key insights, methodological approaches, and thematic contributions to inform future research and practice. Through an integrative lens, this summary elucidates the connections between each chapter and highlights the cumulative significance of the research findings.

Chapter 1: Introduction

Chapter 1 introduces the research problem of limited male engagement with HIV related healthcare, largely shaped by stigma, masculinity norms, and systemic barriers. It positions social media as a critical but underexplored platform for health communication, particularly as a brand touchpoint strategy to influence awareness, engagement, and behavioural change. The chapter outlines the research aim: to investigate how social media channels support health promotion for men living with HIV, framed by research questions focused on platform use, engagement patterns, and messaging strategies. It also highlights the study's significance for public health, digital communication, and brand strategy, while outlining the dissertation's structure.

Chapter 2: Literature Review

Chapter 2 presents a review of the literature on brand touchpoints and social media in healthcare, demonstrating how platforms influence awareness, engagement, and behaviour change. It stipulates barriers faced by men, including stigma, masculinity norms, and mistrust of health systems. The chapter shows how Facebook, TikTok, and X provide spaces for peer support, storytelling, and stigma reduction. It also identifies gaps such as limited platform-specific strategies, digital literacy divides, and the complexity of biomedical messaging like U=U.

Chapter 3: Methodology

Chapter 3 outlines the qualitative research design employed to explore how social media brand touchpoints influence health communication and engagement among men living with HIV in South Africa. A case study approach focusing on the *MINA. For Men. For the Health* campaign, a semi-structured interview approach was adopted, combining semi-structured interviews with key stakeholders and thematic analysis of participant responses. The methodology emphasised purposive sampling to capture diverse perspectives across demographics, while ethical considerations such as confidentiality, informed consent, and sensitivity to stigma were prioritised. The chapter established a clear framework for data collection and analysis, ensuring that the study's findings in Chapter 4 were grounded in a rigorous and contextually appropriate research processes.

Chapter 4: Key Findings and Thematic Insights

Chapter four synthesises the main findings from data analysis, summarising emergent themes such as empowerment, community building, identity negotiation, and the role of technology in amplifying voices. It highlights the importance of ethical, user-driven design and the need for adaptive interventions in response to the rapidly evolving digital landscape. The chapter also discusses the challenges associated with inclusivity, cultural sensitivity, and the sustainability of social media-based interventions. Attention is given to the implications of emerging technologies, artificial intelligence, encrypted messaging, and virtual peer support platforms alongside their attendant ethical, legal, and social ramifications.

Chapter 5: Discussion

Chapter 5 highlights how social media platforms, including Facebook, X, and TikTok, serve distinct roles in guiding men living with HIV through awareness, engagement, support, and advocacy. It describes the value of peer led, culturally relevant, and emotionally safe messaging, while recommending strategies such as investing in digital literacy, utilising influencers, and simplifying the communication of complex messages. The chapter acknowledges study limitations and suggests further research, concluding that social media is a transformative tool for stigma-sensitive health promotion.

CHAPTER 2

2 LITERATURE REVIEW

Building on the research problem introduced in Chapter One, this chapter reviews the scholarly debate on social media brand touchpoints, brand touchpoints through social media channels (SMCs), customer journeys on social media, a strategic approach to social media messaging (SMM) for healthcare promotion, and digital technologies in healthcare promotion. It establishes the theoretical foundations necessary to guide the study's exploration of men's engagement with digital health messaging.

2.1 INTRODUCTION

Brand development success relies on achieving the proper levels of exposure and appeal to target audiences. Multiple forms of creative expression and accessibility, as well as the sophistication to carefully integrate them, can be unlocked using current and emerging digital marketing platforms (Nery *et al*., 2021). It has become imperative for businesses to embrace social media as a marketing tool to effectively reach potential audiences. Traditional health communication strategies now face limitations in capturing target audience customisation, interaction, engagement, and participation.

Social media channels hold significant potential for intimate encounters with target audiences (Mason *et al.,*2021). By creating communities where people can interact to identify issues and discover solutions, businesses are leveraging social media to foster relationships with both current and potential customers. Tailored messages are more potent than generic messages because they address the evolving needs of recipients. Furthermore, social media spaces offer a unique advantage in creating opportunities for two-way interaction that can be customised to the preferences of individual consumers.

Comprehensive planning for social media communication strategies is required because it enhances approach and lays the foundation for tracking successes and

failures, ensuring that all opportunities are maximised (Levac & O'Sullivan, 2010). Campaigns for public health aim to persuade a target audience to maintain or improve health and well-being. Brands must be able to create a two-way flow of communication that motivates action, rather than one-way initiatives that feed messaging to consumers, instructing them on what to do.

Social media channels, such as Facebook, foreground the superior effect of interactive postings. Engagement with mixed attractions draws more attention than unidirectional messaging that relies on informative appeal (Kusumasondjaja, 2018). Opinion leaders now have more opportunities to utilise social media to promote the emotional and practical benefits of goods and services across various online platforms. Businesses should be responsive to consumer concerns about mode as much as content for engagement as marketers establish brand contact point plans and develop long-term client connections.

Understanding new communication methods and consistent values is crucial for growing brand relationships. Consumer engagement is a psychological state resulting from engaging interactions with a brand. Companies should track touchpoints and design effective customer journeys to ensure the intended corporate brand identity is understood and memorable (Sahara *et al.,* 2022).

2.2 BRAND TOUCH POINT STRATEGY

A touchpoint is a vehicle used by a brand to connect with its target audience, often through digital channels such as search engines, websites, and social media (Sahara & Windasari, 2022). It is initiated by a brand or business with the goal of achieving direct or indirect tactile contact with target audiences (Sahara & Windasari, 2022). Touch points include things like emails, social media, websites, and internet search engines. Digital platforms are now used as community, social, or functional touchpoints.

According to Sahara et al. (2022), digital platforms offer digital touchpoints for connecting and communicating with customers and businesses. The research goal is to determine whether digital touchpoints, such as websites, emails, and search engines, can be effectively utilised for one-on-one interactions, group projects, or pragmatic purposes.

According to Vredeveld and Coulter (2019), the growth of brand relationships is built on consistent values and messages throughout the customer journey, spanning various touchpoints. Creating comprehensive customer interactions requires a broad understanding of new communication methods. In the digital age, customers have access to more value from increased touchpoints and platforms that have evolved. Meanwhile, managing channel connections has become more challenging for businesses. Creating comprehensive customer interactions requires understanding new communication methods and establishing consistent values and messages to grow brand relationships.

According to Sahara et al. (2022), customers employ many assessment techniques to comprehend the diverse range of content they encounter. Therefore, brands must provide thorough, concise, and reliable information to avoid uncertainty and potential customer attrition. Enhancing consistency of experiences and strengthening customer connections can lead to increased satisfaction levels. As such, making effective use of digital touchpoints can provide a competitive edge.

Consumer brand engagement is defined as brand related activity that is connected to a specific encounter that has a positive connotation on the recipient's cognitive, emotional, and behavioural levels (Hollebeek, Glynn & Brodie, 2014). Consumer engagement is a psychological state induced by engaging and creative customer interactions with the agent/focus object, such as a brand in a transactional relationship (Sahara et al., 2022).

Customer contact has a critical role in the nomological networks that regulate relationships **(**Ulagan & Eggert, 2006**).** Interactive digital elements facilitate bi-directional contact between the company and its customers, resulting in exchanges

and engagements. In addition to sharing content on social media, companies can also solicit direct feedback through digital touchpoints.

Effective customer journey design is defined as "the extent to which customers perceive numerous brand-owned touchpoints as designed in a thematically unified, consistent, and context-sensitive way" (Lindberg and Vermeer 2019). Managing the client journey is one of the first things a company can do. This entails tracking touch points. Users can choose what material they consume and share across various digital interaction points available on websites like YouTube, Twitch, Reddit, and others.

There are four main types of branded touchpoints encountered by consumers: directly controlled brand spaces, partners, customer-driven, and social. Each touchpoint shapes a consumer's experience along their journey, which may or may not influence their decision to purchase (Lindberg *et al.,* 2019). Touchpoints in a successful customer journey exhibit theme cohesiveness, consistency, and context awareness. This demonstrates that touch points do not just exist at specific times and locations in space but also shape experience.

Therefore, touchpoints are seen as areas of engagement that span across stages rather than being limited to specific incidents. The client journey is greatly influenced by each encounter, which acts independently and in concert. A point of interaction is only deemed to have an impact when a customer uses it to form an opinion about a brand or product. Consumers utilise a wide range of channels, and both individual and group touchpoints have an impact at every stage of the customer experience.

If the intended corporate brand identity is to be understood and memorable to clients, staff, and other key stakeholders, it must be present at crucial moments. Based on collected experiences, resonance can take many different forms and intensities, ranging from highly positive to very negative, as well as from very powerful to muted. In other words, touchpoint encounters are unpredictable and founded on consumer emotions, ideas, and patterns of thought that are generated by the interpretation of incoming inputs as part of any tangible or intangible organisational representation.

Empirical studies show that when service or brand touchpoints outperform customers' latent expectations inducing surprise or delight customers are more likely to become advocates, speaking positively about the brand to others (Mackay, 2015; Acta Commercii, 2022).". As an enduring challenge however, traditional market research techniques have difficulty identifying inner hopes, especially those that are unconscious and only become conscious after the individual experiences a relevant touch point.

It is important to explain how the intended organizational brand identity can be reliably translated into engaging touchpoint experiences in brand focused design. The best path of experiences needs to be framed for each of the four stages of the prospects' decision making process. Successful brand builders actively avoid investing in areas where encounter with potential customers is uncertain. Instead, focus of resources is on options set to have the most impact on sales growth and profitability.

The continual implementation of brand focused touchpoint design encourages employee uniqueness and fosters positive resonance from clients and other stakeholders. When consumers come to prefer touchpoints experienced across multiple channels, such as online stores or social media platforms that offer useful features, engagement in these processes increases.

Brand experience research has focused on creating distinctive brand encounters for consumers to strengthen the linkage (Lindberg *et al.,* 2019). Brand contact, brand-related stimuli, and storytelling are just a few of the formats discovered to have various antecedents for brand experience (Tanner *et al.,* 2013). However, scholars (Lindberg *et al.,* 2019) and (Tanner *et al.,* 2013), agree that more exploration is required on how SM channels are employed as brand touchpoint opportunities that enhance brand experience.

2.3 BRAND TOUCHPOINTS THROUGH SOCIAL MEDIA CHANNELS (SMCS)

Social media brand communities help members feel like they belong, create value for themselves and for businesses. Online interaction has proven to have a significant impact on all stages of branding. Users can share their own material using social media channels, which are accessible, user friendly, and scalable through the internet and mobile technologies. Because there are numerous possibilities, businesses have established brand communities on social media platforms like Facebook, Instagram, and YouTube.

A brand community is a group of individuals who have established a subculture around a particular brand, complete with rules, mythologies, hierarchies, rituals, and language (Tanner et al., 2018). These groupings form around engagement behaviours of participants, which firms leverage to encourage patronage. Participants can engage in a variety of activities, including assisting other customers or sharing stories. Additionally, many consumers engage in passive activities, such as reading other people's comments, to learn about previous product or service experiences that have been posted.

Tanner *et al.* (2018) indicate that social media strengthens customer to firm ties. In comparison to traditional media, SMCs enable materials to reach a wider audience, forming a "small world" network that allows content to be quickly transmitted to a larger number of people. According to Beig and Khan (2018), disclosing marketing and advertising, which includes online contact or engagement, also affects consumer experiences. Marketing consultants utilise social media to build consumer experiences, communicate about brands and create loyalty as social media channels have a broader reach to audiences. Besides, networks are built by voluntary connection and information exchange, which requires a few steps.

SMCs have become a priority consideration for incorporation into the mix of strategic marketing tools, and increasingly, customers are using social media to learn about brands (Beig *et al., 20*18). According to Sahara et al. (2022), interactive content helps customers better understand the features and benefits of brands, which supports the

perception of the brand value. The effect of user-generated content on brand awareness and image varies depending on the product category. For some, user generated content is more successful at fostering brand attitudes for products that require more work. To effectively engage customers, social media marketing managers must be able to adapt to the diverse capacities that different platforms offer for brands to communicate with individuals. To generate consumer leads and increase consumer interaction, new marketing tactics such as user engagement for respective social media channels must be developed. The research aims to investigate the impact of user generated content on participant engagement on SMCs.

Despite marketers being aware of the potential benefits that social media may offer over traditional marketing and advertising techniques for customer communication and brand building initiatives, SMCs are still viewed as relatively new marketing tools, and knowledge of their practical use is limited (Fink, Koller, Gartner, Floh, & Harms, 2020). Companies across various industries are incorporating social media into marketing strategies to enhance brand exposure and stimulate purchase intent.

According to Beig *et al. (20*18), Facebook, as a social networking channel, provides a forum for open communication between consumers and advertisers. The Facebook page administrator can post text, photos, videos, and other content about the business. Social media channels enable users to connect with new people, follow businesses, celebrities, and other interests online. Multimedia content can be created and shared through dedicated promotional pages. Brand page followers frequently ‘like’ and ‘comment’ in response to content and messages that are posted.

Social media touchpoints enable consumers to remain connected and updated, while brands can engage users to build relationships and loyalty. According to Beig et al. (2018), scholars have utilised many methodologies to investigate SMCs in the creation, distribution, and exchange of informative materials. Brands use SM to promote the flow of ideas and knowledge. Users of SM can be passive or active consumers of brand messages, which underscores the value of social media touchpoints for consumer engagement and interaction.

Brand communities are distinct from traditional follower communities. An intrinsic commercial aspect of SMCs is their ability to ensure end user engagement on platforms by encouraging content contributions. This creates communities that are available for brand related discussions in addition to the likes and comments made by followers on the brand page (Beig et al., 2018). Users are free to comment on companies, ask questions, criticise and offer feedback. This study aims to gain a deeper understanding of how businesses influence the narrative among followers who actively engage on social platforms.

Many companies view online brand communities as a platform for effective customer service and access to consumer ideas. A branded page, housed on various social media channels, attracts a collection of members who share an interest in a particular company or product (Beig *et al., 20*18). In addition, Lindberg *et al.* (2019) noted that establishing customer-brand connections in the social media sphere has evolved into a crucial corporate capability due to its significant impact on influencing brand awareness.

Social media channels (SMC) provide a convenient platform for communication between customers and the business. Users of brand pages can create additional private groups or communities on Facebook and other platforms, such as WhatsApp. To promote positive and strong brand awareness among consumers, an increasing amount of brand information is being shared through SMC based initiatives. These include blogger endorsements, social media campaigns on various channels such as Instagram, X, Facebook, and YouTube, as well as the control of user-generated content.

2.4 CUSTOMER EXPERIENCE JOURNEYS ON SOCIAL MEDIA

Immersive customer experiences are now a key goal for creative leadership management. Communicators are compelled to accelerate the adoption of media and channel fragmentation, as well as multiple channel management, as the new standard, according to Lemon & Verhoef (2016). Customers now interact with businesses through a multitude of touch points across various channels and media, creating more

complex customer journeys. Additionally, there are customer-owned touchpoints that are independent, where customers use products in ways that the producer firms did not intend. For these reasons, marketers should prioritise improving the customer experience.

The study also examines the customer experience journey across various social media channels and considers the health messaging journey in communicating with customers. Studies identifying specific multichannel usage patterns and segments have been conducted across different channels and throughout the phases of the consumer experience (Lemon et al., 2016).

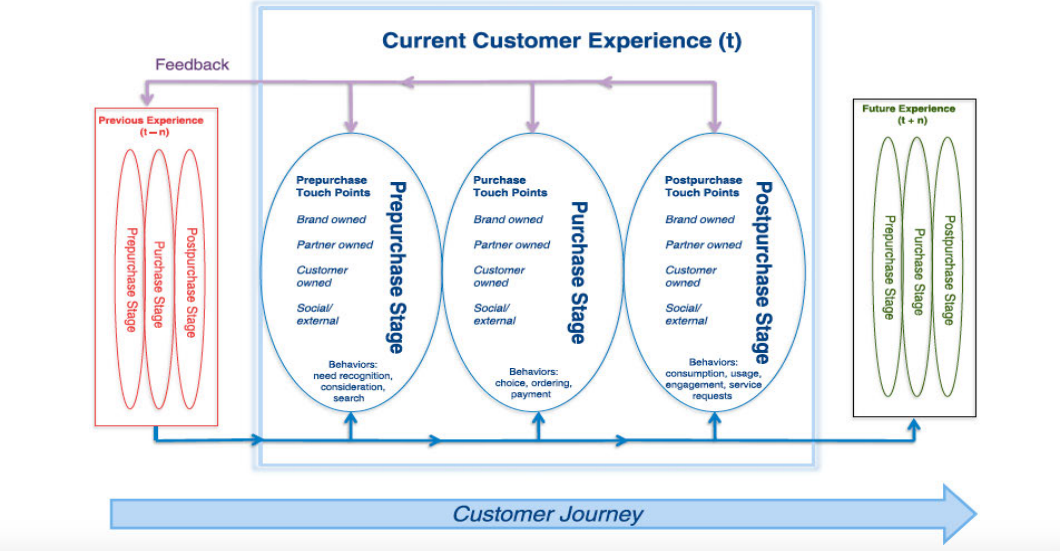

Figure 7: Customer experience mapping
Source: Lemon et al. (2016).

Figure 7 outlines a customer experience mapping framework proposed as a guide for doing empirical analyses of the customer journey (Lemon et al., 2016). The scholars posit that deliberate attention to the phases of customer interaction can uplift profitability through enhanced customer loyalty, word-of-mouth marketing, and higher conversion rates at various touchpoints. This mindset also benefits any brand-controlled components of the marketing mix, such as product attributes, packaging, pricing, and convenience services. Understanding the consumer experience will help marketing managers identify and utilise multiple channels to ensure engagement, interaction, and customer loyalty.

Gensler, Völckner, Liu-Thompkins, & Wiertz (2013) noted that social media's ascent presents a significant challenge to how businesses manage brands. The transition of consumers from cognitive engagement to co-authors of brand stories in the branding process requires a high level of interactivity, similar to that seen in consumer and brand social networks. An abundance of channels and brand stories that are difficult to coordinate are key characteristics of the social media environment that have a significant impact on branding. Thus, this study examines the customer experience journey on social media as planned engagement using a social media channel.

2.5 STRATEGIC APPROACH TO SOCIAL MEDIA MESSAGING (SMM) FOR HEALTHCARE PROMOTION

The introduction of mobile devices and technological improvements has had a significant impact on consumer behaviour. This directly impacted how individuals interact with one another, utilise social commerce to inform decisions, and conduct online transactions. Emerging platforms, such as blogs, social networks, forums, content aggregators, and communities, have been recognised by marketers. These social media channels are being included in social media marketing strategies (Wibowo, Chen, Wiangin, & Ruangkanjanases, 2021; Tsimonis & Dimitriadis, 2014). These longterm proposition development plans must recognise the considerable influence that mobile devices and technical advancements have had on customer behaviour.

Benefits of combining social media and healthcare promotion include widespread dissemination of information as well as customising information accessible to diverse audiences. Kaye (2023) argues that the interactivity involved in social networking facilitates the establishment of links with others for social support and allows users to engage in more intensive and intimate activities. By sending personalised messages, reminders, and alerts directly to patients, healthcare practitioners can keep them up to date on relevant news.

According to academics, healthcare communications must transition from a dialogue to a triad, in which clients develop deep connections with solutionists. (Mangold & Faulds, 2009; Lipsman *et al.,* 2012). These exchanges alter the traditional roles of both the vendor and the buyer. Consumers offer value to the connection by creating content that can influence the decisions and behaviour of other members through peer-to-peer interactions.

Strategies must open a way for customers and suppliers to collaborate in the co-design and development of new products and brand messages. SM channels enable customers to access information, transforming them from passive audience members to active participants. Advancements in social media have enabled consumer voices to be heard by a larger audience. Users of online content want to be more than just receivers of messaging. As noted by Flaherty *et al.* (2018), value co-creation has become a critical competency, and practical design is the product of collaborations among users and professionals. The goal is to foster relationships and connections with brands by collaborating on product and content development processes.

This study examines a branded health institution's desire to communicate with men living with HIV (MLWHIV), building awareness of infection status and use of ART. The goal is to encourage participants to have active awareness and desire for tangible self-care improvements.

Chronic diseases, respiratory disorders, HIV that causes AIDS, and zoonotic infections can be mitigated with successful health communication campaigns that encourage awareness. Leveraging proven theories and models, communication can be strategically employed to achieve positive health outcomes (Ngigi & Busolo, 2018). Communication channels include simple face-to-face interactions, telecommunications methods such as phone calls or email, and computational methods like electronic health records. It is critical to understand which channels are most effective at reaching specific target demographics. Community norms have an impact on how people make health related decisions. It requires classifying social media according to use for self-presentation/self-disclosure, media richness, and social presence (Kaplan & Haenlein, 2010).

As depicted in Table 1, applications such as blogs and collaborative projects like Wikipedia rank lowest because they are primarily text-based and can only facilitate basic communication. At the next level are social networking sites and content communities (like YouTube) that allow users to share pictures, videos, and other media in addition to text-based communication. At the top are virtual game and social worlds (like Second Life and World of Warcraft) that aim to replicate all aspects of face-to-face interactions in a virtual setting. In terms of self-presentation and self-disclosure, blogs typically score higher than collaborative projects because the latter tend to focus more on specific content domains.

Table 1: Classifying social media

		Social presence/ Media richness		
		Low	Medium	High
Self-presentation/ Self-disclosure	High	Blogs	Social networking sites (e.g., Facebook)	Virtual social worlds (e.g., Second Life)
	Low	Collaborative projects (e.g., Wikipedia)	Content communities (e.g., YouTube)	Virtual game worlds (e.g., World of Warcraft)

Source: Kaplan and Haenlein (2010).

Businesses may interact with customers directly and promptly through social media, at a lower cost and with greater efficiency than with more conventional communication methods. As a result, social media is becoming increasingly essential for government organisations, such as national health departments, as well as non-profits and corporations globally. The potential rewards from using social media are significant; however, adopting channels is not an easy process. It demands new forms of strategic thinking focused on distinctive attributes.

Big data, search engine optimisation, and other digital assets have become essential real estate for brand management in dynamic environments (Enginkaya & Yılmaz, 2014). Brand stewards must produce excellent content to ensure customers enjoy enhanced services and exposure. Designers, copywriters, technical authors, brand agencies, multimedia specialists, product designers, and developers are typically the experts who handle this crucial task. These practitioners are familiar with the contexts

within which a brand competes. Developing sustainable relationships with clients requires staying close to emerging strategies and tactics to ensure firms stay ahead of rivals.

2.6 DIGITAL TECHNOLOGIES AND HEALTH CARE PROMOTION

The development of smartphones, iPads, and the internet has allowed consumers to access health related messages and information. This has created an opportunity to share progress via social media channels, influencing and persuading oneself and others to prioritise healthy living and wellness (Lupton, 2014). The technologies are becoming key elements in communication to promote health, well-being and ultimately, behaviour change (Wibowo *et al.,* 2021).

The relatively basic consumer marketing techniques of selecting target demographics based on standard socioeconomic and behavioural features have been replaced by mass media health campaigns. It is now possible to send targeted SMS messages to specific groups and track responses, actions, and geolocation at all hours of the day with the help of digital monitoring devices. Whether the action is done in response to a public health campaign or as part of a corporate wellness initiative, the focus is always on the individual as the focal actor.

Social media initially began with the primary goal of connecting people into communities. However, it has since evolved and been defined in various ways, ranging from aligning individuals to connecting industries. Social media is an ever-evolving phenomenon that is spreading throughout society (Helal, Ozuem & Lancaster, 2018). The functional elements that social media is founded on allow it to be flexible in establishing an open environment that connects users from all over the world and advances connections.

Modern brands maintain their presence through engaging social media platforms that provide an equal opportunity for both brands and customers to express themselves.

Gensler, Völckner, Liu-Thompkins & Wiertz (2013) assess the authority that brands ultimately receive in two way dynamic environments, as well as the power that consumers have accrued as co-authors of brand messaging.

Several themes emerge from the literature reviewed. Firstly, social media holds significant value for brand development. Research highlights how social media channels (SMCs) have transformed brand consumer relations by enabling customised communication, two-way dialogue, and relationship building. Mangold and Faulds (2009) argue that social media has become a hybrid element of the promotion mix, blurring traditional marketing boundaries by enabling direct consumer engagement. Similarly, Kaplan and Haenlein (2010) emphasise that social media provides brands with unprecedented opportunities to engage authentically and interactively with audiences. This suggests that for health-related contexts, digital channels provide the infrastructure for more personalised and responsive communication strategies.

Secondly, the concept of brand touchpoints is central to customer experience. Touchpoints, defined as the various brand interactions across channels, shape perceptions and behaviours. Lemon and Verhoef (2016) demonstrate that customer experience unfolds through multiple interconnected touchpoints, requiring cohesion and context awareness. Brakus, Schmitt and Zarantonello (2009) further show that well-managed brand experiences enhance loyalty by creating emotional and sensory resonance. In health communication, this means that touchpoints such as campaign websites, clinic pages, and Facebook communities must align in tone, design, and content to build trust and reinforce health-seeking behaviours.

Thirdly, the formation of brand communities on social media has a profound impact on engagement. Muniz and O'Guinn (2001) define brand communities as socially constructed spaces where shared identity and belonging enhance loyalty. Schau, Muñiz and Arnould (2009) illustrate how community practices create value not only for members but also for brands, through user generated content and peer-to-peer interactions. In healthcare, such dynamics are particularly important, as peer led support groups on platforms like Facebook can foster solidarity and reduce stigma for men living with HIV.

Fourthly, the literature underscores the complexity of customer experiences across social media. Pine and Gilmore's (1999) "experience economy" framework suggests that consumers seek not only functional benefits but meaningful, memorable experiences. Similarly, Verhoef, Kannan and Inman (2015) argue that omnichannel journeys demand integration and consistency across multiple touchpoints. Applied to healthcare, this highlights the need for patient experiences that extend beyond information delivery, focusing instead on safety, empathy, and empowerment at every touchpoint.

A fifth theme concerns the role of social media in healthcare promotion. Moorhead et al. (2013) show that social media enhances patient engagement, provides personalised communication, and enables rapid dissemination of health information. Ventola (2014) adds that healthcare professionals can use these platforms to increase reach, though challenges around credibility and misinformation remain. Importantly, scholars emphasise the shift from one way "dialogue" to "trialogue," where healthcare providers, patients, and broader communities interact to co-create health meanings (Lupton, 2014).

Lastly, digital technologies such as smartphones, internet platforms, and digital tracking devices extend healthcare promotion. Lupton (2014) notes that mobile technologies have redefined health promotion by enabling real-time monitoring and personalised interventions. Oh, Lauckner, Boehmer, Fewins-Bliss, and Li (2013) demonstrate that platforms like Facebook facilitate the sharing of health related experiences, creating new forms of social support. More recently, Guntuku, Sherman, Stokes, Agarwal, Seltzer, Merchant, and Ungar, (2019) highlight how social media and mobile data can be mined to identify health risks and target interventions with precision. Together, these studies emphasise the transformative potential of digital technologies in supporting behavioural change, particularly when interventions are culturally sensitive and privacy aware.

Insights from the literature review can be summarised as follows:

- Social media channels create intimate opportunities for engagement, where communities enable relationship building and peer to peer support (Muniz and O'Guinn, 2001; Schau et al., 2009).

- Careful planning of social media communication strategies is required to achieve impact, going beyond awareness to foster active engagement (Mangold and Faulds, 2009; Kaplan and Haenlein, 2010).
- Touchpoints must demonstrate coherence and context sensitivity to guide audiences effectively (Lemon and Verhoef, 2016).
- Healthcare promotion via social media benefits from culturally tailored messaging and participatory trialogues (Moorhead et al., 2013; Lupton, 2014).
- Digital technologies such as smartphones, apps, and tracking devices enable personalised, real-time support (Oh et al., 2013; Guntuku et al., 2019).

In summary, the literature consistently highlights the importance of integrating social media and digital technologies into healthcare communication strategies. These tools not only extend reach and interactivity but also offer platforms for cocreating value, reducing stigma, and building trust. This review establishes the foundation for investigating how platform specific touchpoints influence health communication for men living with HIV in South Africa.

The literature demonstrates both the potential and limitations of social media in promoting healthcare engagement, confirming the need for context specific, channel sensitive strategies. These insights directly inform the methodological choices outlined in Chapter Three.

CHAPTER 3

3 METHODOLOGY

Building on the theoretical foundations presented in Chapter Two, this chapter outlines the methodological approach employed to address the research questions posed in Chapter One. A qualitative design was chosen to capture nuanced insights from participants regarding the role of social media in healthcare promotion.

3.1 INTRODUCTION

Scholarly discussions that have shaped understanding of the focus phenomena were outlined in Chapter 2. The information highlights various knowledge gaps that this study aims to address. The study design and the justification for well-informed decisions are described in this chapter. The section elucidates the philosophical perspective, which served as a crucial foundation for design decisions.

3.2 RESEARCH APPROACH - ONTOLOGY & EPISTEMOLOGY

Distinctive to scholarly inquiry is the expectation that consciously navigated philosophical premises should guide such work. This considers the purpose of the research and the evidence available to support it, informing methodology choices. Three factors categorise assumptions: the first is the underlying belief in the character of the study's subject. The second is the view upheld on the concept of knowledge. A third pertains to ideas on the relationship between knowledge and reality (Alharahsheh & Pius, 2020).

The main concerns of ontology are the nature and existence of phenomena (Alharahsheh & Pius, 2020). It identifies the truth by highlighting perspectives from several angles. This study examines lived experiences as a primary lens for identifying solutions to shape brand touchpoint strategies for social media channels, particularly in the context of healthcare promotion messaging for men.

The research set out to explore how MINA. For Men. For Health, a branded communication platform for sensitive content on HIV-related healthcare, could be better positioned for strategic brand touchpoints on social media channels. The study adopted a social constructivist stance (Helal, Ozuem, & Lancaster, 2018) to explore user interactions and responses through discussion forums. Human experiences and actions shape and define reality as individuals interact and navigate commonalities and differences (Pfadenhauer & Knoblauch, 2018). Knowing emerges from examining various social processes and relationships.

Epistemology describes the process of gathering data and forming a particular understanding of reality (Tuli, 2010). It informs the researcher's regard towards information and views of the world around them (Alharahsheh & Pius, 2020). Qualitative research design (Creswell & Poth, 2016) effectively captures perspective for detailed interpretation, hence the approach pursued. Human interpretation was embraced as an essential filter for framing understanding.

Tajvidi et al. (2020) advocate for supplementing the inadequacy of survey methods, which limit inferences. In making methodological choices, the researcher was concerned with framing a cohesive research strategy compatible with the stance and aspirations of the enquiry. Methods were selected and defined, clarifying data collection and processing strategies. Data collection through interviewing provides a robust means of exploring behaviour and the underlying motivations of participants, as it allows for depth, nuance, and the emergence of meanings that may not be accessible through quantitative approaches (Kvale and Brinkmann, 2015; Bryman, 2016). Conducting research that involves sensitive information requires a methodology that prioritises privacy, confidentiality, and the well-being of participants, particularly in health-related contexts (Orb, Eisenhauer and Wynaden, 2001; Braun and Clarke, 2013).

An exploratory qualitative case study design was employed to structure the research process, offering flexibility to capture the complexity of lived experiences and social contexts (Yin, 2018; Stake, 1995). Central to this design were the sampling strategy, the data analysis procedure, and the chosen reasoning approach, all of which ensured credibility and trustworthiness of findings (Flick, 2018). To draw meaningful

conclusions and assess potential implications for both academia and industry, the data analysis procedure and results were consolidated into theoretical and conceptual frameworks that situated the study within broader scholarly debates (Eisenhardt, 1989; Saunders, Lewis and Thornhill, 2019).

3.3 POPULATION AND SAMPLING TECHNIQUE

3.3.1 Population and sample size

To build understanding, this study will explore the views of three communities: developers and users of SMMA content. To achieve the desired insight, the study must capture data from both angles of participation. However, the researcher is cognisant that SMM is characterised by the co-creation of content by all participants. Being mindful of this provides insight into the multi-pronged experiences that characterise social media messaging (Gensler *et al.,* 2013). Interviews were held with men living with HIV, affiliated with the MINA brand, content creators and were categorise in groups three groups Group 1: Content Creators**,** Group 2: Men Living with HIV Group 3: PUSH Community Health Manager. These data capture sessions explored experiences, attitudes, and behaviours related to healthcare promotion messaging on social media.

The study population was derived from the specific institutional and social context under investigation, namely the MINA. For Men. For Health campaign (rebranded as Zithole, Endoda Must!), a South African health communication initiative focused on increasing men's engagement in HIV prevention and treatment. The population was defined purposively to reflect individuals who either designed, managed, or directly engaged with the campaign's digital brand touchpoints.

Three population subgroups were identified based on their relevance to the research objectives. First, content creators involved in the conceptualisation and production of health communication messaging were included, as they provided strategic and design level insights into platform specific touchpoints. Second, men living with HIV who engaged with the campaign's social media platforms were included to capture

lived experiences of navigating digital health messaging within a stigma sensitive context. Third, a **community manager** responsible for moderating and sustaining engagement was included to provide an operational perspective on community building, trust management, and platform governance.

This population was derived through theoretical and contextual relevance rather than statistical representation, consistent with qualitative case study research (Yin, 2018). Inclusion criteria were guided by participants' direct involvement with the campaign and their ability to provide rich, experience based insights into social media engagement, brand touchpoints and health-seeking behaviours. The population was therefore intentionally bounded to ensure depth, coherence, and analytical alignment with the study's focus on platform-specific digital health communication for men living with HIV.

3.3.1.1 First Population - Content creators

Ascertaining the value of social media channels as a marketing tool required engagement with content development practitioners. Consequently, in-depth interviews with brand messaging creators were conducted as part of the study. The researcher recruited five (5) SMMA content developers for branded social media participation.

As experienced communicators, target participants were SM community managers, copywriters, and strategists. These individuals are tasked with mapping out brand promises and customer experiences by executing marketing communications and brand strategy through SM channels.

3.3.1.2 *Second Population – Men Living with HIV*

Particularly relevant to this study is the fact that, in South Africa, focus on treatment and viral suppression for men living with HIV has not changed substantially over the past ten years (USAID, 2020). Consequently, men are now surpassing women in the total number of deaths from AIDS. Men are also less likely to adhere to the self-care practices recommended for improved health outcomes (USAID, 2020).

USAID data further indicate that active compliance by men holds the key to achieving lower levels of infections and deaths. However, traditional Facebook messages have had a limited effect. Men require dedicated attention to overcome social stigma and moderate behaviour (USAID, 2020).

The study engaged male participants who follow the MINA. For Men. For Health Facebook social page. This community comprises individuals (primarily men) who are drawn together by a common health concern (HIV) and utilise the medium to exchange information about managing their wellness and well-being. They are conscious that delivery of sensitive information requires communicators to be mindful of when and where the audience will be receptive to receiving this information (USAID, 2020).

3.3.2 Sampling Technique

Non-probability sampling techniques were employed to identify SM content creators, with the sample selected based on specific roles and functions within their respective firms. Participants were identified through a targeted search of several advertising agencies that shape health messages for clients. Individuals were selected at the researcher's discretion for a non-probability sample; this technique does not guarantee that every member of the population has an equal chance of being selected (Campbell et al., 2020). However, it ensures identification of a relevant population from which a sample of participants can be drawn.

3.3.2.1 Content creators

The data collection interactions focused on how much marketers knew about social media marketing and how this know how is leveraged to establish brands. The feedback outlines the activities and motivations that drive the development of messaging and targeted outcomes. A central focus of the study was the potential role of SM marketing in communicating health promotion messages.

3.3.2.2 Facebook community

Non-probability sampling techniques were employed to select the Facebook community because the sample was chosen from the Health Department specialising in Men living with HIV who follow MINA. For Men, For Health Facebook page. The methods employed to conduct the qualitative interviews and identify suitable study participants were integral to the data-gathering process.

3.4 DATA COLLECTION METHOD

The methods employed to conduct the qualitative interviews and identify suitable study participants were part of the data collection process.

All respondents were invited to sign a non-disclosure agreement to protect confidential information for both the researcher and the respondent. Interviews were scheduled at the respondent's convenience.

3.4.1 Recruitment of Content Creators

The researcher ensured that participants understood the purpose of the research, their rights, and how the data would be used, consistent with guidelines for ethical qualitative interviews (ATLAS.ti, 2021; Husband, 2020). Thereafter, the content creators were contacted via LinkedIn, mobile, or email to gauge their interest in participating. This included sending a participant letter explaining the aims, objectives, and research questions.

The researcher ensured that participants understood the purpose of the research, their rights, and how the data would be used. Informed consent was obtained from all participants in the study. Content creators were informed that the interview would last one hour. Upon approval of participation, an appointment was scheduled according to the content creator's availability. A semi-structured interview guide was used to allow flexibility in exploring additional topics and following up on points that were raised.

3.4.2 Recruitment of Facebook Communities

The researcher communicated with the Department of Health, specialising in HIV, and focused specifically on men living with HIV. A formal request letter, accompanied by the university's ethical clearance certificate, was sent to the Department of Health to obtain permission to recruit participants. The letter outlined the aims and objectives of the research, its purpose, and the guiding research questions (Department of Health, 2015). Ethical considerations were central to the research design, in line with national health research guidelines and international standards such as the Declaration of Helsinki (World Medical Association, 2013).

Following approval, the researcher identified and recruited the relevant population of men who were willing to participate in the study. The recruitment strategy ensured voluntary participation, with individuals fully informed about the scope of the research, the interview procedure, and any potential risks or benefits (Bryman, 2016; Saunders, Lewis and Thornhill, 2019). Each participant was asked to sign a consent form after the study objectives were explained, with explicit communication that participation was voluntary and that they retained the right to withdraw at any stage without penalty (Flick, 2018). This emphasis on informed consent and participant autonomy reflects best practice in qualitative health research (Braun and Clarke, 2013).

3.4.3 Individual In-depth Interviews

Individual interview discussions were planned to engage content creators and members of the MINA. For Men. For Health Facebook community. The interview questions were open ended, allowing participants to introduce important themes that may have been missed. All interviews were recorded, transcribed, and translated by the interviewer. The experiences, viewpoints, and actions related to social media messaging promoting healthcare were documented and recorded.

It was anticipated that target respondents would be geographically dispersed, this required creating scope to host the majority of data collecting interactions in virtual

spaces (Reisner, Randazzo, White Hughto, Peitzmeier, DuBois, Pardee, Marrow, McLean & Potter, 2018).

Web based interviews can be conducted synchronously or asynchronously. One can perform synchronous web-based interviews via FaceTime, Skype, proprietary software, or other real-time virtual platforms. There must be a simultaneous presence from both sides. Asynchronous video interviews don't require both sides to be online simultaneously but depend on special software to facilitate interaction (Torres, Gregory, & Mejia, 2017). The one-on-one interviews were conducted via digital mediums, including Microsoft Teams, Zoom, and WhatsApp. Participants received a comprehensive briefing before the interviews.

Prior preparation was essential for the researcher to demonstrate professionalism and win over interviewees by adapting to language preferences. The latter is crucial among professionals since they use industry specific vocabulary and discourse patterns to convey competence and experience to one another and to exclude non-professionals (Empson, 2017). The one-on-one interviews were conducted in person and through digital mediums like Microsoft Teams or Zoom or WhatsApp. Participants received a comprehensive briefing before the interviews.

Once participants had signed and agreed to participate, and indicated format preference, online interviews were scheduled for an hour via WhatsApp, Microsoft Teams, or Zoom. On the day of the interview, the researcher noted any restrictions or hurdles that participants mentioned in relation to the usefulness of social media for health initiatives, such as restricted access to technology, concerns about confidentiality and privacy, or difficulties in locating accurate and trustworthy information.

A comfortable and private environment for interaction was essential. The researcher explained the interview process again before posing the set questions that needed to be answered.

The researcher allowed flexibility to explore participants' experiences and perspectives in depth. Encouraging open and honest responses. With the participant's

permission, all interviews were audio recorded to ensure accurate data collection and analysis. Detailed notes were also taken during the interviews.

The data was transcribed verbatim from the audio recordings, capturing all the responses and cues. Any information that could potentially compromise participant confidentiality was removed.

The interview guides are presented in the Appendices as follows:
Appendix A, Content Creator interview guide. This comprised 12 open-ended questions. The opening section of the guide informed participants of the research's aims. The first set of questions captured the participants' personal information, and thereafter, the questions were divided into categories.

Appendix B: Facebook Community interview guide. This comprised 20 open-ended questions. The opening section of the interview guide informed the participants about the research topic. The first questions pertained to the participants' information, and thereafter, the questions were divided into categories.

With all participants using digital platforms, the study employed synchronous web based interviewing

3.5 DATA ANALYSIS

The interviews were recorded and transcribed with the respondents' express permission. Reliable audio equipment was used to protect the participants from exposure. Subsequently, the recordings were transcribed into written text for easier analysis.

An in-depth study and analysis of the interview transcripts was conducted using qualitative analytical approaches, such as thematic and content analysis, to identify recurring themes, patterns, and insights that emerge from the participants' responses. This entailed classifying responses, coding the data, and identifying similarities and differences among participants. The analysed data was interpreted in light of the

study's goal, and important discoveries noted. The six (6) step data analysis procedure described by Clarke & Braun (2013), used to find themes and patterns in data, is shown in the example below.

Six-Step Data Analysis Process

1. Getting to know the data.
2. Code generation.
3. Integrating codes with themes.
4. Examining the themes.
5. Assess the themes' importance.
6. Presenting the results.

This explicit mapping of codes to themes demonstrates that the findings were not imposed a priori, but emerged inductively through systematic engagement with the data. The process aligns with Braun and Clarke's (2006) reflexive thematic analysis framework and strengthens the trustworthiness and transparency of the analytical process, see Annexure 3.

Qualitative data analysis was supported through the use of ATLAS.ti**,** a computer assisted qualitative data analysis software (CAQDAS), to enhance analytical rigour, transparency and systematic organisation of the data. Following verbatim transcription of the interviews, transcripts were imported into ATLAS.ti, where initial open coding was conducted inductively. Codes were generated directly from participants' narratives, allowing salient meanings, patterns and recurring concepts to emerge organically from the data. Through iterative engagement with the dataset, related codes were reviewed, compared and clustered into higher order categories using ATLAS.ti's code grouping and network visualisation functions. These functions supported reflexive movement between data segments, codes and emerging themes, facilitating constant comparison across participants and stakeholder groups. Memos were used to document analytic decisions, reflexive insights and theoretical linkages,

thereby creating a transparent audit trail. While ATLAS.ti did not replace interpretive judgement, it functioned as an analytical aid that strengthened consistency, traceability, and alignment between the data, the thematic structure and the research questions.

3.6 CONFIDENTIALITY

Data confidentiality was maintained by ensuring that the collected data was kept confidential and secure. Any personally identifiable information from the transcripts was removed to maintain participant anonymity.

The researcher summarised the most important patterns and suggestions that surfaced from the interviews. These findings were used to frame conclusions from the study.

3.7 IMPLICATIONS OF THE FINDINGS

Implications of the findings will be discussed that relate to men living with HIV, and the researcher paid attention:

- To how participants felt about social media channels promoting health programs in relation to their perceived effectiveness and opinions about the platforms' effectiveness on their health and general well-being.
- To Identifying specific health program outcomes that participants attribute to social media channels.
- To assessing the degree of participation and engagement that each member discussed.
- To evaluating how social media sites can help men living with HIV by offering them information and support.
- To searching for references to the ways in which social media channels assist users in connecting with support networks, obtaining accurate and current health information, or receiving emotional assistance.
- To recording any suggestions or guidance that participants had for enhancing the application of social media channels to boost the effectiveness of HIV related health initiatives for men living with HIV.

3.8 TRANSPARENCY

The findings were validated through member checking, where the researcher shared the results with participants and asked for feedback or confirmation. Insights gained from the interviews were used to refine social media content strategy or health programs.

The analysed data were interpreted in light of the research goal, and important discoveries were noted to conclude. To share research findings with the appropriate audience, a manuscript or research report was written. Throughout the research procedure, volunteers were treated with respect and confidentiality.

Data was analysed using the Atlas-ti software to extract themes and concepts.

Ethical guidelines and regulations were adhered to during and after the data collection phase, particularly with regard to aspects involving vulnerable participants. Necessary approvals and permissions from relevant ethics committees and institutional review boards were requested before starting the research.

3.9 TRUSTWORTHINESS

Ensuring trustworthiness in qualitative research requires careful attention to credibility, transferability, dependability, confirmability, and authenticity. Credibility was established through rigorous methodological practices, including investigator, data, and theoretical triangulation, as well as participant validation and member checks. These strategies ensure that findings accurately reflect participants' perspectives and lived experiences (Shenton, 2004; Korstjens & Moser, 2018; Ahmed, 2024).

3.9.1 Credibility

Capturing multiple viewpoints through the data collection process enhances the trustworthiness and validity of qualitative inquiry. Credibility is achieved through careful methodological techniques, including investigator triangulation, data

triangulation, and theoretical triangulation, alongside participant validation and member checks. Contemporary scholars reinforce this, highlighting that ongoing reflexivity and rigorous cross-checking of data strengthen qualitative credibility (Shenton, 2004; Korstjens & Moser, 2018).

3.9.2 Transferability

Transferability was supported through rich, thick descriptions of the research context, participant characteristics, and data collection procedures. Providing detailed contextual information enables readers to assess the applicability of the findings to other settings or groups (Shenton, 2004; Korstjens & Moser, 2018; Johnson, 2020).

3.9.3 Dependability

Dependability was strengthened through transparent documentation of the research design, systematic data collection, and reflective journaling throughout the study. Maintaining an audit trail of methodological decisions and adaptations allows others to understand and evaluate the research process (Shenton, 2004; Korstjens & Moser, 2018; Ahmed, 2024).

3.9.4 Confirmability

Confirmability was achieved by minimizing researcher bias and ensuring that interpretations were grounded in the data. The use of audit trails, reflexive notes, and triangulation provided an objective basis for the findings, while careful documentation of coding and analysis processes supported external scrutiny and verification (Shenton, 2004; Korstjens & Moser, 2018; Johnson, 2020).

Finally, authenticity was enhanced by faithfully representing participants' voices and experiences. Techniques such as participant feedback, member checking, and the inclusion of direct quotations ensured a balanced and accurate portrayal of the phenomenon under study. Rich descriptive evidence allowed for nuanced understanding of participants' realities, contributing to the overall credibility and integrity of the research (Shenton, 2004; Korstjens & Moser, 2018; Ahmed, 2024).

3.10 ETHICAL CONSIDERATION

Ethical compliance stipulations were fulfilled in accordance with the Vega School's ethics board guidelines for research involving human participants.

- A primary ethical concern specific to this research pertains to the sensitive nature of the subject matter that respondents are expected to share. In recognition of this, all participants were required to sign a letter of consent expressly confirming willingness to participate. The letter contained a commitment to ensure the confidentiality of respondents (Dose, 2017). Firstly, the research on Men Living with HIV prioritised ethical considerations to ensure the well-being, privacy, and autonomy of the participants.
- Before participating in the research project, participants were required to give informed consent to the researcher. This was preceded by the sharing of detailed information about the study's goals, methods, any risks and benefits, confidentiality policies, and the voluntary nature of their participation.
- Participants willingly agreed to participate in the study and were informed that no personal health material would be collected from them. Focus was on capturing personal views and opinions of SM experiences.

The research project was conducted with consideration for the lived experiences of men living with HIV, as well as sensitivity and empathy. It was important to recognise the possibility of stigmatisation and discrimination that participants experience, and to take the necessary precautions to reduce harm, uphold dignity, and ensure personal safety throughout the research process. The researcher:

- Ensured that participation in the study was voluntary and that participants could withdraw at any time without incurring any fees or repercussions. This included avoiding any pressure or coercion.
- Identifying the power relations between the researcher and the participants and ensuring this was balanced. Establishing a welcoming and encouraging environment where people could openly share opinions and experiences without worrying about criticism or retaliation.

- Describing any dangers or discomfort that the volunteers might have while taking part in the study. Reducing these risks by putting the right policies in place, like offering emotional support, counselling service referrals, or access to medical professionals when necessary.
- Ensuring that the researcher has adequate knowledge, skills, and experience to conduct research with Men Living with HIV. Seeking necessary guidance, supervision, or collaboration with experts in HIV/AIDS to ensure the research is conducted ethically and responsibly.
- Involving the community of Men Living with HIV in the research process. Seeking input, perspectives, and involvement in designing, implementing, and disseminating the study. This collaboration helped ensure cultural sensitivity, relevance, and community ownership of the research.
- Sharing the research findings in a manner that respected the dignity and privacy of the participants. Ensuring that identities were protected during data analysis, reporting, and any publication or presentation of the research.
- Seeking approval from the ethical committee or review board of the Vega School to ensure that the research complies with ethical standards and protects the participants' rights and welfare.

Maintaining detailed records of the collected data, in both audio and transcript formats, facilitated the effective analysis of the findings. Interpretation standards are theoretically important because interpreters can be mistaken about what individuals believe (Curry, 2020).

The researcher regularly evaluated and reflected on the ethical implications of the work, making necessary adjustments to maintain the highest standards of ethical conduct.

3.11 LIMITATIONS OF THE RESEARCH STUDY

The study could have some flaws. The sample selection may be biased, as there were challenges in gaining access to individuals who fit the desired profile or come from the target geographic area or social media platform, such as Facebook.

- Lack of diversity: This may have limited the findings and made it challenging to draw diverse conclusions.

- The small sample sizes used restrict the ability to draw broad conclusions or identify more nuanced differences within the population of men living with HIV and certain responses from interviews were in IsiZulu or Sesotho language and had to be interpreted into English.
- The researcher ensured that these participants were typical of the population to draw accurate insights. However, the sample size (three content creators, fifteen men living with HIV) was small.
- Confined sampling increases the risk that the participants may not accurately represent the entire HIV/AIDS community, especially in light of recent modifications to care and treatment protocols. As a result, the results and experiences of more recent cohorts might not be reflected in the study's findings.

The researcher developed data collection tools to guide the capture of data. However, it was possible that the modes by which interactions were monitored may have constrained the ability to connect fully with some participants.

The research entailed interviewing specific individuals and content producers from organisations. There were accessibility constraints imposed by some potential respondents which limited the sample. Despite this, the researcher ensured that sufficient data were captured to yield trustworthy findings. The nature of qualitative enquiry creates a risk of researcher bias that may stem from opinions, cultural origins and the sensitivity of the research. A skewed interpretation of perspectives influences outcomes, undermining the reliability of a study.

The iterative review of the research challenge, methodology choices and the emerging data was employed to mitigate researcher bias.

3.12 SUMMARY OF CHAPTER 3

This research investigated the use of a branded communication platform to convey sensitive healthcare content on social media channels as a strategic brand touchpoint. The MINA. For Men. For Health campaign on Facebook was used as a case study with particular emphasis on the male audience.

A social constructivist stance was an appropriate perspective from which to explore user interactions and responses through discussion forums, focusing on lived experiences as an essential filter for understanding. A qualitative case study design was employed to capture participant views on well-being in a setting that assured observance of privacy and confidentiality.

The sampling strategy incorporated two groups: those who create content and individuals who consume social media marketing (SMM) material. This resulted in in-depth interviews with men living with HIV who participate in the MINA For Men. Facebook community, alongside three (3) SMMA content developers. The research focused on the value of social media channels as a marketing tool. It captured the experiences, viewpoints, and actions associated with social media messaging that promotes healthcare.Theoretical conceptual frameworks guided the data analysis process. This supported the drawing of purposeful conclusions for both academia and industry.

To understand the significance of social media channels as a marketing tool, content creators were interviewed. A non-probability sampling technique ensured the selection of individuals actively employed in specific roles and functions that drive content creation.

The discussions explored marketers' knowledge of social media marketing and its use in building brands, with a central focus on the potential role of social media marketing in communicating healthcare promotion messages. The Facebook community was chosen after approval by the Health Department, specialising in care for persons living with HIV.

Qualitative analysis methods were employed to review and categorise the data into patterns, themes and insights. The six step analysis process was used. This entails familiarising oneself with the data, creating codes, combining codes into themes, reviewing the themes, assessing the relevance of the themes, and reporting the findings.

The implications of the findings were discussed, focusing on how participants feel about social media channels promoting health programs. Perceived effectiveness in the form of specific health program outcomes and level of involvement was assessed. The data concludes with an evaluation of how social media sites can help men living with HIV, and suggestions for improving social media content strategies.

Ethical guidelines and regulations were adhered to throughout the research process. Triangulation of data or theory, investigator, member checks, participant validation, and careful data gathering techniques all helped to ensure credible outcomes.

Chapter Four presents these findings thematically, demonstrating how they address the research questions and extend the literature reviewed in Chapter Two.

CHAPTER 4

4 FINDINGS AND DISCUSSIONS

Drawing on the methodology presented in Chapter Three, this chapter presents the findings, which are structured around six themes that align with the research questions. The study focused on effective brand touchpoint strategies for social media channels, with a particular emphasis on healthcare promotion messaging targeted at men.

4.1 INTRODUCTION

The research study identifies key social media touchpoints that encourage positive engagement with sensitive healthcare messaging. These findings examine the impact of brand touchpoint strategies on men's engagement with healthcare messaging on social media, particularly within the context of the MINA Facebook community.

A main research question and related subquestions guided the research study:

What factors influence the effectiveness of brand touchpoints in delivering healthcare promotion messaging to men through Facebook as a social media channel?

Research sub-questions

- How do men perceive and respond to brand touchpoints on social media channels in the context of healthcare promotion messages?
- What strategies can be employed to optimise the effectiveness of touch points for healthcare promotion messages targeting men on social media channels?
- How do touch points on social media channels influence men's attitudes and behaviours towards healthcare promotion messages?

The aim of this study was to evaluate whether an effective brand strategy can positively influence the design and use of touchpoints in healthcare related communication, specifically on social media channels. The research adopts a social constructivist stance, exploring user interactions and interpretations through an exploratory case study.

Ethical considerations were central to the research design. Participant anonymity was prioritised, especially for men living with HIV, and all participants provided informed consent via documentation (Annexure H: Informed Consent Form).

The study involved three participant groups:

Group One**:**

- Three content creators who produce and consume social media marketing content.

Group Two:

- Three men living with HIV who are familiar with the MINA. For Men. For Health Facebook platform (now renamed *Zithole. Endoda Must!* due to legal considerations beyond USAID's control).

Group Three**:**

- One community health manager from Push is responsible for health programmes.

The interview questions focused on the value of social media channels as a marketing tool as well as the experiences, viewpoints, and actions associated with social media messaging that promotes healthcare.

Seventeen (17) interview questions were shared with content creators prior to the interviews, and twentytwo (22) research questions were sent to the local community health manager and the three (3) men living with HIV. These interviews aimed to explore the effectiveness of brand touchpoints and identify opportunities for enhancing engagement and message delivery.

Thematic analysis was used to interpret the data, identify patterns and relationships, and generate insight into the impact of social media touchpoints on men's healthcare behaviours and decision-making.

4.2 FINDINGS

Demographic Results

This section presents the demographic profile of the participants. To provide meaningful insights and thematic distinctions, participants were grouped into three categories:

- Group 1: Content Creators
- Group 2: Men Living with HIV: between the age of 35 years – 50 years.
- Group 3: PUSH Community Health Manager

These groupings supported comparative analysis and interpretation across different stakeholder perspectives.

Tables 1-6 below outlines key demographic details, including participant number, gender, date of interview, interview method, length of interview, province, and a pseudonym. Pseudonyms were assigned to ensure confidentiality and uphold ethical research standards.

In total, the research study engaged seven participants, comprising three content creators, three men living with HIV, and one community health programme manager. Participants are labelled sequentially from Participant 1 to Participant 7, ordered chronologically by interview date.

The ‘gender’ category identifies each participant as male or female. The ‘date of interview’ records the specific day, time, and year each interview was conducted. The ‘interview method’ refers to the mode of data collection (e.g., in-person or virtual).

These demographic details provide contextual grounding for the qualitative analysis that follows and inform the interpretation of thematic patterns across participant responses.

Table 2: Demographic characteristics of participants – Content Creators (n= 3)

Participant no.	Name	Gender	Date of Interview	Method of Interview	Length of Interview	Province
P1	Creative Director	Male (White)	Wednesday, 11 December 2025	Teams - Online	0:00.44.40	Gauteng
P2	Social Media strategist	Female (Black)	Wednesday, 11 December 2025	Teams - Online	0:00:54.50	Gauteng
P3	Executive Creative Director	Female (Indian)	Thursday, 23 January 2025	Teams - Online	0:00:36.45	Western Cape

Table 3: Demographic characteristics of participants – Men Living with HIV (n= 3)

Participant no.	Name	Gender	Date of Interview	Method of Interview	Length of Interview	Province
P4	SA 1	Male	Tuesday, 04 March 2025	Teams Online	00:30:38	Gauteng
P5	SA 2	Male	Tuesday, 04 March 2025	Teams Online	00:41:52	Gauteng
P6	SA 3	Male	Sunday, 09 March 2025	Teams Online	00:42:23	Gauteng

Table 4: Demographic characteristics of participants – PUSH Community Health Manager (n=1)

Participant no.	Name	Gender	Date of Interview	Method of Interview	Length of Interview	Province

P7	Push Community manager	Female	04 February 2025	Online interview	0:00.51.27	Gauteng,

Total number of participants: 07

- 3 x Female participants
  - 2 x Black females
  - 1 x Indian female
- 4 x Male participants
  - 3 x Black males
  - 1 x White male
- 4 x online and face to face participants
  - 1 x Black female
  - 3 x Black males
- Participants in per province
  - 6 x Gauteng
  - 1 x Western Cape
- Interview length between 30-60 minutes
- Interviews conducted in the year 2024: 2 interviews
- Interviews conducted in the year 2025: 5 interviews

4.3 FINDINGS PER THEME

Brand Touchpoint Strategies

Men living with HIV in South Africa continue to experience low levels of engagement with health services due to stigma, gender norms, and accessibility issues. Traditionally, health communication has struggled to resonate with this group, prompting a shift toward digital and social media-based channels. Social media offers a promising alternative due to its accessibility, anonymity, and interactivity. This study investigates how platform-sensitive brand touchpoint strategies can enhance HIV messaging directed at men by aligning message content with platform affordances and audience behaviours.

This study adds value to digital health communication by identifying how differentiated platform strategies can meaningfully enhance engagement, trust and message retention among men living with HIV. Rather than treating social media as a mass-communication tool, the findings reveal the importance of leveraging the unique strengths of each platform. Facebook for trust building, X for advocacy and immediacy, and TikTok for peer-led emotional engagement.

This insight is especially timely for health campaigns such as MINA. For Men. For Health, which aims to shift perceptions and reduce stigma in culturally and demographically diverse settings. By advancing a platform sensitive touchpoint model, the research supports more effective, inclusive, and sustainable digital engagement strategies for hard to reach male audiences.

Participants responses:

Responses: P1

Audience strategy: P1 explained that the strategic platform used for the campaign, which involved a complex strategy to address a wide demographic, aimed to engage men from various age groups and social classes.

- Zithole.Endoda must! (A Man Must) is a concept post MINA. For Men. For Health) and still need to be launched in 2025. The "Zithole.Endoda must" concept is now central to the campaign, aiming to invert traditional toxic masculinity messages, which includes HIV, Diabetes, etc. The strategy involved using social media hooks to change negative perceptions into positive messages about men's health.
- P1 highlighted the challenge of addressing a wide demographic range and the importance of inclusive representation in campaign imagery. The challenge of addressing a wide demographic range, from 18 to 70 years old, across different social classes and ethnicities, is complex. The core target group for Zithole.Endoda must! is profiled as urban males aged 25 to 45.
- P1 emphasised the importance of inclusive representation in campaign imagery, showing diversity in age, ethnicity, and disability to ensure broad appeal and relevance across the entire demographic spectrum.

Responses: P2

Brand Launch**:** P2 highlighted that the Zithole.Endoda must! social media pages are still in the process of being launched, which is why there are fewer tangible reports available. The research conducted during the brand's launch is the primary source of information.

- P2 explained the process of using social listening and social audits to determine the best platforms for different audiences, with TikTok being suitable for younger audiences and Facebook and YouTube being more appropriate for older audiences.
    - The use of social listening and social audits to gain insights into where the target audience is most active helps in selecting the appropriate platforms for health messaging.
    - The audience is divided into prevention and treatment categories, with younger audiences (18-24) being targeted on TikTok and older audiences (25-44 +) on Facebook and YouTube.
    - For younger audiences at risk of chronic illnesses, TikTok is preferred, while older men diagnosed with chronic illnesses are more likely to be reached on Facebook and YouTube.
- P2 emphasised that demographic factors in health messaging are very important because younger audiences are more proactive in health discussions, while older audiences have more stigma around health issues.
    - The segmentation of audiences into 18-24 and 25-44+ age groups is helpful, as younger audiences are more proactive in health discussions.
    - Older audiences tend to have more stigma around health issues, which affects their engagement with health messaging.
    - Millennials are more likely to engage in health discussions, ask questions, and seek information about health topics, such as prostate cancer screenings.

Responses: P3

P3 emphasised the importance of using personal testimonials and informative content, particularly from authoritative figures or celebrities, to engage audiences on sensitive health topics.

- P3 elaborated that compelling and informative content formats can create successful campaigns, such as personal testimonials and informative content.

The findings from participants P1 to P3 illustrate a clear understanding of the strategic role that social media channels play as brand touchpoints in health communication, particularly for men living with HIV. These responses are well aligned with the literature, which emphasises that digital platforms serve differentiated but complementary functions across audience segments and stages of engagement (Huang et al., 2017; Fahey et al., 2024; Ligami, 2023).

Campaigns like Zithole.Endoda must! demonstrate strategic use of inclusive representation, tailor-made platforms and audience segmentation that reflect key insights from the literature. Facebook, TikTok, and YouTube were each identified for their strengths in reaching specific demographics, with TikTok effective for youth engagement and Facebook for older, treatment-focused audiences.

Participants emphasised the value of emotional storytelling, authoritative voices, and social listening in refining platform strategies, closely aligning with the works of other scholars (e.g., Fahey et al., 2024; Huang et al., 2017; Ligami, 2023). Overall, the findings support the need for platform sensitive, informed audiences and messaging that reduces stigma as part of effective brand touchpoint strategies in health communication.

Theme One - Social Media's Significance for Brand Development:

Social media channels have become powerful tools for brand development, particularly in the field of health communication. In the context of HIV related messaging targeted at men, different platforms serve distinct roles in shaping awareness, engagement, and behavioural outcomes. The effectiveness of a brand

strategy in this space depends on how well specific platform opportunities are leveraged to reach and resonate with diverse audience segments.

This study examines the differential impact of Facebook, X, and TikTok in reaching and engaging men living with HIV, focusing on the significance of social media for brand development.

> SA 2 *"Sometimes the videos make me laugh first, then I realise they're actually talking about HIV—it makes it easier to listen."*

This response grounds the argument about humour and emotional storytelling as powerful engagement strategies. Facebook offers a robust environment for community building, informational support, and targeted health promotion through sustained engagement. In contrast, X functions as a rapid-response platform, ideal for amplifying public discourse, raising awareness, and confronting stigma. Meanwhile, TikTok has emerged as a youth-dominated platform where short-form, emotionally driven storytelling can mobilise peer engagement and challenge perceptions about HIV through viral campaigns.

This study contributes to the evolving understanding of how social media brand strategies can improve healthcare communication outcomes**,** particularly for marginalised male audiences. By showing how platform specific features align with different communication needs, credibility on Facebook, emotional relatability on TikTok, and public advocacy on X can be attained.

The research highlights that a "one-size-fits-all" approach is ineffective. Instead, it proposes a platform sensitive brand communication model that public health stakeholders can use to tailor their campaigns. Therefore, insight is especially valuable for designing digital interventions that challenge stigma, promote HIV literacy, and foster peer driven support among men living with HIV, which is often overlooked in communication strategies.

Participants responses:

Responses: P1

P1 emphasised that Facebook has the broad reach and resourcefulness, while noting that Instagram was less popular among the target demographic.

- P1 named Facebook, X, and Instagram as the most effective platforms for healthcare promotion messaging. Facebook had the broadest reach and was the most appropriate for the target audience, while Instagram was less effective.

  SA 1 “I write down the time, so I don’t forget my pills, and even my son reminds me. He says, ‘Papa, you mustn’t forget.’”

  This illustrates how health journeys are embedded in daily practices and family routines, highlighting the need for supportive touchpoints that sustain adherence.

  - P1 added that_Facebook's versatility allows for multiple types of content, such as news channels, resources, and websites and emphasised its broad-based appropriateness and ability to link to other resources.
  - X was endorsed as useful for broadcasting messages and reaching a public audience; the platform is more public than Facebook. X lists are beneficial for organising information.
  - Instagram is more suitable for broad based awareness but is less popular among the target demographic. It is less effective for detailed engagement compared to Facebook and X.

Responses P2

P2 identified TikTok and Facebook as key platforms for health messaging, with TikTok being popular for its human element and Facebook for its large user base and brand engagement.

This highlights how TikTok’s humour and storytelling lower emotional entry barriers and make difficult conversations approachable.

- P2 explained that TikTok is a significant platform because it is widely used as a search engine and offers a human element through face and sound, making it more engaging for health messages.

- P2 also pointed out that Facebook remains a key platform due to its large user base and the tendency of users to follow brands for updates, making it easier for brands to relay health messages and engage with their audience.

Response: P3

P3 mentioned that there is an evolution of social media channels, noting that while Facebook was previously dominant, Instagram and TikTok are now more effective for engaging audiences, especially for sensitive topics.

Response SA 1

SA 1 emphasised that social media channels are essential, e.g. platforms include SMS, newspapers, community centres, and social media, ensuring that the information reaches a broader audience.

- SA 1 acknowledged that not everyone has smartphones. The participant uses his son's smartphone where necessary, and other platforms must be considered to reach men living with HIV in townships and rural areas.
- SA 1 recommended using various platforms to disseminate information about HIV and self-care.

Response SA 2

SA 2 pointed out that many men from lower-income communities living with HIV do not have smartphones, and rely on information from clinics, the nurses and pamphlets distributed and on the radio.

- SA 2 emphasised the need to focus on men's health journeys and HIV awareness, as men often do not respond well to traditional advertisements.

Response SA 3

SA 3 highlighted that mixed channels should be used to reach men, with a greater emphasis on social media channels, particularly WhatsApp.

Response P7

- P7 stressed that there is a call for better training for healthcare providers to engage men effectively, and there is also a need for informative materials (pamphlets, brochures) that men can access privately over and above social media channels.

The data confirm the differentiated effectiveness of social media channels in supporting brand development within the context of HIV related health communication for men. As per participants, each platform offers unique opportunities that can be strategically leveraged to enhance message delivery and audience engagement.

In contrast, X was described as a platform best suited for real-time communication and amplifying public engagements, aligning with goals related to visibility and scheduled messages. TikTok, as mentioned by P2, is seen as a highly engaging tool due to its audio-visual features and widespread use among younger demographics, offering a humanised and emotionally resonant approach to messaging that is critical for shifting perceptions and increasing brand relevance.

The insights support prior research on digital ecosystem segmentation (Lemon & Verhoef, 2016), suggesting that brand strategies in public health must go beyond a uniform approach. Instead, they should connect the unique communicative functions of each platform to encourage audience-specific engagement, thereby increasing the overall effectiveness of HIV messaging campaigns.

Theme Two - Brand Touch Points and Customer Journeys:

The findings on customer journeys demonstrate that men living with HIV engage with health promotion messages through fragmented and nonlinear touchpoints. Stigma, confidentiality concerns, and a lack of trust in healthcare systems all contribute to these issues. This differs significantly from commercial brand contexts, where journeys are often mapped as seamless progressions toward purchase or loyalty (Lemon & Verhoef, 2016). Instead, healthcare journeys are characterised by intermittent engagement, withdrawal, and re-entry as individuals negotiate disclosure risks and social stigma.

Pine and Gilmore's (1999) notion of the experience economy provides a helpful lens as health communication touchpoints must go beyond functional messaging to deliver experiences that feel safe, empowering, and personally relevant. Unlike consumer brands, which can rely on aspirational appeals, HIV related health journeys must carefully manage vulnerability while fostering trust.

For example, Facebook groups were shown to support deeper emotional engagement and peer reassurance, aligning with the Lemon and Verhoef (2016) customer experience framework, but with an accentuated emphasis on community and confidentiality.

The data shows that applying commercial journey models to healthcare requires adaptation. Men's experiences underscore the need for touchpoints that mitigate stigma, enable privacy, and acknowledge the multifaceted nature of healthcare engagement.

Participants responses:

Responses P2

P2 discussed the differences in engagement across various platforms. On Facebook, the expectation is to access official information, while on TikTok, humorous and less serious content is expected.

- P2 advised that on Facebook, he follows government and official pages for health information, and is not afraid to ask questions, and express gaps in information and concerns about procedures.
- On TikTok, however, content expectations are less serious, which makes it easier for users to engage with health messages without feeling targeted or judged.
- The style of content on TikTok includes humour and sarcasm, which helps in making health topics more approachable and engaging for men.

Response: P3

P3 highlighted that age and gender demographics affect engagement with health messaging. She emphasised the importance of tailoring messages to specific demographic groups.

Responses SA 1

SA 1 recommended using various platforms to disseminate information about HIV and self-care. These platforms include SMS, newspapers, community centres, and social media, ensuring that the information reaches a wide audience.

- SA 1 defined the role of community centres in providing information about HIV and added that the centres could serve as hubs for distributing educational materials and offering support to individuals living with HIV, thus could be included as part of the customers journeys.

Responses SA 2

SA 2 emphasised the need to focus on men's health journeys and HIV awareness, as men often do not respond well to traditional advertisements.

- SA 2 discussed the importance of creating targeted messaging and support systems for men.

Responses SA 3

SA 3 mentioned the importance of community knowledge about HIV and added that educating the community can help reduce stigma and provide better support for individuals living with HIV.

- SA 3 identified social media as a valuable tool for reaching men with health information, as it can provide accessible and private ways for men to learn about HIV and related health services.

Responses P7

P7 expressed a desire for content that encourages open discussions about HIV. Suggestions included using anonymous platforms to allow men to share their experiences without fear of stigma.

- P7 indicated that positive comments and supportive messaging can encourage men to engage with health promotion posts. Men tend to engage with health content only when they face health issues.

Evidently, branded healthcare customer journey experiences for men must include touchpoints that acknowledge the sensitivities attached to healthcare-related engagement.

Theme three - Social Media Brand Communities:

The findings underscore that social media brand communities provide men living with HIV with both psychosocial support and informational resources, extending far beyond the traditional role of marketing communities. Muniz and O'Guinn's (2001) conceptualisation of brand communities as spaces built around shared identity and rituals is directly applicable here, but the stakes in healthcare contexts are notably higher.

Whereas commercial brand communities often serve to deepen loyalty and co-create value, health related communities for men living with HIV act as safe havens that counter stigma, build resilience, and enable members to share experiences without fear of judgment.

This extends the literature by demonstrating that brand communities in healthcare contexts provide not only relational value but also social capital and trust (Huang, Lin, & Saxton, 2017). In practice, these communities function as semi-private ecosystems where men can test disclosures, seek advice, and receive validation from peers. Such roles are rarely attributed to commercial brand communities.

Importantly, peer led and culturally relevant communication emerged as central to sustaining engagement, echoing recent studies on the critical role of authenticity and lived experience in digital health advocacy (Fahey et al., 2024).

This suggests that brand communities, when applied to sensitive health contexts, are not simply extensions of digital marketing logics but transformative support structures that can shift stigma, strengthen emotional resilience, and normalise conversations on private subject matter such as living with HIV.

Participants Responses:

Response: P1

P1 emphasised that engagements on social media by communities are essential as they help the brand to understand thoughts and conversations.

Response: P3

P3 - Younger audiences may prefer channels like TikTok, and older audiences are also increasingly active on social media. She emphasised the importance of tailoring messages to specific demographic groups.

Response SA 1

SA 1 suggested that brands or health departments should organise community events that focus on men's health and communities, with known brand ambassadors who are living with HIV. Social media channels can help educate on health checks, encourage consciousness and reduce stigma. He also recommended having male health workers on social media to make men feel more comfortable.

- Supportive online and offline community support groups are essential for individuals living with HIV, as sharing experiences with such groups provides physical and emotional benefits.
- They are a safe space for individuals to share and receive encouragement from others facing similar challenges.
- SA 1 recommended the use of community centres as information hubs. These centres can distribute educational materials and provide support to individuals living with HIV, ensuring that information is accessible to everyone.

Responses SA 3

SA 3 emphasised that educational initiatives within the community can help spread accurate information about HIV, dispel myths, and encourage supportive behaviours. The initiatives can be conducted through workshops, seminars, and community meetings.

- SA 3 highlighted that privacy and confidentiality have a positive impact on treatment adherence and outcomes.

Response P7

P7 commented that family support is crucial for men living with HIV, but it varies based on the family's attitude. Support groups are essential but often underutilised due to various barriers, including a lack of incentives.

Theme three findings reveal that social media brand communities play a significant role in supporting men living with HIV through platforms that foster peer engagement, information exchange, and emotional safety.

Participants, particularly SA 1 and SA 3, emphasised the value of support groups for both online and offline as essential for reducing stigma, promoting community learning, and fostering emotional resilience.

P2 identified Facebook as a trusted digital space where men can seek information and share concerns without fear of judgment. At the same time, P3 emphasised the importance of selecting a platform based on demographic preferences, reinforcing the need for targeted community-building strategies. Although some participants (P1 and SA 2) focused more broadly on engagement and community collaboration, these findings collectively affirm that strategically designed brand communities bring tangible benefits. They facilitate access to information and also promote treatment adherence, as previously advocated by research (e.g., Huang et al., 2017; Project Last Mile, 2022).

Theme four - Customer Experience Journey on Social Media:

Theme four demonstrates that understanding the customer experience journey on social media is essential for designing impactful health communication strategies for men living with HIV. In the South African context, men are underrepresented in healthcare uptake and disproportionately affected by HIV related stigma. The data show that digital platforms are not simply channels of information dissemination, but emotionally and behaviourally influential touchpoints that can guide users through awareness, engagement and advocacy.

The study's findings echo and extend the framework presented by Lemon and Verhoef (2016). The unfold of digital brand experiences across stages and the co-production of content through user interaction fosters emotional resonance and social validation.

By mapping how men interact with content and communities at each stage of their digital health journey, this study contributes a practical, platform sensitive model for public health communication. It reinforces the importance of authenticity, influencer led messaging, and culturally relevant content elements that increase engagement and reduce the emotional cost of participation (Fahey et al., 2024). These insights are particularly important in settings where traditional, clinical communication has failed to reach or retain men.

This study offers a strategic lens for transforming social media from a fragmented outreach mechanism into a sustained, behaviourally motivating ecosystem that redefines what inclusive, effective digital health promotion looks like for high-priority populations.

Participants Responses

Responses P1

P1 emphasised that community managers play a crucial role in motivating engagement on social media. They need to actively engage with the community, respond to comments, and provide timely feedback to create a supportive environment.

- P1 suggested that the incentive should be the sense of personal empowerment and improved health, rather than material incentives such as financial rewards (cash payments, gift cards, and vouchers unrelated to their wellbeing).
- This includes wellness toolkits, fitness trackers, mobile data, smartphones, and digital services rather than material incentives, as this approach aligns with the goal of promoting well-being and self-care.
- P1 emphasised that the real reward for men engaging with healthcare promotion is the empowerment and improved health outcomes they achieve. A sense of empowerment can motivate continued engagement and positive health behaviours.

Responses P2

P2 mentioned the difficulty of incentivising health engagement, with suggestions including discounts on health related products and services.

- P2 declared that incentivising health engagement is difficult, as common incentives like discounts or free screenings may not work for all audiences.
- Suggestions for incentives include discounts on health related products, services, and treatments, as well as partnerships with medical aid providers.
- Frequent and consistent responses build trust and encourage engagement on sensitive health topics.
- Importantly, the number of followers is not indicative of positive engagement, as this can come from both followers and non-followers.

Responses SA 1

SA 1 advised the need for clarity in information sharing as each stage needs to be clearly defined, from discovery to maintenance.

Responses SA 7

P7 mentioned that the stigma surrounding HIV prevents men from seeking help or engaging with health messages.

- Notably, the healthcare system's approach can deter men from disclosing their status or seeking treatment.

Theme four findings reflect a comprehensive understanding of the customer experience journey for men living with HIV on social media channels, unfolding across stages of awareness, engagement, support, and advocacy.

Participants such as P1 and P2 emphasised the critical role of community management and consistent, trustworthy interaction in sustaining engagement and fostering emotional connection. These insights align with the literature that positions social media as more than a communication channel but as a dynamic environment for empowerment and behaviour change (Huang et al., 2017; Ligami, 2023).

SA 1 underscored the need for clarity at each stage of the journey. At the same time, SA 2 advocated for peer led storytelling to ensure authenticity and relatability, echoing the findings of Fahey et al. (2024) regarding the impact of influencers.
SA 3 and P7 specified the importance of privacy and the challenge of stigma, both of which influence whether men feel safe enough to participate in the experience journey.

Collectively, these perspectives reinforce the understanding that the effectiveness of platforms, tailor-made content, and a user-centric strategy is crucial. Efforts must focus on building emotional safety, peer support, and cultural relevance for transforming social media into a sustained source of healthcare engagement and advocacy.

Theme five - Strategic Approach to Social Media Messaging for Healthcare Promotions:

This study highlights the critical role of platform specific, audience sensitive and behaviourally informed strategies in the development of effective social media messaging for men living with HIV. In contexts such as South Africa, where men face barriers to accessing care and remain underrepresented in HIV health services, a one-size-fits-all messaging approach is insufficient. The research study contributes actionable insights by demonstrating how different social media channels, Facebook, X, and TikTok, serve unique strategic functions across the spectrum of awareness, engagement, and advocacy.

Consistent with Huang, Lin & Saxton (2017), the study confirms that Facebook is particularly effective for fostering long-form engagement and peer to peer support through content focused on treatment, adherence, and emotional resilience. The findings align with Project Last Mile (2022), which shows that Facebook-based campaigns have measurably increased HIV testing and treatment uptake among men aged 25–39 in South Africa.

Furthermore, X facilitates rapid dissemination, real-time discourse and issue visibility, making it suitable for public health advocacy and stigma reduction (Fahey et al., 2024). Meanwhile, TikTok’s emotionally resonant, short-form storytelling has been found to

humanise the HIV experience and resonate deeply with younger male audiences, as seen in campaigns like #UPDATEHIV (Ligami, 2023).

By drawing on behavioural theory and platform affordances, the research study contributes to an evolving discourse on precision health communication. It builds on Fahey et al. (2024), asserting that narratives and influencer-driven strategies outperform generic or prescriptive messaging, particularly in high-stigma environments. This reinforces the necessity for authentic, community led content that reflects lived experience and encourages peer engagement.

Overall, the research study not only confirms existing theoretical frameworks but also offers a practical model for tailoring health messages across digital platforms. It presents social media not as a peripheral channel, but as a central driver of healthcare engagement, especially for marginalised or hard-to-reach male populations living with HIV.

Participants Responses

Responses P1

P1 described that the campaign messaging was designed to resonate with men by addressing societal expectations and promoting self-care.

The messaging must aim to captivate the audience with familiar phrases and then provide supportive content. P1 expressed the challenge of explaining the U = U (undetectable=untransmutable) messages, which involves understanding the importance of taking ARVs consistently to achieve U=U HIV status. The complexity of the message makes it difficult to convey effectively.

The undetectable equals untransmutable (U=U) message, while scientifically valid, is often difficult for men living with HIV to fully grasp and engage with. This is due to its medical complexity, historical stigma surrounding HIV, and a lack of trust in health systems. Many men are unfamiliar with terms like “viral load” or “undetectable,” and the idea that someone with HIV cannot transmit the virus may seem unbelievable or contradictory to long-held beliefs.

Additionally, fear of judgment and social rejection further discourages engagement. When communicated in clinical or culturally disconnected language, the message fails to resonate. Therefore, men may dismiss or ignore U=U messaging, reducing its potential impact. To improve engagement, the message needs to be simplified, emotionally relatable, and delivered through trusted, culturally relevant voices.

- P1 expressed the importance of timely engagement with community managers. Responses should be prompt to maintain the momentum of conversations and ensure that community members feel heard and valued.
- P1 highlighted the difficulty of explaining complex messages, such as U = U, to a diverse audience and the practical challenges faced by men in accessing healthcare services.
- Furthermore, men face practical challenges in accessing healthcare services, such as long working hours and the difficulty of visiting clinics regularly. These challenges impact their ability to adhere to treatment plans.
- As new insights and challenges emerge, the strategies and messages must adapt accordingly. Healthcare promotion messaging must evolve to remain relevant and effective.

Responses P2

P2 explained that brands use different messaging for prevention and treatment audiences, with a focus on prevention due to its importance in avoiding chronic illnesses.

- Prevention messaging targets younger audiences to prevent chronic illnesses and infections before they occur.
- Messaging for treatment audiences receives less focus compared to prevention, with a typical split of 70% for prevention and 30% for treatment in messaging.
- P2 also added that generic messages are used to establish the brand, while specific messages are tailored for prevention and treatment audiences based on their needs and risks.
- P2 noted that the tone of health messages affects men's engagement. Judgmental tones tend to elicit negative responses, whereas suggestive tones are more effective.

    - Using a suggestive tone in health messages accommodates personal beliefs, offers alternative perspectives and is more effective in engaging men.
    - Effective health messaging avoids being prescriptive. Instead, it suggests ways to approach health issues, which resonates better with the audience.
- P2 alluded that one of the main challenges is ensuring that health messages do not come across as judgmental, which can deter engagement.
    - Opportunities lie in engaging with proactive men who are willing to discuss health topics and provide valuable insights to optimise messaging.
    - Addressing the influence of stigma, especially from older demographics, is crucial to preventing it from affecting younger audiences.

Response 3

P3 identified key challenges, including stopping power in crowded social media environments and the need for effective call to action mechanisms.

- P3 discussed opportunities for creating safe online spaces and providing appropriate response mechanisms for sensitive health topics.

Responses SA 1

SA 1 suggested that HIV related information should cater to a diverse community. This ensures that everyone, regardless of their language proficiency, can access and understand the information.

- SA 1 advocated that the information should be easy to understand and free from medical jargon to ensure it is accessible to everyone.

Responses SA 2

SA 2 discussed the importance of creating targeted messaging and support systems for men.

- Information should emphasise the importance of disclosing one's HIV status and the challenges of dealing with stigma.

- Furthermore, messaging ought to be available in local languages to reach a wider audience.

Responses SA 3

SA 3 also indicated that messaging must not only focus on Men Living with HIV. Messaging must focus on communities by educating the community about HIV because it will assist in changing perceptions and reducing discriminatory behaviours by communities.

- SA 3 emphasised that personal and physical interactions are more effective in communicating health information, as face to face communication can better address individual concerns and provide tailored support.
- Education and clear messaging are crucial in HIV treatment and prevention. The message must be truthful, straightforward, and ensure that information is easy to understand and free from jargon, helping individuals make informed decisions.
- SA 3 suggested that healthcare providers' messaging needs to be compassionate and knowledgeable to men.

Responses P7

P7 emphasised the importance of using relatable language and culturally relevant messaging, suggesting the inclusion of local languages and slang to make health messages more accessible.

- P7 informed the researcher that there is a call for better training for healthcare providers to engage men effectively, and there is also a need for informative materials, such as pamphlets and brochures, that men can access privately.

Theme five responses indicate the need for a strategic awareness of a platform approach to social media messaging for healthcare promotion among men living with HIV. Participants such as P1 and P2 provided rich insights into message segmentation strategies, tone sensitivity, and behavioural considerations. P1 highlighted the challenges in conveying complex biomedical concepts, such as U=U, and emphasised the need for adaptive, context-aware messaging. Similarly, P2 emphasised the effectiveness of suggestive rather than prescriptive tones and the role of messages

that focus on prevention in engaging a younger audience, especially relevant to channels like TikTok.

P3 contributed by identifying the need for attention-grabbing content and actionable messaging in crowded digital spaces, reinforcing the importance of tactical platform execution. While responses from SA 1, SA 2, SA 3, and P7 focused more on linguistic accessibility and cultural contextualisation, they underscored the value of relatable and demystified content. This supports the broader objective of building trust and relevance in healthcare communication.

Collectively, the perspectives validate the theme's assertion that successful messaging strategies must integrate platform functionality, behavioural insight, and audience-specific content design (Fahey et al., 2024; Huang et al., 2017; Ligami, 2023).

Theme six - Digital Technologies and Healthcare Promotions:

This study affirms and expands the role of digital technologies, particularly social media channels, as vital enablers of healthcare promotion among men living with HIV in South Africa. In a context marked by persistent stigma, low male engagement in health services, and structural barriers to care, this research offers critical insights into how digital ecosystems can serve as responsive, accessible, and behaviourally motivating health environments.

Empirically grounded in platform-specific analysis, the research validates prior findings (Huang, Lin, & Saxton, 2017; Project Last Mile, 2022) that Facebook serves as a powerful space for sustained communication, health education, and peer support. It further affirms the unique affordances of X as a real-time messaging platform, particularly effective in stigma disruption, advocacy, and combating misinformation (Fahey et al., 2024). The data also aligns with work by Ligami (2023) to illustrate TikTok as a potent platform for engaging younger male audiences through short-form, emotionally resonant storytelling, which is particularly effective for normalising conversations around HIV.

Importantly, the research situates influencer-based and targeted campaign strategies as central to digital health promotion. It highlights how these techniques enhance authenticity and message salience, particularly for men who are reluctant to access conventional health channels (Fahey et al., 2024). The strategic integration of these technologies offers not only a broad reach but also a deeper resonance with the emotional and social realities of men living with HIV.

In summary, the findings contribute a nuanced understanding of how digital technologies can be operationalised as tools for stigma sensitive audiences. It positions social media not merely as a distribution channel, but as an infrastructure for community building, behavioural intervention and ultimately healthcare communication transformation.

Participants Responses:

Responses: P1

P1 acknowledged that user-generated content, such as testimonials and personal stories, can have a substantial motivational impact on social media engagement. However, finding individuals willing to share their stories publicly is challenging due to stigma and concerns about privacy.

- P1 explained that many individuals are reluctant to be publicly identified as living with HIV due to the stigma and potential negative impact on their personal lives, as it makes it challenging to gather authentic testimonials.
- P1 advocated alternative approaches, such as using still photographs without naming individuals, to maintain authenticity while protecting privacy. This method was employed in a photo campaign to depict both positive and negative couples living together.

Responses: P2

P2 mentioned that testimonials perform well on Instagram but can be seen as a sign of weakness by some men, suggesting the use of public figures for health messaging.

- P2 indicated that testimonials and personal stories perform well on Instagram, aligning with the platform's focus on lifestyle.
- P2 advised that some men perceive testimonials as a sign of weakness, which can negatively impact engagement with health messages.

- Using public figures who are seen as strong and influential is more effective for health messaging, as men are more likely to respond positively to them.
- Researching relevant hashtags and keywords enhances content tracking and engagement on social media channels by linking posts to popular and related topics.
- Social media has shifted towards using keywords, which can be searched on platforms like Google, making content more discoverable and engaging.

Responses: P3

P3 expressed the importance of user-generated content, active community management, and creating safe spaces for discussion. In particular, moderators play a role in maintaining healthy online communities and facilitating meaningful interactions.

Response SA 3

SA 3 advised that men living with HIV need to be positioned as ambassadors in different locations. They should be equipped with information and social media tools to inform and educate men living with HIV.

Response P7

P7 suggested that health programs should incorporate engaging formats like skits or flash mobs to raise awareness about HIV.

Theme six findings determine a clear alignment with the theme of digital technologies reshaping healthcare promotions for men living with HIV. Participants recognised social media channels not only as outreach tools but also as strategic ecosystems for stigma-sensitive engagement.

P1 and P2 emphasised the complexity of using user-generated content due to stigma, while advocating for alternate formats and influencer led campaigns to ensure privacy and relatability. Furthermore, P2 discussed the strategic use of hashtags and keywords, demonstrating an understanding of how platform algorithms and discoverability features influence engagement.

P3's focus on active community management and safe digital spaces reinforces the role of social media in sustaining peer-led support. SA 1, SA 2, and SA 3 advised the value of localised ambassadors equipped with information and digital tools, validating the scalability and context sensitivity of digital interventions.

P7's call for creative formats such as skits aligns well with TikTok's affordances, showcasing how storytelling can increase advocacy and behavioural change. Collectively, the insights affirm that when digital technologies are strategically integrated with cultural and behavioural considerations, they can transform healthcare promotion into a participatory, inclusive, and impactful process (Fahey et al., 2024; Huang et al., 2017; Ligami, 2023).

4.4 SIX THEMES FINDINGS CONCLUSION

In conclusion, the six themes illustrate that social media plays a pivotal role in promoting HIV health messaging for men by enabling platform specific, emotionally resonant, and community-driven engagement. Each platform, including Facebook, TikTok, and X, supports different stages of the health journey, from awareness to sustained support. Respondents emphasised the importance of culturally relevant, stigma-sensitive and behaviourally informed messaging. A strategic, platform-aware approach that integrates digital and offline touchpoints is essential for improving reach, trust, and health outcomes among men living with HIV.

4.5 SIX THEMES INSIGHTS

Theme One - Social Media's Significance for Brand Development

Participants emphasised that effective messaging should be both practical and motivating, supporting men to visualise a positive future while managing their health. As a content creator (P1) explained, *"Messaging is about how you must take care of yourself, take one pill a day, you can have a family, you'll be strong."* This illustrates how adherence is not only a biomedical act but a narrative of resilience and continuity.

Equally, participants value honesty and simplicity in communication. A man living with HIV stressed, SA 3 *"They mustn't sugarcoat it. Call it what it is, give the facts simply so people understand."* This highlights the importance of clarity and authenticity in building trust, especially when addressing sensitive topics like HIV.

Participants emphasised that platform differentiation matters, aligned with user perceptions. Facebook fosters trust and depth, X enables advocacy and rapid dialogue, while TikTok provides immediacy and relatability through storytelling. This finding aligns with Stremersch, Winer, and Ghose (2022), who argue that emerging technologies in marketing extend brand touchpoints into spaces where authenticity and trust are negotiated. In this context. Facebook functions not only as a dissemination tool but as a relational touchpoint, reinforcing the literature's emphasis on digital channels as central to brand experience formation.

Participants emphasised that tone, relatability, and consistency are central to building trust in HIV communication. For example, one man reflected: *"If the message is judgmental, men just switch off. But if it suggests, then we can think about it."* This suggests that empowering, non-prescriptive tones are more effective than directive messaging. This insight aligns directly with Stremersch et al. (2022), who emphasise that digital technologies transform brand consumer interactions when integrated with users' daily practices and language. Similarly, Mangold and Faulds (2009) emphasise the hybrid role of social media as both an information channel and a support platform.

Theme Two - Brand Touch Points and Customer Journeys:

The findings reveal that the health communication journey for men living with HIV is fragmented across multiple touchpoints. Participants frequently emphasised the need for multi-channel strategies to reduce exclusion: A man living with HIV said, *"Sometimes I only saw the messages on TV, but not on my phone. Not everyone has social media; therefore, other formats, e.g., SMS or newspapers, must also be used."*

Privacy and stigma further complicate these journeys. As one man living with HIV noted, *"Privacy is very important, because even if you go to the clinic, people can tease you. Men hide so they don't get attention."* This underscores how disclosure

risks and social judgment reshape the very conditions under which touchpoints are experienced.

Men described their healthcare journeys as fragmented, often marked by delayed testing, stigma, and the need for privacy in digital touchpoints. Unlike traditional commercial brand journeys that emphasise visibility, participants highlighted the importance of safe and confidential spaces. These narratives resonate with Pine and Gilmore's (1999) concept of the *experience economy* and Lemon and Verhoef's (2016) customer journey framework. However, HIV related journeys require confidentiality and trust rather than public brand engagement. This divergence underscores the need to adapt brand journey theory in healthcare contexts where disclosure risks are particularly significant.

Theme three - Social Media Brand Communities:

Men described community based peer groups as vital for sustaining treatment and reducing feelings of isolation. These groups function as brand communities where shared narratives and accountability strengthen engagement. One man living with HIV explained, *"Support groups helped me understand why I must take my pills. When I miss them, they remind me."* This illustrates the collective reinforcement role of peers in normalising care routines.

Furthermore, participants highlighted the importance of extending knowledge beyond the individual. As SA 2 man living with HIV put it, *"Community is valuable—they should be educated, because even if you are not infected, someone around you might be."* This perspective reflects how men conceptualise health not only as an individual responsibility but also as a collective concern embedded in social networks.

Peer led digital groups, especially Facebook communities, provided safe spaces for men to connect, exchange advice, and normalise conversations about HIV. This reflects Muniz and O'Guinn's (2001**)** conceptualisation of brand communities as sites of shared identity and mutual support. In line with Tanner et al. (2018), the findings suggest that digital health communities are not only informational but also transformative, providing accountability and reducing stigma. Thus, the study extends

brand community theory into the healthcare domain, demonstrating its value in supporting men who are often underrepresented in formal services.

Peer-led and community-driven communication is valuable. As one participant explained: SA 2 *"We must be proud of ourselves and share information, not hide. That way, we build community."* Such statements underline how men view collective storytelling as a way of normalising HIV conversations. This resonates with Beig and Khan (2018), who position online brand communities as spaces of shared identity and belonging. Tanner et al. (2018) similarly argue that community participation strengthens trust and loyalty. In health contexts, this suggests that digital brand communities not only create engagement but also mitigate stigma through solidarity and peer affirmation.

Participants recognised the power of visible champions and influencers in shaping perceptions. However, representation matters when designing credible and reassuring touchpoints. As SA 2 described: *"I took it on myself to be a champion, to talk openly so my friends could also know."*

The findings support the view from Kaplan and Haenlein (2010) that credibility and trust are enhanced when messages come from authentic, non-institutional voices. Similarly, Fahey et al. (2024) identify influencer driven strategies as particularly effective in health communication because they combine relatability with authority.

Theme four - Customer Experience Journey on Social Media:

Stigma emerged as a consistent barrier, shaping the contexts in which men were willing to engage with messaging. Trust in the communicator was critical, and gender dynamics influenced perceptions of safety. As SA 1 living with HIV observed:

"It is better with a male counsellor because you understand each other. A woman may embarrass you or tell the community." Such reflections underscore the need for brand touchpoints that foster confidentiality and cultural sensitivity.

Privacy was highlighted as non-negotiable in designing digital touchpoints. As one participant put it: SA 2 *"It's better on the phone, in private, at the clinic, people are*

laughing." Such comments highlight how men perceive "safe" touchpoints as those where confidentiality is preserved, and judgment is absent. This insight aligns with Wibowo et al. (2021), who note that digital platforms can create a perceived sense of safety if they allow for anonymity and personal control. It also reflects Ngigi and Busolo's (2018) finding that safe communicative spaces are central for male participation in health interventions.

For some, digital platforms were seen as risky, while private and direct communication felt safer. As SA 1 living with HIV emphasised, *"It's better one on one. On social media, people are scared, but if you talk directly, they will listen."* This highlights the continuing demand for personalised, private channels alongside digital strategies, especially where stigma remains entrenched.

Men's health journeys often begin in offline spaces, such as clinics and community events, but are reinforced through digital touchpoints, including Facebook and WhatsApp. Participants described fragmented and sometimes stigmatised experiences: SA 3 *"At the clinic, people will laugh when you go in. So, it's better to get information on your phone, in private."*

This aligns with Lemon and Verhoef's (2016) customer journey framework, which recognises that consumer journeys span multiple touchpoints and require consistency across channels. However, unlike commercial contexts, men living with HIV navigate journeys complicated by stigma and disclosure risks, echoing Pine and Gilmore's (1999) concept of the "experience economy," where affective experiences matter as much as functional outcomes.

Theme five - Strategic Approach to Social Media Messaging for Healthcare Promotions:

Research shows that an empowering, peer-driven, nonprescriptive tone drives engagement, according to Fahey, O.B. et al. (2024). Tone and delivery emerged as central to effective communication. SA 3 stressed, "*If the message is judgmental, men just switch off. But if it suggests, then we can think about it."* This aligns with the broader finding that non-prescriptive, suggestive, and empowering tones resonate more effectively with male audiences, especially when the messages are prevention

oriented. This emphasizes that campaigns must adopt tone sensitive strategies that empower rather than stigmatise, ensuring health promotion feels supportive and relatable.

The male participants stressed that HIV messaging should be straightforward, factual, and visually demonstrative. SA 2 suggested: *"Messages must be truthful, call it what it is. Show pictures so we can see ourselves in the story."* This illustrates the importance of clarity and cultural resonance. This finding links to Lupton's (2014) argument that digital health communication must translate complex biomedical information into accessible narratives. It also supports Fahey et al. (2024), who show that influencer- and peer-driven content can humanise technical details, making it more persuasive and relatable.

Participants emphasised the importance of using relatable language, incorporating visual cues, and maintaining authenticity. As one P1 noted,

"Messaging is about how you must take care of yourself, take one pill a day, you can have a family, you'll be strong." Here, safety is not just about privacy but about reducing the symbolic weight of HIV through everyday language and imagery.

Messages should be simple, truthful, and culturally embedded. Complex biomedical messages, such as those related to the undetectable equals untransmittable (U=U) concept, are challenging to interpret. As P1 living with HIV pointed out: '*They say undetectable means you can't pass it on, but for me it's hard to trust that because I don't always understand the medical words."*

These types of quotes would highlight the lived experience of navigating complex biomedical messages. This aligns with Fahey et al. (2024**)**, who demonstrate that culturally relevant, influencer-led messaging strategies increase resonance in digital campaigns. The participants' insistence on authenticity and cultural familiarity reinforces scholarship arguing that trust in health messaging derives from community voice and shared cultural codes.

Theme six - Digital Technologies and Healthcare Promotions:

Sustained engagement and privacy were highlighted as ongoing challenges. SA 1 living with HIV remarked, "*Sometimes I just keep it to myself because I don't want people to know. If I could get the message on SMS, it would feel more private."*
This highlights the importance of confidentiality and multichannel communication beyond mainstream social media platforms. Safe, discreet, and continuous engagement strategies are essential to ensure men remain connected to health promotion efforts over time.

Each platform offered unique affordances: TikTok for storytelling and youth engagement, X for advocacy and stigma reduction, and Facebook for deeper peer-to-peer support. This finding substantiates Stremersch et al.'s (2022**)** framework on how emerging technologies shape marketing opportunities. This research demonstrates that healthcare campaigns can leverage platform-specific affordances for precision health communication, thereby tailoring strategies to social norms and behavioural insight.

4.6 CONCLUSION ON INSIGHTS

The insights derived from participants across the six themes underscore the delicate and strategic role that social media channels play in shaping health communication for men living with HIV. Participants consistently emphasised the differentiated affordances of platforms such as Facebook, TikTok, and X each serving distinct functions across the health communication and brand development spectrum.

Participants offered insights into the design of strategic health messaging. A behavioural and platform sensitive lens was deemed essential, with content needing to be framed in non-judgemental, relatable terms. Respondents warned against the use of medical jargon or overly complex messages, such as the U=U, as this is confusing and alienating.

Messaging that incorporates local language, cultural references, and peer voices was rated as more effective. Prevention-focused content dominates current strategies.

However, participants recognise the importance of balancing it with treatment-related messaging that resonates with men already living with HIV.

The findings underscore that stigma and confidentiality are not peripheral considerations but central determinants of whether men engage with health communication at all. A “safe” brand touchpoint is one that minimises disclosure risks, preserves dignity, and fosters trust. In practice, this means designing touchpoints that:

- **Protect privacy:**
    - Men reported fear of being teased or stigmatised when seen at clinics or online groups. Touchpoints must avoid public exposure and allow for discreet engagement (e.g., SMS reminders, encrypted chats).
- **Offer trusted messengers:**
    - Safety was often linked to who delivered the message. For example, participants expressed greater comfort with male counsellors:
- **Normalise health behaviours:** Men stressed the importance of communication that makes selfcare feel ordinary rather than stigmatised.
- **Enable agency:**
    - Safe touchpoints empower men to control when and how they engage. This resonates with preferences for private conversations or peer led groups, which were perceived as less judgmental spaces than public campaigns.

In sum, designing safe brand touchpoints in health communication means reimagining the user experience through the lens of confidentiality, cultural fit, and psychosocial trust. Unlike commercial branding, where safety is rarely foregrounded, in HIV communication, safety is the brand value that allows engagement to occur.

Finally, participants acknowledged the broader role of digital technologies in transforming healthcare promotion. While influencer driven campaigns and user generated content were recognised as powerful engagement tools. Alternatives such as anonymous testimonials, symbolic visuals, and representative public figures were suggested as more discreet yet relatable approaches.

The strategic use of hashtags and keyword-based optimisation was also expressed as a means to increase message visibility and discoverability, especially on social media channels like TikTok and X. Across all responses, there was a strong call for digital health programs to remain visible, relevant, and adaptive to user feedback, technological trends, and community needs.

Six Themes Gaps Identified

Despite the promise of social media channels as tools for health promotion among men living with HIV, several critical gaps were identified across the communication ecosystem. Firstly, there remains an uneven understanding and utilisation of platform-specific strengths, particularly with respect to audience segmentation. While Facebook is commonly used for informational outreach, its potential as a space for sustained behavioural engagement and support appears underleveraged.

In contrast, TikTok and X, although effective for engaging youth and driving public discourse, respectively, suffer from limitations in the depth of content and continuity of message.

A second gap emerges in the translation of behavioural theory into strategic message design**.** While respondents articulated the importance of tone, relatability, and non-judgmental messaging, there was little evidence of structured message testing or segmentation based on behavioural stages, which are contemplation, readiness, and action. This undermines the potential to deliver highly targeted interventions that align with where individuals are in their HIV health journeys. Moreover, respondents SA 1 – SA 3 reported challenges in conveying complex public health messages such as U=U (Undetectable = Untransmutable) due to both linguistic and conceptual barriers. Clear and iterative communication models are essential for building understanding over time.

A third critical gap lies in content production and participation inequalities. Respondents emphasised the importance of user generated content and authentic storytelling. However, stigma and fear of exposure remain significant barriers to digital participation among men living with HIV. As a result, many campaigns rely on stylised or anonymised content that may reduce emotional relatability and impact.

There is also a lack of sustainable mechanisms for recruiting, training, and supporting peer ambassadors who can act as credible voices within digital communities. While the use of public figures was mentioned as a mitigation strategy, this alone does not substitute for the lived experiences of community members, especially in hyperlocal contexts.

Additionally, there is a technological and infrastructural disparity affecting reach and access. Men in rural or under resourced settings often face digital exclusion due to a lack of smartphones, data, or private digital space. Although community centres and radio were cited as supplementary channels, the integration between digital and offline touchpoints remains fragmented. This limits the ability to construct coherent, cross-platform health journeys that follow users from awareness to advocacy. Respondents called for better alignment between digital interventions and localised services, such as clinics and outreach workers, to reinforce and validate online messaging.

Finally, monitoring and evaluation systems for digital health engagement remain underdeveloped. Few respondents described the use of robust metrics or data driven approaches to assess message effectiveness, platform performance, or user sentiment. Digital campaigns are often evaluated based on reach or follower count, rather than behavioural outcomes or the quality of engagement. Without such data, programmes risk failing to adapt or refine messaging strategies based on what resonates most with men living with HIV. This gap underscores the need for embedded analytics, user feedback loops, and behavioural impact assessments as part of social media health interventions.

4.7 CHAPTER 4 CONCLUSION SUMMARY

Chapter Four examined the distinct roles of social media channels, Facebook, X, and TikTok, in shaping brand strategies, touchpoints, community engagement, and healthcare messaging for men living with HIV in South Africa. The findings demonstrate that social media is not a massive space but a diverse ecosystem offering distinct affordances across platforms. Facebook supports sustained engagement and trust building through peer support and informational content; X is a catalyst for rapid awareness and public discourse, and TikTok enables emotionally resonant storytelling and youth focused advocacy.

These platforms are leveraged differently across the customer experience journey, from awareness to engagement, support, and advocacy, in fostering social media brand communities. Participants affirmed that effective messaging must be platform sensitive, culturally relevant, and behaviourally informed. Influencer led campaigns and testimonial-driven content were perceived as more relatable and trustworthy than traditional health communications. The U=U message, while scientifically important, remains complex and poorly understood by many, suggesting the need for simplified and contextualised framing.

The research revealed several key insights central to enhancing social media health communication strategies targeting men living with HIV. Firstly, platform differentiation emerged as a critical factor, with each platform playing a distinct role in the communication journey. X is primarily suited for awareness and real-time discourse, TikTok facilitates emotional connection through storytelling and peer led advocacy, while Facebook supports sustained engagement and retention through informational content and community building.

Secondly, the navigation of stigma and prevailing masculinity norms were identified as a significant barrier, with social media offering relatively safer and more anonymous spaces for men to engage with health content without fear of judgment.
Thirdly, the study emphasised the importance of influencer-led and peer driven messaging, noting that trust and relatability are significantly enhanced when messages are delivered by community ambassadors or through user generated content rather than by institutional figures. Lastly, demographic sensitivity is vital**,** as age, socioeconomic status, and language preferences influence how men access, engage with and respond to health messaging. These findings underscore the need for tailored, targeted and culturally nuanced communication strategies.

Secondly, the issue of digital literacy emerged as a critical barrier, particularly among older men and those in rural settings, many of whom face challenges in accessing or effectively navigating social media channels. Thirdly, complex messaging, such as the concept of U=U, is often not effectively communicated**,** as scientific terminology and emotionally neutral delivery styles hinder comprehension and engagement.

Lastly, while participants repeatedly cited anonymity as a key requirement for safe engagement, there remains an underutilisation of anonymous, scalable digital platforms that could support confidential dialogue and reduce fear of stigma. These gaps highlight areas for both strategic innovation and future research in digital health promotion.

To address the identified challenges and strengthen health communication for men living with HIV, several strategic solutions are recommended. Firstly, it is essential to develop a platform sensitive communication model that aligns content, tone, and delivery mechanisms with the distinctive user cultures and technological affordances of social media channels such as Facebook, X, and TikTok.

Secondly, health messaging should be simplified by employing metaphors, animations, and relatable narratives to improve accessibility and emotional resonance. Third, influencer based strategies should be expanded by integrating local personalities and peer educators who embody cultural relevance and can effectively communicate across diverse demographic groups.

A fourth consideration involves investing in digital media literacy at the community level, which is crucial for increasing men's confidence in using social media channels. Finally, the introduction of anonymous interaction channels, such as bots, encrypted forums, or private digital spaces, would allow users to seek information and share experiences without fear of stigma, thereby enhancing participation and trust in digital health initiatives.

Collectively, the six themes highlight the differentiated role of social media channels in shaping men's engagement with healthcare messaging. These findings respond to the research questions and provide the foundation for the implications and recommendations presented in Chapter Five.

CHAPTER 5

5 CONCLUSIONS AND RECOMMENDATIONS

Building on the findings presented in Chapter Four, this chapter discusses their significance in relation to the research questions, the literature reviewed in Chapter Two, and the overarching research problem established in Chapter One. It highlights theoretical, practical, and policy implications, as well as recommendations for future research.

5.1 INTRODUCTION

The purpose of this chapter is to present the conclusions of the research. Guided by research questions on social media channel strategies, audience engagement, and the role of digital technologies, this chapter synthesises the key findings, discusses their implications, and offers practical recommendations for future healthcare communication strategies.

The research was guided by the overarching aim of developing an evidence-based understanding of how brand touchpoints on social media channels can be strategically leveraged to enhance healthcare promotion messaging for men, with a specific focus on men living with HIV. The study was framed by six thematic areas spanning platform specific strategies, customer journeys, brand communities, and digital technologies, each linked to the research questions.

The research addresses the following critical questions:

In this chapter, the findings from each theme are synthesised, drawing direct links between the empirical evidence and existing literature. This allows for the identification of data that reinforces current knowledge, where it diverges or challenges previous understanding, and where novel contributions to both academic theory and practical application emerge.

By integrating the desk research, thematic analysis, and participant insights, Chapter 5 provides a holistic interpretation of the study's contributions to the field of digital health communication and brand strategy. It also outlines the implications for practice,

limitations of the research, and recommendations for future studies aimed at enhancing men's uptake of health messaging programs.

The table below highlights how each research question aligns with key empirical findings from Chapter 4, the six thematic areas, and relevant scholarly contributions. This mapping provides a structured lens through which the implications, recommendations, and future research directions are discussed in the subsequent sections.

Table 5. Alignment of Research Questions, Findings, Themes, and Literature

Research Question	Key Findings & Themes	Supporting Literature
RQ1: What are the key touchpoints that represent motivation for positive engagement with sensitive healthcare promotion messaging on MINA social media channels? Why is Facebook used as the platform of choice?	**Theme 2 - Brand Touchpoints and Customer Journey**: Facebook trusted for credibility, official health info, peer support. **Theme 4- Customer Experience Journey on social media:** Facebook provides emotional safety, ongoing engagement, and community validation.	Lemon & Verhoef (2016) – customer journeys. Huang et al. (2017) – platform affordances. Project Last Mile (2022) – Facebook campaigns increase HIV service uptake.
RQ2: How do men engage with different touchpoints on social media channels when it comes to healthcare promotion messaging?	**Theme 2** - **Brand Touchpoints and Customer Journey**: Platform specific engagement: TikTok - humour and relatability, Facebook - credibility and peer support, X - advocacy and awareness. **Theme 6 - Digital Technologies and Healthcare Promotions:**	Fahey et al. (2024) – digital health engagement strategies. Ligami (2023) – TikTok storytelling. Boeker & Urman (2022) – real time discourse on X.

	Platform affordances shape engagement - hashtags, influencers, user generated content.	
RQ3: What are the brand touchpoints that influence men's health decision-making journeys, particularly in relation to HIV messaging?	**Theme 1 - Social Media's Significance for Brand Development**: Digital and offline touchpoints - clinics, community centres, social media. **Theme 2 - Brand Touchpoints and Customer Journey:** Decision-making influenced by humour - TikTok, trust - Facebook, and advocacy - X.	Lemon & Verhoef (2016) – customer journeys across touchpoints. Project Last Mile (2022) – impact of brand touchpoints on HIV testing.
RQ4: How do social media brand communities influence engagement, identity construction, and stigma reduction among men living with HIV?	**Theme 3 - Brand Communities:** Facebook groups equal to semiprivate support, peer-led ambassadors reduce stigma. **Theme 5 - Strategic Approach to Social Media Messaging for Healthcare Promotions:** Influencer driven content builds trust and identity.	Huang et al. (2017) – brand communities. Project Last Mile (2022) – peer support campaigns. Fahey et al. (2024) – stigma reduction via communities.
RQ5: What strategic approaches can be developed to optimise social media messaging for healthcare promotions targeted at men?	**Theme 5 - Strategic Approach to Social Media Messaging for Healthcare Promotions:** Audience segmentation - prevention vs treatment/ non-judgmental tones,	Fahey et al. (2024) – influencer led strategies. Ligami (2023) – precision health communication. Huang et al. (2017) – behaviourally informed messaging.

	simplification of U=U. **Theme 6 - Digital Technologies and Healthcare Promotions**: Influencer led storytelling, user generated content, always on strategies, SEO or hashtags for discoverability.	

5.2 RESEARCH QUESTIONS AND CONCLUSIONS

This section synthesises the key findings of the study by addressing each research question. Together, these conclusions illustrate how social media brand touchpoints, customer journeys, and brand communities can be strategically leveraged to enhance healthcare promotion for men living with HIV in South Africa.

RQ1: What are key touch points that represent motivation for positive engagement with sensitive healthcare promotion messaging on MINA social media channels? Why is Facebook used as the social media platform of choice?

Conclusion: The research established that meaningful engagement occurs when touch points are designed to be both contextually resonant and emotionally safe. Facebook, TikTok, and X each demonstrated unique affordances that motivated men to interact with sensitive health messaging. Facebook enabled deeper information seeking and peer support, TikTok facilitated low barrier entry through humour and storytelling, and X offered immediacy for advocacy and public discourse. These differentiated touchpoints collectively demonstrated that one-size-fits-all approaches are ineffective; instead, strategies must be tailored to the motivational drivers of each platform.

RQ2: What factors influence the effectiveness of touchpoints in delivering healthcare promotion messaging to men on social media channels?

Conclusion: The findings revealed that men engage in channel specific ways shaped by stigma, age, and cultural context. Facebook attracted men seeking credibility and official information, while TikTok allowed younger audiences to engage with humour and relatability, reducing the fear of judgment. X provided a channel for men to engage in broader conversations about stigma and policy advocacy. Importantly, engagement was strongest where messaging was non-judgmental, identity affirming, and reflective of men lived experiences, highlighting the behavioural importance of audience sensitive design.

RQ3: What factors influence the effectiveness of touchpoints in delivering healthcare promotion messaging to men o social media channels?

Conclusion: The research highlighted that brand communities extend beyond content delivery, serving as psychosocial infrastructures of support. Facebook groups offered semi-private spaces that fostered peer support, treatment motivation, and stigma reduction. Community ambassadors, especially men living with HIV, were critical for normalising conversations and building trust. Offline support structures, such as community centres, complemented these online communities by extending trust and engagement into physical spaces. These insights reinforce that brand communities provide not only information but also social capital, a sense of belonging, and resilience.

RQ4: How do men perceive and respond to different touch points on social media channels in the context of healthcare promotion messages?

The study confirmed that men's digital health journeys progress across four stages: awareness, engagement, support, and advocacy. TikTok served as a catalyst for early awareness, Facebook sustained ongoing engagement and peer-led support, and X fostered public advocacy and stigma confrontation. Key enablers such as emotional safety, confidentiality, and cultural resonance helped men move through these stages, while stigma and overly clinical communication styles created barriers. When effectively designed, customer journeys transform social media from a fragmented communication tool into an integrated behavioural and emotional ecosystem for health engagement.

RQ5: What strategies can be employed to optimize the effectiveness of touch points for healthcare promotion messages targeting men on social media channels?

The research demonstrates that effective strategies are platform-specific, behaviourally informed, and culturally sensitive. Narrative-driven and influencer-led messaging outperformed prescriptive or jargon-heavy approaches, particularly in sensitive contexts. Prevention-focused content resonated with younger men on TikTok, while treatment and adherence messages gained traction on Facebook. Tone also emerged as a critical factor: empowering messages enhanced trust and engagement, while judgmental tones deterred interaction. The challenge of simplifying complex biomedical concepts, such as U=U, reinforced the importance of contextual adaptation, localisation, and clarity. Collectively, these strategies highlight the necessity of precision health communication tailored to the platform, audience, and behavioural realities.

The study synthesises empirical evidence to reveal how differentiated brand touch point strategies, influencer-led campaigns, and culturally resonant narratives collectively foster more inclusive and effective health promotion. Furthermore, it highlights the barriers identified as gaps in digital literacy, limitations in platform inclusivity, and challenges in conveying complex biomedical concepts. This underscores the necessity for iterative innovation and adaptive approaches in digital health communication. The following discussion highlights the importance of interdisciplinary collaboration, robust evaluation frameworks, and the integration of community voices to optimise outreach, increase engagement, and reduce stigma within online health ecosystems.

In summary, the research objectives were met through a comprehensive exploration of social media brand touchpoints in the context of healthcare messaging for men living with HIV. The evidence supports the adoption of nuanced, adaptive, and community-oriented strategies as best practice for enhancing digital health communication, informing future initiatives aimed at fostering inclusive, effective, and stigma-reducing engagement online.

5.3 REINSTATEMENT OF RESEARCH PURPOSE

The primary purpose of this study was to investigate how an effective brand touchpoint strategy can be developed and implemented for social media channels in the context of healthcare promotion messaging targeted at men, specifically men living with HIV. The ongoing challenges of stigma limit male engagement in health services and accessing conventional healthcare communication. The research aimed to determine how social media can serve as more than a passive dissemination tool, positioning it instead as a dynamic ecosystem for sustained engagement, emotional support, and behavioural motivation.

By investigating the differentiated roles of social media channels such as Facebook, X, and TikTok, this study identifies how platform specific affordances, content strategies and brand communities can be strategically orchestrated to enhance message resonance. The data provides both theoretical and practical insights into how brand leaders and public health practitioners can create culturally relevant, privacy-sensitive, and behaviourally informed messaging that aligns with the lived experiences of men in high-stigma contexts.

Guided by targeted research questions, the inquiry focused on three primary domains: firstly, understanding the platform-specific strategies employed to deliver impactful healthcare messaging. Secondly, it examines the methods by which audience engagement is fostered through culturally resonant content and community-driven initiatives. Thirdly, the role of digital technologies and influencer-led campaigns in overcoming barriers such as stigma, digital literacy, and demographic diversity were evaluated.

By interrogating these dimensions, the research aimed to generate actionable insights and recommendations for future health communication initiatives. The purpose was not only to identify effective practices but also to illuminate areas for innovation, ensuring that digital outreach remains adaptive, inclusive, and responsive to the evolving needs of men living with HIV. In reaffirming the study's objectives, this chapter anchors the discussion in both empirical evidence and practical relevance, setting the stage for the subsequent elaboration of key findings and suggested strategies for enhancing social media driven health promotion.

5.4 SYNTHESIS OF KEY FINDINGS IN RELATION TO LITERATURE

The study's findings reinforce and extend theoretical and empirical foundations on customer experience and digital health communication. Consistent with Lemon and Verhoef's (2016) customer experience framework, strategically designed social media brand touchpoints can guide men living with HIV through multi-stage communication processes of awareness, engagement, support, and advocacy. This extends the framework into a high-stigma health promotion setting, demonstrating that digital brand experiences are co-created through user interaction, emotional resonance, and cultural relevance.

Channel-specific insights align with Huang, Lin, and Saxton's (2017) claim that social media platforms serve differentiated functions in public health engagement. Facebook emerged as a trusted peer-support and sustained dialogue space, X (formerly Twitter) facilitated advocacy and stigma disruption, while TikTok engaged younger audiences through humour, storytelling, and relatable narratives (Fahey et al., 2024; Ligami, 2023). These findings support Project Last Mile's (2022) evidence that platform choice and content tailoring enhance HIV prevention and treatment uptake.

Narrative and influencer-led strategies were also validated, echoing Fahey et al. (2024) in emphasising authenticity, peer leadership, and local language to foster trust and message salience. However, unlike prior models assuming one-size-fits-all messaging, the study evidences the need for precision health communication audience segmented, behaviourally informed, and culturally adaptive.

Notably, several contradictions with the literature were observed. While prior research often treats social media health campaigns as supplementary to clinical engagement, participants highlighted that social media frequently acts as a primary entry point for health-seeking, particularly in stigmatized contexts. Furthermore, while earlier frameworks stress message clarity, the present study underscores emotional safety, privacy sensitivity, and community interactivity as equally vital for sustaining engagement areas underrepresented in existing models.

5.5 CONCLUSION ON SUMMARY OF KEY FINDINGS PER THEME

The findings across six themes collectively emphasise the transformative potential of digital brand experiences in reducing stigma, fostering engagement, and encouraging health seeking behaviours.

Theme One: Social Media's Role in Brand Development

The study revealed that health messaging is most impactful when adapted to the affordances of each platform. A one-size-fits-all approach is ineffective; instead, communication must be tailored to resonate with the cultural, linguistic, and demographic realities of the target audience (Fahey et al., 2024).

Social media channels play a pivotal role in shaping and advancing brand development within health communication targeting men living with HIV. Social media's capacity for immediacy, interactivity, and wide reach provides unique opportunities for brands, whether organisational or campaign-based, to forge meaningful relationships with audiences. Through strategic engagement on social media channels such as Facebook, X, and TikTok, brands can establish a recognisable presence, foster trust, and build communities anchored in shared experiences and values.

The findings showcased several core mechanisms through which social media contributes to brand development. First, a consistent visual identity, narrative cohesion, and the use of channel specific features were shown to enhance brand recall and authenticity. By leveraging user generated content, peer testimonials, and influencer partnerships, health campaigns were able to humanise their messaging and generate organic advocacy, thereby extending brand reach beyond traditional communication channels.

Furthermore, social media enabled realtime feedback and iterative messaging, allowing brands to adapt tone, content, and approach in alignment with audience expectations and preferences. This responsiveness is critical for maintaining

engagement and relevance, especially in the context of sensitive topics like HIV, where trust and credibility are paramount.

Importantly, the research emphasised that social media-driven brand development is not without its challenges. The proliferation of competing messages and the risk of misinformation require vigilant content curation and ongoing evaluation of brand positioning. However, when thoughtfully managed, social media touchpoints not only reinforce brand identity but also establish a dynamic two-way dialogue that empowers audiences and drives sustained involvement.

Overall, Theme one underscores the transformative potential of social media as both a branding tool and a catalyst for community formation, trust building, and the dissemination of health information tailored to the unique needs of men living with HIV. This demonstrates that platform differentiation is crucial; brand leaders must tailor their strategies to the strengths of each platform, rather than adopting a one-size-fits-all approach.

Theme Two: Brand Touch Points and Customer Journeys

Social media serves as a continuum of touchpoints guiding individuals through awareness, engagement, support, and advocacy. Facebook facilitates trust and sustained dialogue, TikTok creates low-barrier emotional entry points, while X amplifies advocacy and stigma disruption (Lemon & Verhoef, 2016).

The research reveals the complex and multifaceted function of brand touch points in shaping the customer journey within digital health environments, with a particular focus on interventions aimed at men living with HIV. Brand touch points, conceptualised as any form of interaction, direct or indirect, between individuals and brands, are shown to constitute critical occasions that collectively influence perception, foster trust, and modulate engagement behaviours throughout the broader continuum of health communication.

The analysis demonstrates that, in the context of online health campaigns, brand touch points are increasingly diverse and dynamic. These interaction points range from initial

exposure through targeted advertising or influencer-driven posts to deeper forms of engagement, such as participation in live question-and-answer sessions, membership in online peer support communities, or the utilisation of personalised health resources. Each touchpoint contributes incrementally to the user's holistic experience, reinforcing brand identity and facilitating long-term relational development.

Notably, the findings indicate that the strategic orchestration of brand touchpoints can effectively guide users through the inherently nonlinear and emotionally complex customer journeys associated with HIV-related health messaging. Rather than following a set trajectory, many users navigate information in cycles seeking, reassurance and community validation. As such, the sequencing and personalisation of touchpoints, evidenced in the deployment of culturally resonant imagery, empathetic engagement strategies, and tailored channel messaging, emerge as salient practices for cultivating psychological safety and a sense of inclusion among service users.

The customer journey framework (Lemon & Verhoef, 2016) emphasises the importance of touchpoints in shaping the brand experience, particularly through digital channels. Applying this to healthcare, Huang et al. (2017) show how Facebook strengthens peer support and informational trust, while Project Last Mile (2022) confirms its impact on adherence.

Relatedly, Ligami (2023) illustrates TikTok's efficacy in engaging youth through emotional storytelling, while Fahey et al. (2024) demonstrate how influencers and platform-specific narratives contribute to authenticity and behaviour change. Collectively, these studies underscore the need for integrated, platform-aware brand strategies in public health.

Furthermore, the empirical evidence underscores the need for consistency across all brand touchpoints. When visual identity, narrative tone, and core messaging are harmonised from initial contact through subsequent interactions, organisational credibility and trustworthiness are markedly enhanced. Conversely, inconsistencies or fragmentation in touch point design risk generating confusion or diminishing user confidence, a consideration of heightened importance in sensitive domains where privacy and empathy are essential.

The research also highlights the importance of accommodating varying levels of digital literacy and access. Effective health campaigns are characterised by adaptive touch points that address different user needs, such as providing alternative content formats for low-bandwidth environments and ensuring intuitive navigation for users with limited social media experience. This inclusivity not only enhances accessibility but also demonstrates a commitment to equity, which is vital for engaging those who may otherwise be marginalised within digital health discourses.

Ultimately, the study emphasises the significance of incorporating continuous feedback mechanisms into the customer journey. The use of real time analytics, community polling, and open comment channels enables brands to evaluate the effectiveness of each touch point and adapt strategies responsively. This iterative approach ensures that brand interactions remain contextually relevant and attuned to the evolving needs of men living with HIV.

In conclusion, Theme two affirms that the intentional design, sequencing, and ongoing adaptation of brand touch points are foundational to facilitating positive customer journeys in digital health communication. Through such strategic curation, brands can foster meaningful engagement, mitigate participation barriers, and contribute substantively to the development of inclusive and stigma reducing online health ecosystems. This highlights that authenticity and relatability are essential.

Theme Three: Social Media Brand Communities

Digital brand communities were found to play a pivotal psychosocial role, providing emotional resilience, peer led knowledge exchange, and safe spaces for identity negotiation. These findings extend literature on brand communities (Huang et al., 2017) into health contexts, affirming their value in stigma-laden environments.

The proliferation of social media channels has led to the formation of brand communities, which are defined as digitally mediated collectives unified by shared interests, identities, and objectives. In the domain of digital health interventions, particularly those targeting men living with HIV, social media brand communities

function as pivotal mechanisms for psychosocial support, empowerment, and the dissemination of credible health information.

These communities, which operate on social media channels such as Facebook, Instagram, and TikTok, are distinguished by their capacity for sustained collective engagement, synchronous interaction, and the cultivation of a sense of belonging. Engagement within these communities transcends passive content consumption, encompassing dialogic exchanges, collaborative content creation and participatory storytelling.
Members are not merely recipients of information but active contributors of experiential knowledge, queries, and peer advice, thereby humanising the overarching brand presence.

Central to the sustainability and efficacy of social media brand communities is the establishment of shared values and trust. Empirical findings suggest that communities thrive under clear governance frameworks, empathetic moderation, and rigorous privacy protocols, which are essential in the context of sensitive health communication. When men living with HIV perceive these digital spaces as non-judgmental and free from stigma, engagement intensifies, and barriers to participation diminish. Ritualised community practices such as recurring question-and-answer sessions, thematic content initiatives, and collaborative campaign involvement contribute to the reinforcement of a cohesive and positive group identity.

Furthermore, social media brand communities serve as amplifiers of health messaging through network effects. Content disseminated within these communities often spreads organically beyond their boundaries, extending the reach of health interventions to populations that might otherwise remain marginalised or disengaged.

This peer driven diffusion is particularly effective in counteracting misinformation and promoting the dissemination of accurate, culturally relevant health information. Another integral dimension is the bidirectional nature of learning and influence within these communities. Organisations benefit from the insights and live experiences shared by community members, utilising feedback loops to refine communication strategies, update educational resources, and tailor intervention modalities. The

application of community driven analytics, such as sentiment analysis and engagement metrics, enables responsive, data informed brand management that is attuned to the evolving needs and preferences of the target population.

It is also critical to acknowledge that thriving brand communities do not operate in isolation. Instead, they are embedded within a broader ecosystem of digital touchpoints and user journeys, as outlined in the preceding thematic analyses. Their role in fostering psychological safety, enabling empowerment, and nurturing peer support situates them as foundational components in the construction of inclusive and stigma-reducing health communication environments.

In summary, Theme three substantiates the transformative capacity of social media brand communities to act as platforms for connection, collective learning, and advocacy. Through deliberate community building practices and sustained strategic engagement, organisations can cultivate robust support networks, enhance the dissemination of trustworthy health information, and contribute meaningfully to the health outcomes and wellbeing of men living with HIV in digital contexts. This demonstrates that brand communities are not just message platforms/channels; they are movements that provide men with both social capital and resilience.

Theme Four: Customer Experience Journey on Social Media

The customer journey unfolds as a behavioural and emotional ecosystem. Privacy, trust, and cultural resonance were central to men's sustained engagement, suggesting that digital experiences are co-produced through peer interaction, community validation, and authentic storytelling (Boeker & Urman, 2022).

The customer experience journey on social media represents a dynamic continuum where users navigate multiple digital touch points. The interplay of technology, brand strategy, and community engagement intricately shapes each. For men living with HIV, this journey is remarkably nuanced, reflecting not only the pursuit of information and support but also the navigation of complex social identities and sensitivities.

At inception, discovery often occurs through algorithmic recommendations, targeted campaigns or peer referrals within trusted networks. The accessibility and immediacy of social media lower barriers to initial engagement, offering a sense of anonymity and psychological safety that is especially valuable when confronting stigmatised health conditions. Once engaged, users encounter curated content, interactive polls, real-time updates, and peer narratives, each crafted to foster a sense of inclusion and relevance.

Crucially, the customer journey on social media channels is nonlinear. Users waver between active participation, such as sharing stories or seeking advice and passive observation, absorbing information until readiness for deeper engagement emerges. This fluidity highlights the importance of designing frictionless and responsive touchpoints, from intuitive navigation and accessible language to adaptive content that resonates across diverse cultural contexts. For men living with HIV, such sensitivity is indispensable for cultivating trust and sustained involvement.

The combination of brand messaging and community interaction becomes evident as users move along the journey. Dialogic exchanges within comment threads, the sharing of lived experiences and the visibility of empathetic moderation all contribute to an environment where users feel heard and valued. Social media analytics, including sentiment analysis and behavioural mapping, allow brands to detect pivotal moments such as shifts in community sentiment or surges in engagement, enabling timely adaptation of interventions.

Furthermore, the integration of continuous feedback mechanisms, as indicated in previous themes, is essential in making the journey iterative and user driven. Brands that actively solicit and respond to user input through surveys, feedback forms, or open question and answer sessions demonstrate a commitment to responsiveness, reinforcing their credibility and relevance. In the context of men living with HIV, this iterative adaptation not only enhances the individual experience but also fortifies the collective resilience of the community.

Throughout the journey, the intersection of psychosocial support and credible health information remains paramount. Social media's capacity to rapidly disseminate and

contextualise content empowers users to make informed choices, while the presence of peer advocates and expert contributors mitigates the risks of misinformation. This continuous interplay of support, learning, and advocacy transforms the customer experience from a transactional interaction to a holistic process of empowerment and belonging.

In synthesis, the customer experience journey on social media is a mosaic of interconnected moments at each touch point, interaction, and feedback loop, contributing to a larger narrative of health, identity, and community. For men living with HIV, this journey is not merely about accessing information but about finding affirmation, agency, and solidarity within a digital ecosystem thoughtfully designed to reduce stigma and promote wellbeing. This underscores that customer journeys are dynamic, and strategies must be designed as stage-sensitive pathways rather than isolated campaigns.

Theme Five: Strategic Social Media Messaging

The research emphasised that effective healthcare promotion depends on audience-sensitive, behaviourally informed strategies. Non-judgmental tones simplified biomedical concepts, and the use of influencers and relatable narratives proved crucial to building trust and engagement (Ligami, 2023).

Strategic social media messaging for men living with HIV is both a science and an art, requiring a nuanced understanding of the digital ecosystem, audience sentiment, and broader health communication imperatives. In contemporary customer experience journeys, messaging is not merely the transmission of information but an orchestrated dialogue that shapes perceptions, prompts action, and reinforces community values.

At its core, effective messaging is grounded in authenticity, clarity, and cultural sensitivity. Brands and organisations must craft messages that resonate across diverse user demographics, acknowledging the intersectional realities faced by men living with HIV, including issues of stigma, disclosure, and identity. By leveraging storytelling, inclusive language, and peer driven content, strategic messaging cultivates environments where users feel seen, heard, and valued.

The utilisation of dynamic content formats such as shortform videos, interactive polls, and realtime question and answer sessions enhances engagement, ensuring that critical health information is not only accessible but also compelling. Thoughtful use of hashtags, targeted campaigns, and algorithmic amplification further extends the reach of supportive messaging, enabling the rapid dissemination of resources and lived experiences.

Importantly, strategic messaging is iterative. Through ongoing feedback loops and sentiment analysis, brands can adapt their communication in real time, responding to shifts in user needs and emerging health trends. Responsive moderation practices and transparent engagement foster psychological safety and trust, allowing sensitive topics to be addressed with empathy and expertise.

Moreover, strategic messaging is future oriented, embracing technological innovations such as AI-powered chatbots, personalised notifications, and immersive virtual spaces. These advancements enable tailored support, private reflection, and proactive advocacy, empowering men living with HIV to navigate their health journeys with support.

In summary, Theme Five affirms that strategic social media messaging is a cornerstone of effective digital health engagement. When guided by principles of authenticity, adaptability, and inclusivity, messaging not only informs it inspires resilience, shapes collective identity, and galvanises advocacy within a supportive online community. This demonstrates that tone, clarity, and audience segmentation are crucial in crafting strategic messaging that is precise, empathetic, and culturally grounded.

Theme Six: Digital Technologies in Healthcare Promotion

Digital platforms were reaffirmed as infrastructures of health communication rather than peripheral tools. User generated content, influencer led campaigns, and keyword strategies enhanced discoverability and credibility. However, stigma and digital literacy divides continue to limit full engagement (Project Last Mile, 2022).

The transformative power of digital technologies in healthcare promotion is unmistakable, reshaping not only the modalities of information delivery but also the landscape of community engagement and patient support. For men living with HIV, the digital ecosystem comprising social channels, mobile applications, and emerging virtual tools functions as both a gateway to credible resources and a bridge for empathetic connection.

Most important to this theme is the inclusiveness of health information. Interactive portals, mobile health apps, and online forums allow individuals to personalise their journeys, accessing tailored advice, reminders, and peer support at their fingertips.

Moreover, digital technologies facilitate data driven decision making and real time analytics empower health organisations to identify trends, monitor engagement, and respond swiftly to emerging needs within the community. Sentiment analysis and user-generated content offer invaluable insights into the lived experiences of men living with HIV, guiding the evolution of support strategies and resource allocation.

Virtual support groups and online counselling services foster a sense of belonging, reducing isolation and enhancing psychosocial wellbeing. Through secure platforms, individuals can share narratives, seek guidance, and advocate for their needs, all within environments designed to safeguard their privacy and confidentiality.

The integration of gamification and immersive learning modules introduces novel avenues for health education, transforming passive consumption into active participation. By leveraging badges, rewards, and interactive storytelling, digital interventions motivate sustained engagement and reinforce positive behaviours.

However, alongside these opportunities, digital technologies present new challenges, which are safeguarding user data, combating misinformation, and promoting equitable access as these remain ongoing imperatives. Responsible innovation, grounded in ethical frameworks and community consultation, is essential to ensure that digital advancements serve to strengthen rather than fragment support networks.

In summary, theme six illuminates the multidimensional role of digital technologies in healthcare promotion for men living with HIV. As these tools evolve, they hold the promise of amplifying agency, fostering solidarity, and nurturing holistic wellbeing, cementing their position as catalysts for positive change within a vibrant digital health landscape. This demonstrates that digital technologies must be harnessed strategically as infrastructure for health system transformation, not simply tools for communication.

5.6 CONCLUDING INSIGHTS

This study set out to investigate how an effective brand touchpoint strategy for social media channels can enhance healthcare promotion messaging to men, with a specific focus on men living with HIV. The findings demonstrate that social media is not merely a supplementary communication tool but a multistage engagement ecosystem capable of guiding target audiences from cognitive awareness through to long-term advocacy.

Evidence suggests that when men engage with culturally relevant, emotionally safe, and community driven campaigns, they demonstrate increased willingness to access services, adopt preventative behaviours, and participate in supportive communities. Notably, the findings underscore that one-size-fits-all messaging remains ineffective; instead, precision health communication is necessary for behaviour change (Fahey et al., 2024; Ligami, 2023).

By integrating insights from both the literature and participant experiences, the research confirms that platform differentiation, content localisation, and emotional safety are central to successful engagement. Facebook has a role in fostering sustained peer support and X can amplify advocacy and disrupt stigma in real time. TikTok has particular strengths in emotional storytelling, particularly among younger demographics. Collectively, the diversity in appeal of the platforms illustrates the necessity for precision in health communication.

Notably, the study shows that men living with HIV respond positively to messaging that is authentic, peer led, culturally relevant, and privacy sensitive, challenging the traditional top-down approach to public health campaigns. Moreover, the findings emphasise that a successful strategy requires continuous adaptation to emerging user behaviours, technological affordances and evolving sociocultural dynamics.

Theoretically, this research contributes to the discourse on customer experience theory in healthcare branding. It presents a case for adapting Lemon and Verhoef's (2016) model to sharpen the communication approach towards consumers in sensitive healthcare contexts. Practically, it provides a model for designing platform-relevant, community-driven health communication strategies that can overcome barriers to stigma, gendered norms, and access.

The findings confirm that brand touchpoints on social media are effective only when they are culturally contextualised, platform specific and user centred. While digital ecosystems create opportunities for healthcare engagement, structural barriers, including stigma, access issues, and health literacy challenges, limit their impact.

Implications on Findings

Based on the study's findings, several actionable implications emerge for healthcare marketers, public health organisations, and policy makers seeking to optimise social media brand touchpoints for sensitive health promotion:

A constructivist paradigm framed the study's qualitative exploration, emphasising the subjective meanings and lived experiences that participants articulate. Rather than seeking universally generalisable truths, this approach foregrounds the contextual realities of those engaged with digital health technologies. The integration of these theoretical perspectives not only enriches the analysis but also highlights the importance of designing interventions that are tailored to users' values, preferences, and cultural contexts.

This section reviewed key theoretical frameworks relevant to the topic, highlighting their significance and application. Specifically, it extends Lemon & Verhoef's (2016) customer journey model into digital health communication contexts. Additionally, it

expands the concept of brand communities to encompass psychosocial support structures in public health.

Channel specific strategy development:

Recognise and leverage the distinct affordances of each platform:

- Facebook for long-form content, peer group interaction, and sustained support.
- X for rapid advocacy, myth-busting, and realtime updates.
- TikTok is for shortform, emotionally engaging, and youth targeted content.

Culturally localised and emotionally safe messaging:

- Develop content in local languages, using familiar slang and cultural references.
- Prioritise emotional safety by creating semi-private or moderated spaces to reduce stigma-related risks.

Peer leadership and community ambassadorship:

- Engage men living with HIV as brand ambassadors to ensure message authenticity and relatability.
- Provide ambassadors with digital literacy training and health communication resources.

Narrative-driven and influencer-led communication:

- Use storytelling techniques and trusted influencers to enhance relatability and message retention.
- Incorporate testimonials with privacy safeguards to build trust without exposing individuals to stigma.

Continuous monitoring and adaptation:

- Employ analytics, feedback loops, and social listening to refine messaging strategies.
- Stay responsive to shifts in platform algorithms, audience preferences, and emerging health discourse.

Integration of online and offline touchpoints:

- Align digital efforts with clinic-based, community-centre, and outreach programmes for a holistic health promotion ecosystem.

By implementing these strategies, healthcare promotion communicators can transform social media brand touchpoints into trust-building and behaviour-changing tools that actively contribute to improved health outcomes for men living with HIV.

Practical Implications

Health campaigns must adopt channel-specific messaging strategies. For instance, younger demographics may be more effectively reached through visually engaging content on social media channels like TikTok or Instagram, where short videos and infographics can simplify complex health information. In contrast, older adults might respond better to Facebook campaigns, which allow for longer-form posts, discussion groups, and community based sharing. A notable example is the ‘U=U’ campaign, which utilises Instagram reels to raise awareness about undetectable viral loads, resulting in measurable increases in knowledge and engagement among users aged 18–30 years.

Investment in community led digital health ecosystems can improve treatment adherence by fostering a sense of ownership and trust. When individuals living with HIV are actively involved in developing and moderating online support forums or telehealth groups, they are more likely to remain engaged with their care plans. Research by Campbell et al. (2020) has shown that community participation in digital health interventions is linked to higher medication adherence rates and sustained

engagement over time, particularly when peer support and culturally relevant resources are provided.

Digital literacy initiatives help bridge accessibility gaps and ensure equitable participation in digital health solutions. Tailored training programs such as app navigation workshops, one-on-one tutorials, or multilingual digital resources can empower users who may lack technical skills or confidence.
Evidence from several public health studies indicates that participants who receive targeted digital literacy support report greater satisfaction and improved health outcomes, as they are better equipped to utilise telemedicine platforms and online support networks. By grounding each recommendation in practical application and empirical support, these strategies collectively strengthen the potential for digital interventions to advance health equity and improve the lives of men living with HIV.

Furthermore, ethical considerations must be foregrounded in the deployment of digital health interventions. Data privacy, informed consent, and the safeguarding of sensitive health information are paramount, especially when engaging marginalised populations who may be disproportionately affected by breaches of confidentiality. Policymakers and practitioners should strive to create transparent protocols that protect user rights while still enabling meaningful participation and feedback within digital communities.

Collaboration among stakeholders, including healthcare providers, technology developers, advocacy groups, and end-users, can foster a more holistic ecosystem were lived experiences and practical realities shape innovations. Cross-sector partnerships not only enhance resource sharing but also support the co-creation of culturally sensitive content and user-centred channels.

Ultimately, future research should prioritise the exploration of intersectional identities and the role of digital health in reducing health disparities. By embracing complexity and inclusivity in both design and delivery, practitioners can ensure that digital interventions do not merely broadcast information but catalyse meaningful change, empowerment, and resilience within affected communities.

Social and Policy Implications

This section examines how the findings can impact societal norms and inform future policy decisions, with a focus on integrating peer-led approaches and addressing gendered barriers in digital health initiatives.

Policies should mandate the systematic integration of peer-led interventions within digital and social media health campaigns. Peer-led initiatives where individuals with lived experience actively participate in the design, delivery, and moderation of health programmes have demonstrated significant potential to increase authenticity, trust, and relatability for target audiences. By embedding these interventions as a standard component of digital and social media health strategies, policymakers can leverage the unique capacity of peers to foster deeper community engagement, encourage open dialogue, and facilitate the sharing of lived experiences. Such involvement not only enhances the credibility of health messages but also empowers participants to take on leadership roles, thereby strengthening support networks within affected communities.

Furthermore, digital and social media health strategies must be deliberately designed to address male specific stigma and the influence of traditional masculinity norms. Men living with HIV frequently encounter unique social barriers, including reluctance to seek help, fear of judgment, and pressure to conform to societal expectations of strength and stoicism. These factors can hinder their engagement with digital and social media health resources, reduce uptake of support services, and ultimately impact health outcomes. To counter these challenges, digital and social media campaigns should incorporate content and messaging that acknowledges and challenges harmful stereotypes, promotes help seeking as a sign of strength, and provides safe online spaces for men to share their experiences without fear of stigma or discrimination.

Incorporating these considerations into policy frameworks and practice not only addresses existing health disparities but also lays the groundwork for more inclusive, responsive, and effective digital health interventions moving forward. Policies should

mandate the integration of peer led interventions in digital campaigns. Digital health strategies must consider male-specific stigma and masculinity norms.

5.7 RECOMMENDATIONS FOR FUTURE RESEARCH

In synthesising evidence from key literature reviews and study findings, several brand touch points emerge as pivotal in shaping the experience and effectiveness of digital and social media health interventions for men living with HIV. The literature underscores the importance of recognising every interaction such as targeted messaging, community forums, support resources and feedback channels as an opportunity to reinforce trust, foster belonging, and catalyse engagement.

Drawing on these insights, the recommendations advocate for a strategic alignment of brand touch points with peer led, inclusive, and ethically robust frameworks. This ensures that each stage of digital and social media engagement is not only informative but transformative, supporting resilience, empowerment, and sustained positive outcomes. The literature consistently supports the notion that interventions should be adaptive, intersectional, and grounded in the lived realities of affected communities, while policy should mandate continuous involvement of peers and the prioritisation of safe, stigma free digital spaces.

The findings of this study provide a foundation for actionable recommendations in three interrelated areas: platform-specific strategies, policy and community engagement, and messaging design. Each recommendation is explicitly tied to themes and findings, ensuring that the proposed actions address the study's evidence base.

Platform Specific Strategies

Practical recommendations tailored to the affordances of Facebook, X, and TikTok, ensuring each is leveraged according to its strengths.

- **Leverage differentiated platform affordances:**
    - Facebook should be prioritised for sustained peer to peer engagement and community support. Expand moderated peer support groups that

provide semiprivate environments where men feel safe to share, ask questions, and access treatment motivation. This builds on findings that Facebook fosters sustained engagement and belonging.
    - **Theme One**: Social media's role in brand development and **Theme Three:** Social media brand communities.
- **TikTok for youth engagement:**
    - Invest in shortform storytelling campaigns that use humour, emotion, and relatability to reach younger demographics, lowering barriers to participation.
    - **Theme Four**: Customer experience journey on social media
- **X for advocacy and stigma disruption:**
    - Use X to amplify real-time policy debates, challenge stigma, and promote visibility for men's health initiatives.
    - **Theme Three:** Social media brand communities and **Theme Six**: Digital technologies in healthcare promotion.

Leveraging platform affordances ensures that health communication strategies maximize impact by aligning content with user behaviours and expectations.

Policy & Community Engagement

- **Position men living with HIV as ambassadors**:
    - Training and resourcing men as digital and offline peer educators can normalise conversations, reduce stigma, and build trust.
    - **Theme Three:** Social media brand communities and **Theme Six**: Digital technologies in healthcare promotion.
- **Strengthen digital literacy initiatives**:
    - Community level interventions should improve men's ability to navigate social media platforms and engage confidently with health content
    - Supportive policies by advocating for health sector policies that recognise social media brand communities as strategic assets for men's health, investing in digital.
    - **Theme Two:** Brand touch points and customer journeys and **Theme Six:** Digital technologies in healthcare promotion.

- **Institutionalize community management**:
    - NGOs and health organizations should formalise roles for community managers to ensure timely responses, trust-building and continuous engagement
    - Adapting customer journey models to health promotion: Further validate and refine Lemon & Verhoef's (2016) model for high-stigma health contexts, testing its predictive value in HIV and other public health domains.
    - **Theme Four**: Customer experience journey on social media

Anchoring digital strategies in community and policy contexts ensures sustainability, combats stigma, and bridges the gap between online interaction and real-world health outcomes.

Messaging Design

- **Simplify complex biomedical concepts**:
    - Messages such as U=U should be translated into accessible narratives using metaphors, local languages, and culturally relevant storytelling
    - **Theme Five:** Strategic social media messaging
- **Use suggestive, non-judgmental tones**:
    - Messaging should avoid prescriptive language and instead empower men with choice and agency, enhancing relatability and reducing resistance
- **Psychosocial mediators and barriers in engagement:**
    - Investigate the interplay between emotional safety, privacy, and cultural relevance in determining the effectiveness of health messaging.
    - **Theme Five:** Strategic social media messaging
- **Expand influencer and peer-led campaigns**:
    - Collaborating with relatable local figures, influencers, and micro-ambassadors ensures that content resonates across demographic segments
    - **Theme Five:** Strategic social media messaging

- **Emerging digital technologies in health messaging:**
    - Explore how AI-driven chatbots, VR simulations, and gamified challenges can be embedded in social media strategies to enhance interactivity and retention
    - Addressing the digital literacy divide gaps on access and engagement, developing targeted interventions to support low-literacy users
    - **Theme Five:** Strategic social media messaging **and Theme Six:** Digital technologies in healthcare promotion.
- **Privacy-sensitive approaches:**
    - Ensure confidentiality in online spaces to build trust, while offering anonymous forums or moderated groups where men can engage without fear of stigma.

Designing messages that are user-centred, empathetic and culturally grounded transforms social media from a transactional channel into a sustained health engagement ecosystem.

Collectively, these recommendations affirm that effective health communication for men living with HIV requires not a “one-size-fits-all” approach but a precision health communication strategy that is platform sensitive, community driven and designed around behavioural and cultural realities. The findings provide a strong foundation for understanding social media brand touchpoints in healthcare promotion for men living with HIV.

Recommendations for Social Media Health Interventions Targeting Men Living with HIV

Drawing upon the findings and insights presented, several actionable recommendations can enhance the effectiveness, inclusivity, and impact of social media health interventions for men living with HIV:

- Prioritising the Integration of peer led approaches by incorporating individuals with lived experience in the design, delivery, and moderation of social media health programmes is crucial. Peer facilitators can foster community trust, authenticity, and relatability, making interventions more engaging and supportive. Policy frameworks should mandate the inclusion of peer-led

components, recognising their unique value in catalysing dialogue, leadership, and support networks within affected communities.

- Address stigma and masculinity norms whereby social media health initiatives must directly confront societal pressures and stereotypes that discourage help seeking and openness among men living with HIV. Campaigns should feature content that reframes help seeking as a form of strength, challenges traditional masculinity norms, and offers safe digital spaces for men to share experiences without fear of judgment or discrimination.
- Ensuring ethical safeguards and inclusive design using robust data privacy protocols, transparent consent processes, and ongoing attention to the safeguarding of sensitive health information are essential. Special care must be taken to protect the confidentiality of marginalised populations, whose vulnerability to breaches may be amplified. Ethical frameworks should be embedded in every stage of intervention development and deployment.
- Implement continuous evaluation and inclusive improvement by adopting social media mixed methods evaluation strategies, combining quantitative measures of engagement and health outcomes with qualitative insights from participant narratives. This approach enables interventions to remain responsive to the evolving needs of men living with HIV, supporting ongoing refinement of messaging, support structures, and technology platforms.
- Foster collaboration across sectors by strengthening partnerships between healthcare providers, technology developers, advocacy groups, and end users. Cross-sector collaboration encourages resource sharing, co-creation of culturally sensitive content, and the development of user-centred engagement channels that reflect the realities and priorities of men living with HIV.
- Embracing intersectionality and diversity, future social media health strategies should consider the complex interplay of identities such as age, ethnicity, sexuality, and socioeconomic status that shape the experiences of men living with HIV. Designing interventions that are flexible, adaptive, and inclusive will help reduce health disparities and promote resilience and empowerment within diverse communities.

In summary, by foregrounding peer involvement, challenging harmful norms, upholding rigorous ethical standards, embracing iterative evaluation, promoting cross-sector collaboration, and recognising intersectional realities, social media health interventions can evolve beyond information delivery. They can become transformative instruments for empowerment, community building, and lasting positive change for men living with HIV.

5.8 LIMITATIONS OF THE STUDY

While this study provides valuable insights into the role of social media brand touchpoints in healthcare promotion for men living with HIV, certain limitations must be acknowledged.

Sample size and scope:

The research drew on a small, purposively selected sample comprising content creators (n = 3), men living with HIV (n = 3), and a community manager (n = 1). While these participants offered rich and nuanced perspectives, the limited sample size restricts the breadth of viewpoints captured. Consequently, the findings may not fully represent the diversity of experiences across the broader population of men living with HIV.

Context specific focus:

The study was situated within the South African context and linked explicitly to the MINA. For Men. For Health (later rebranded as *Zithole. Endoda Must!*) as a case context. This context allowed for in-depth engagement but may limit the transferability of results to other cases or cultural settings where stigma, digital access, and healthcare infrastructures will differ. Similarly, the focus on men who were already engaging with digital platforms, particularly Facebook, means that the findings may not apply to men outside of digital spaces or those with limited internet access.

Researcher positionality:

As a female researcher engaging with men living with HIV, issues of positionality and reflexivity must be recognised. Gender dynamics may have influenced how participants chose to share their experiences, potentially shaping the narratives

collected. While reflexive practices were applied throughout data collection and analysis, the researcher's positionality inevitably plays a role in interpreting participants' accounts.

Data Collection:

The research was primarily informed by existing literature and secondary data, which may not fully capture the rapidly evolving landscape of social media health technologies or the nuanced experiences of all subpopulations within the target group. The absence of extensive primary qualitative data from end users limits the depth of understanding around lived experiences, particularly for marginalised or hard-to-reach cohorts.

Scope and Generalisability Limitations

The scope of this study was constrained by resource and time limitations, which restricted the breadth of stakeholder engagement and the inclusion of perspectives from a broader range of geographic and cultural contexts. Consequently, while the findings offer valuable insights into platform-sensitive health communication strategies, they may not be universally generalisable. The results should therefore be interpreted with caution, taking into account local socio-cultural realities and infrastructural disparities that shape men's engagement with healthcare promotion.

Literature and Data Limitations

Another limitation of the research lies in the potential bias introduced by the predominance of peer reviewed and English-language sources, which may have inadvertently excluded relevant perspectives available in other languages or community-based reports. Furthermore, while the study advocates for an intersectional approach, full operationalisation was constrained by the limited availability of disaggregated data across key variables such as age, ethnicity, sexuality, and socioeconomic status. These gaps may have restricted the extent to which the findings capture the nuanced experiences of diverse subgroups of men living with HIV.

Evolving Nature of Social Media and Future Research

Given that social media platforms and associated social norms are continually evolving, the recommendations advanced in this study should be understood as provisional and subject to ongoing revision and contextual adaptation. To ensure sustained relevance and impact, future research should prioritise participatory methodologies, incorporate longitudinal assessments and integrate emerging evidence and technologies. Such approaches will enhance the adaptability and effectiveness of digital health interventions in addressing the dynamic needs of audiences.

The limitations suggest that the findings should be viewed as contextually grounded rather than universally generalisable. Nevertheless, the insights provide a strong foundation for future research that could expand to larger, more diverse sample populations and cross-cultural comparisons.

5.9 SUGGESTIONS FOR FUTURE RESEARCH

This study has extended brand touchpoint theory into the domain of health communication and demonstrated the potential of social media platforms to foster awareness, engagement, and support among men living with HIV. Nonetheless, several areas for future research remain to strengthen, broaden, and contextualise these findings.

Firstly, comparative studies that include women living with HIV, as well as other marginalised or at-risk groups, are needed to assess whether the platform-specific insights identified here are transferable across gender and demographic categories. Such work would provide a more nuanced understanding of how stigma, gender norms, and health seeking behaviours intersect within digital health communication.

Secondly, quantitative research should be undertaken to measure the direct impact of specific brand touchpoints on health outcomes such as HIV testing uptake, treatment adherence, and viral suppression. Employing experimental or quasi-experimental designs would allow for stronger causal inferences and provide evidence of scalability for public health interventions.

Thirdly, given the persistent concerns around privacy and stigma, future research should examine the role of encrypted or anonymous platforms, including WhatsApp, Signal and moderated digital forums, in facilitating sensitive health conversations. These platforms may offer safer, more accessible environments for men who are reluctant to participate in public social media spaces.

Social media channels, such as Instagram and YouTube, despite their widespread popularity, have not been thoroughly examined**,** representing an opportunity to evaluate their potential role in HIV-related health communication, particularly in visual and lifestyle driven content strategies.

Finally, recognising that digital platforms and social norms are in continual flux, future studies should prioritise longitudinal and participatory methodologies. Long-term tracking would provide insight into the sustained effects of digital engagement, while participatory approaches would ensure that community voices remain central to the design and evaluation of interventions. Additionally, critical attention should be paid to the role of artificial intelligence and algorithmic bias in shaping visibility, reach and inclusivity in digital health promotion.

Collectively, these directions would enhance the evidence base for precision health communication, ensuring that digital solutions remain adaptable, culturally sensitive, and responsive to the evolving needs of men and wider populations living with HIV.

5.10 CONCLUSION

In closing, future research in digital and social media interventions for men living with HIV must build upon a foundation of inclusivity, participation, and adaptability. By engaging directly with end users and embracing diverse perspectives from varied sociocultural and geographic backgrounds, researchers can develop more responsive and practical solutions.

The integration of comprehensive qualitative methodologies, participatory approaches, and longitudinal study designs will enrich our understanding of lived experiences and evolving digital and social media landscapes. Furthermore, the ethical, legal, and social implications of emerging technologies must remain at the

forefront, ensuring that privacy, fairness, and trustworthiness are maintained in all interventions.

Another critical aspect is the need for ongoing evaluation of the effectiveness of interventions. Integrating robust monitoring and feedback mechanisms allows for the iterative refinement of messaging strategies and support systems. Employing mixed methods approaches combining quantitative metrics such as engagement rates and health outcomes with qualitative insights from participant narratives will ensure that interventions are responsive to the evolving needs of men living with HIV.

Ultimately, sustained cross sector collaboration and a commitment to amplifying community voices will drive innovation and meaningful progress, advancing health equity for men living with HIV in an ever-changing digital world.

PERSONAL REFLECTIONS

My research journey has been both challenging and transformative, shaping not only my academic skills but also my personal resilience and perseverance. From the outset, I anticipated obstacles, but the process revealed far greater complexities than I had imagined.

I faced one of the most difficult phases while working on Chapter 4 of my study. The core challenge was participant recruitment, as very few men living with HIV were willing to come forward and be interviewed. This created delays and uncertainty, and at one stage, I feared the research might take a year longer than anticipated. After several unsuccessful attempts, I turned to a community centre that supports people living with HIV. Through their networks, I was finally able to secure three participants over a period of three months. While the process tested my patience and determination, it also stressed the sensitivity of the subject matter and the courage required from participants.

During this time, the consistent guidance and encouragement from my supervisor, Dr Lailah, played a pivotal role in sustaining my progress. Her constructive feedback not only shaped the academic quality of my work but also reminded me to remain focused and composed when the challenges felt overwhelming.

Parallel to my academic struggles, I experienced financial difficulties that made it hard to fund my studies. Securing employment proved to be difficult, and this uncertainty further added to my stress. However, with Janey's assistance, I was able to consolidate and manage my financial obligations, which were successfully resolved by July 2025.

Another important aspect of my journey was the evolution of the research itself. Conceptualised initially as *Mina. For Men. For Health*, the study was focused solely on men living with HIV. As the research unfolded, it became clear that a broader scope was necessary to capture the realities of men's health and well-being beyond HIV. This led to the redefined direction and title *Zithole. Men Must!*, which positioned the study to explore men's experiences more holistically. This shift not only enriched the

scope of the research but also ensured that its findings would have broader applicability in addressing men's health challenges.

Despite the difficulties, I successfully aligned my work and presented my Chapter 4 findings a milestone that marks both academic progress and personal growth. This journey has taught me the importance of resilience, adaptability, and the value of a strong support system. It has also deepened my commitment to contributing meaningfully to men's health research, with the hope that the findings will influence both practice and policy.

In conclusion, this dissertation has demonstrated how social media brand touchpoints can function as critical enablers of healthcare promotion for men living with HIV. By aligning the research problem, literature, findings, and recommendations, the study offers both academic contributions and practical strategies for advancing digital health communication.

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Appendix A – Content Creators Questionnaire

The study aims to investigate the influence of brand interactions on consumers decision-making and determine if the MINA community experiences on Facebook adds value to the quality of their lives and in addition, investigate potential factors to enhance this.

1. What key touch points represent motivation for positive engagement with sensitive healthcare promotion messaging on social media based channels?
2. What brand touch point strategies and models are used to communicate health programs?
3. Are certain demographic factors, such as age and gender, indicative of motivation for positive engagement with sensitive healthcare promotion messaging on social media?
4. What brand touch points on social media channels are used for health programs? How do men engage with different touch points on social media channels when it comes to healthcare promotion messaging?
5. What factors influence the effectiveness of touchpoints in delivering healthcare promotion messaging to men on social media channels?
6. How do men perceive and respond to different touch points on social media channels in the context of healthcare promotion messages?
7. What strategies can be employed to optimize the effectiveness of touch points for healthcare promotion messages targeting men on social media channels?
8. How do touch points on social media channels influence men's attitudes and behaviours towards healthcare promotion messages?
9. How do social media channels communicate with male customers to induce online community followership and interaction?
10. What are the challenges and opportunities in implementing an effective brand touch point strategy for healthcare promotion messages to men on social media channels?
11. Do higher levels of user-generated content, such as testimonials and personal stories, on healthcare promotion posts indicate stronger motivation for positive engagement on social media?

12. Are specific keywords or phrases commonly used in comments on healthcare promotion posts that suggest motivation for positive engagement on social media?
13. What will motivate customers to actively participate in online community followership and interaction?
14. Does the frequency and consistency with which social media community managers post and interact with healthcare promotion content on platforms motivate positive engagement?
15. How does the number of followers or friends/following ratio of individuals engaging with healthcare promotion posts on social media channels signify motivation for positive engagement?
16. Does the presence of active moderators or community managers play a role in motivating customers to engage and interact within the online community?
17. What incentives or rewards can be offered to social media customers to encourage active participation in online community followership?

Appendix B – Men Living with HIV and Organisation

The study aims to investigate the influence of brand interactions on consumers decision-making and determine if the MINA community experiences on Facebook adds value to the quality of their lives and in addition, investigate potential factors to enhance this.

1. Do you know about the MINA. For Men, For Health platform? Have you subscribed to the MINA, For Men, For Health platform?
2. What type of content are you looking for on the MINA. For Men, For Health platform? What was the content that you engaged with?
3. What valuable experience that you have received with the content on the site?
4. Have you posted on the MINA. For Men, For Health platform? Why did you post or not post?
5. Have you responded to any posts? Why did you post or not post?
6. How often do you engage with others on the MINA, For Men, For Health platform?
7. Does the presence of supportive and encouraging comments on healthcare promotion posts encourage engagement on social media channels?
8. How do you feel about the interactions you have with social media channels related to HIV, such as informational brochures or websites?
9. What brand touch points on social media channels are used for health programs?
10. How do you engage with different touch points on social media channels when it comes to healthcare promotion messaging?
11. How do you perceive and respond to different touch points on social media channels in the context of healthcare promotion messages?
12. Are there any differences in motivation for positive engagement with healthcare promotion messaging on different social media channels (e.g., Facebook, Instagram, X)?
13. Have you encountered any content or platforms specifically designed for men living with HIV? If so, how effective do you find them in providing support and information?

14. How do you feel about the interaction you have with social media channels related to HIV, such as informational brochures or websites?
15. How well do you think that programs related to HIV cater to the emotional and psychological well-being of men living with the condition?
16. Have you ever felt stigmatized or misunderstood by messages related to HIV prevention and treatment? If so, can you provide an example?
17. Are there any touch points that you believe could be improved to better serve men living with HIV? If yes, how?
18. How likely are you to engage with HIV-related support groups in your neighbourhood vs. online communities? What factors influence your decision to engage or not?
19. Do you think the programs related to HIV adequately address the specific needs and concerns of men living with the condition? Why or why not?
20. Have you ever encountered materials or groups that have positively impacted your overall well-being as a man living with HIV? If so, what were they, and how did they help?
21. In your opinion, what role do public information platforms play in providing education, support, and empowerment to men living with HIV?
22. How has the use of relevant and relatable language or tone been utilized on the MINA. For Men. For Health Facebook platform to resonate with you and create interest in sensitive healthcare campaigns?

Appendix C – How themes were derived?

To enhance analytical transparency and demonstrate rigour in the thematic analysis process, each theme was derived from a systematic coding process. Initial open codes were generated inductively from the interview transcripts and subsequently clustered into higher order categories, which were refined into final themes. Below presents an explicit mapping between the original codes and the final themes.

Theme 1: Social Media's Role in Brand Development

Indicative Codes:

- Social media as trusted information source
- Visibility of men's health narratives
- Credibility of official versus peer led content
- Brand legitimacy in healthcare contexts
- Awareness creation through digital presence

Analytical Link:

These codes clustered around perceptions of social media as a credible and visible entry point into health communication, supporting the role of digital platforms as foundational brand touchpoints in healthcare promotion.

Theme 2: Brand Touchpoints and Customer Journeys

Indicative Codes:

- Fragmented engagement across platforms
- Fear of disclosure
- Privacy and anonymity concerns
- Entry , exit, re-entry patterns
- Trust-building over time

Analytical Link:

These codes revealed that men's health engagement journeys are nonlinear and cyclical, shaped by stigma and confidentiality concerns. This directly informed the conceptualisation of customer journeys as adaptive and discontinuous in healthcare contexts.

Theme 3: Social Media Brand Communities

Indicative Codes:

- Peer support and shared experience
- Sense of belonging
- Community reassurance
- Moderation and safe spaces
- Normalising conversations about HIV

Analytical Link:

Codes reflected collective meaning-making and emotional safety within online communities, leading to the identification of brand communities as trust-building and stigma-reducing environments rather than purely engagement-driven spaces.

Theme 4: Customer Experience Journeys on Social Media

Indicative Codes:

- Emotional safety
- Relatable content
- Platform-specific expectations
- Youth versus older audience engagement
- Ease of participation

Analytical Link:

These codes highlighted experiential dimensions of engagement, aligning customer experience with emotional resonance, accessibility, and platform affordances rather than transactional outcomes.

Theme 5: Strategic Social Media Messaging

Indicative Codes:

- Tone of messaging (non-judgemental vs prescriptive)
- Use of humour and storytelling
- Cultural relevance and local language
- Simplification of biomedical information (e.g., U=U)
- Message relatability

Analytical Link:

Messaging effectiveness emerged as contingent on tone, cultural grounding, and narrative style, supporting the development of this theme around strategic content design for sensitive health communication.

Theme 6: Digital Technologies in Healthcare Promotion

Indicative Codes:

- Platform affordances
- Speed of information dissemination
- Advocacy and visibility
- Digital literacy barriers
- Privacy-enhancing features

Analytical Link:

These codes captured the enabling and constraining roles of digital technologies, informing the theme's focus on how technological infrastructures shape access, engagement, and advocacy in healthcare promotion.