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Decision-Making for HIV AIDS Prevention: Altruism and the Moral Norm

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Research article

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／# Abstract

Background; the purpose of this enquiry was to understand how gay men form and maintain their attitudes towards HIV transmission preventative behaviors. The cost of HIV/AIDS to society is very high and increasing. The pressing need is to increase the rate of behavioral *adherence* to methods intended to prevent the transmission of the HIV virus to gay men, the most at-risk population. Current knowledge about how to increase/maintain adherence comes from research primarily focused on understanding current behavior. The purpose of this enquiry was to understand more about how gay men initially form and then maintain their attitudes towards preventative behaviors.

Methods; Using the Narrative Inquiry method, we recruited sixteen gay men from the Melbourne gay *milieu,* who *narrated* their autobiographical life histories. (The term *narrated* is consistent with the Narrative Inquiry method.). Each narrator's autobiographical life history was reviewed as one whole, and themes within each were identified. One of the researchers is a gay man who had been immersed in the narrators' *milieu* since 1985, closely involved with HIV/AIDS as an experiential phenomenon. He was therefore able to understand each life story as personal experience and embrace it intellectually.

Results; Once the *narrators* acquired knowledge of preventative behavior they consistently *adhered* to that behavior. They *adhered* because of fear of HIV infection and because they held a *moral norm* that obligated them to behave *altruistically* to achieve values important to them; to protect not only themselves, but also their sex partners, loved ones, and their positive self-evaluation. They saw their HIV negative status, and their *adherence,* as both pre-requisites and enablers for achieving their goals in life. They took a long-term view of life and planned accordingly. Their autobiographies were a narrative of their life trajectory their *Quest for the Ideal Gay Life,* in whatever terms they imagined it.

Conclusions; Dick and Basu's Framework for Customer Loyalty, a commercial marketing communications theoretical framework, explains development and maintenance of these men's *loyalty* (their consistent *adherence*). This understanding, within a marketing communications framework, will inform development of social marketing communications aiming to increase *adherence* to behaviors that prevent HIV transmission.

Background

Soon after the advent of AIDS, a behavioral intervention to prevent the transmission of the HIV virus was promulgated (1). This intervention, termed *safe sex,* required the consistent use of condoms and lubricant for insertive anal intercourse. The generally high rate of *adherence* to *safe sex* in Australia was largely successful in limiting the spread of the HIV virus from the mid-1980s (1). In the new century, new biomedical interventions are being deployed in Australia (2, 3, 4). These are Post-Exposure prophylaxis (PeP), Pre-exposure prophylaxis (PrEP) and Treatment as Prevention (TasP). PeP stops HIV infection when taken immediately after a possible transmission event. On the other hand, PrEP and TasP require consistent *adherence* to a treatment regimen if they are to successfully prevent transmission of the HIV

virus (2). Similarly, men *not* using PrEP or TasP need to maintain consistent condom use (5). Therefore, while HIV transmission preventative methods have evolved over the course of the epidemic, the need to maximize *adherence* to preventative regimens remains unchanged if new HIV infections are to be prevented. The introduction of biomedical interventions has led to the suite of transmission prevention measures (which includes use of condoms) being termed Combination Prevention; "…the application of evidence-based biomedical, behavioral and social prevention interventions to achieve a common outcome: the prevention of HIV transmission. Elements of combination prevention include safe behaviors and condom use, testing and counselling, linkage to and retention in care, and treatment." (2, pg. 16 referring to de Wit and Adam (2014)).

Current knowledge about how to increase/maintain *adherence* to Combination Prevention regimens comes from research primarily focused on understanding *current* behavior.

The need existed to understand more about how gay men *initially* form and then maintain their attitudes towards preventative behavior. Obtaining this knowledge was the first aim of this enquiry. The second aim is for this understanding to inform the development of social marketing communications intended to increase the degree of *adherence*. This will require behavior change. Effective behavior change communications require the communications designer to have an insightful understanding of the people to be targeted by the communication. Consequently, our understanding is based on *insights* into attitudes and behaviors rather than simply on a *description* of those attitudes and behaviors. We understood from our review of literature, that gay men's sex practice evolves over their lifetimes. Accordingly, the Narrative Inquiry method (6), an ethnographic method, was chosen because it would enable the collection of autobiographical life histories. These autobiographies provided rich and insightful data about how attitudes are initially formed and how they might change and/or be maintained throughout the life course.

The effectiveness of marketing and education in changing attitudes and behaviors has been documented in the commercial marketing (7), social marketing (8, 9) and Health Education and Health Behavior (HBHE) fields (10). Commercial marketers aim to persuade target consumers to develop favorable attitudes towards, and regularly purchase the marketer's *preferredbrand* of good or service (7). Similarly, health promotions communicators aim to persuade their targets to consistently practice the communicator's *preferredhealthbehavior* (10). People may maintain their initial attitudes and behaviors for a long time, possibly a lifetime. This is why creating initial (first-held) loyalty, that is, to consistently purchase the preferred *brand,* is an objective of commercial marketing (11, 7), social marketing (9, 12), and education and training. See for example the Jesuit Maxim "Give me a child until he is seven and I will give you the man" (13, pg. 341), which has been extensively discussed in terms of education, early experience and environment (14, 13, 15, 16). Communications intended to change or maintain a particular behavior work more effectively when they are developed using theoretical frameworks. This is the case in both the Health Education and Health Behavior area (HEHB) (10) and in commercial marketing (7). Therefore, finding appropriate theoretical frameworks is essential if we are to translate

understanding of attitude formation and maintenance into effective promotions to increase *adherence* to Combination Prevention regimens.

Our analysis of the narrators' autobiographical life histories (described in the next section) showed that they held a *moral norm* (their 'internal values') that required them to behave *altruistically* to express values important to them (17). These 'values' were the protection of their sex partners and loved ones, themselves and their positive self-evaluation. The narrators saw their HIV negative status, and their *safe sex* practice, as both pre-requisites and enablers for achieving their goals in life. These were men with goals beyond short-term pleasures. They took a long-term view of life and planned accordingly. Their autobiographies were a narrative of their life trajectory (18, 19), something we term their *Quest for the Ideal Gay Life,* in whatever terms they imagined it.

Dick and Basu's Framework for Customer Loyalty (FCL) (11) is a commercial marketing communications theoretical framework. It enabled us to frame our understanding of the process by which gay men develop and maintain their attitudes towards *adherence* to Combination Prevention regimens. In the language of the FCL, men who are *loyal* to a Combination Prevention regimen will demonstrate *repeat patronage*, that is, they will consistently *adhere* to their regimen. This understanding, framed within a marketing communications theoretical framework, provides managerial direction for the design of promotions intended to create initial (first-held) loyalty and to maintain that loyalty over the lifetime. This article concludes with recommendations for further research and for trials of recommended marketing communications campaigns.

Methods

As explained in the Introduction, we had concluded that we needed to study gay men's life histories in order to understand their evolution of attitudes and behavior. Research which is intended to inform health promotion interventions is best performed among the target population in the environment in which that target will be expected to undertake the preferred health behavior (10). The situation is similar in commercial marketing where marketing research is best performed among the target potential consumers, in the environment in which they buy and consume the product (7). Therefore, in order to acquire an insightful understanding we needed to focus on the psychosocial dynamics operating in the one *milieu,* the one social location. Therefore, we needed to recruit gay men who had been living in that *milieu* for some years. One author was deeply familiar with the Melbourne, Australia gay *milieu* and therefore qualified to conduct research within that *milieu.*

He used his interpersonal networks to recruit narrators (as participants within the Narrative Inquiry method (6) are termed). This method is most similar to Connell (20), who implemented a life course perspective to study a group of men in one social *milieu*. To avoid any sense of social obligation, it was important that he not know the participants. Accordingly, he approached his friends and network members, and asked them to locate suitable participants from within their networks. This recruitment method is called "snowball sampling" (21 pg. 495), and is in keeping with the ethnographic style of this

enquiry (22). The method is similar to the work of Adam (23), Celsi, Rose & Leigh (24) and Connell (20). They also conducted ethnographic studies of groups of people in the one social location.

All narrators signed the consent documents, agreed to the electronic recording (sound only, no video), and returned for their second session where needed. None withdrew from the project or exhibited a great deal of stress during the interviews. As far as is known, only one narrator availed himself of any counselling services (regarding issues to do with his partner's unpleasant behavior within their relationship, a subject the narrator discussed in his narration). The lack of recourse to counselling is probably because the narrators self-selected themselves, were years beyond the coming-out process, and were accustomed to recounting their life stories to other gay men.

In the manner of Connell (20), we intended that their autobiographical life histories incorporate a description of what actually happened – not just how the event was experienced – any adjustments to new life conditions, and the history of their sexual practices and so on. Institutional transitions provided framework for memory (e.g., entry to workforce, entry to school) (20). Life histories included the interactive practice in those institutions (particularly families, workplaces and schools) (20). Sixteen gay men aged 25–60 narrated their autobiographical life histories, usually over two sessions of three hours each. There were over 30 interview sessions, totaling approximately 80 hours. The transcripts and recordings were reviewed with attention to both the narrative thread and the themes for each narrator. Identification of themes is a commonly used method in health research (26, 27). Researchers such as the aforementioned typically seek to locate distinct themes across a number of participants. On the other hand, as narrative inquiry researchers we sought connections by theme across stories from the one narrator (6). Seeking themes for each narrator concurs with Stake's (28) discussion of qualitative case study methodology, where he noted that a single researcher can understand the case as personal experience if they can embrace it intellectually. This requires that the researcher "become personally knowledgeable about the activities and spaces, the relationships and contexts, of the case" (28 pg. 455). Therefore, once the researcher has become experientially acquainted with a particular case (in this instance, a particular narrator), it becomes *embraceable*, and the researcher can see and enquire about the case personally and come to understand the case "in the most expected and respected ways" (28 pg. 455). Embraceability aligns with the concept of *immersion*, an excellent way to learn (29). One of the researchers in this study had been *immersed* in the *milieu* since 1985, closely involved with HIV/AIDS as an experiential phenomenon through socializing, caring, visiting hospitals, funerals and so on. Based on the above, he analyzed the transcripts and recordings. Life events were documented in chronological sequence with emphasis on key events, transitions, changes in life circumstances (20), and sexual behavior over time with special focus on *adherence* or *non-adherence* to *safe sex*, and casual and long-term relationships. Clandinin's (30) recommendation was adhered to – that is, to study the story of each life in three dimensions: personal/social (what happened and with what feelings and how this relates to the *milieu*); temporal (when did it happen); and place (where physically, and with what relation to the *milieu*) (30). Studying these three dimensions also enabled us to analyze life histories with reference to Dick and Basu's (11) *loyalty* relationship. That is, the strength of the relationship between the individual's *relative attitude towardsthe brand* (in this enquiry, *adherence* or *non-adherence* to the behavior of *safe*

sex, the only preventative available at the time) and the individual's pattern of *repeat patronage behavior.* That is, to what extent did the narrator *adhere* to *safe sex*? Thus, we needed to know what happened, where, when, in what *milieu* context, and what feelings did the narrator feel (the dimensions described by Clandinin above). In doing so we took account of demographics, personality traits, and beliefs about outcomes and the attitudes of significant others - the *referents* (31).

Life histories were also analyzed within the Framework for Customer Loyalty (FCL) (11) to understand the process of development of *loyalty* to *safe sex*. We closely studied the antecedents to loyalty. These are the cognitive (thought processes and acquisition of information); the affective (feelings and emotions, especially about homosexual masculine identity and *safe sex* or condomless anal intercourse (CLAI), mortality, self-protection and protection of others); and the conative (behavior) antecedents – previous behaviors and their outcomes.

Similarly, the impact of mediating factors was studied – both social norms (attitude towards *safe sex* by current and potential sexual partners, peers, desire for approval, love, other emotional situational factors) and situational factors (availability of condoms and lubricant, influence of drugs and alcohol). Particular emphasis was placed on events and factors that influence strength of attitudes and perceptions of the differentiation between *safe sex* and CLAI. This perception of difference is an essential pre-requisite to the individual developing different relative attitudes towards *safe* vs. *unsafe sex* practice.

In the next section we review the outcomes of these narration sessions. In the words of Agar (22 pg. 4859), "Ethnography has a defined starting point, but as it progresses a study is emergent."

Results

The narrators acquired knowledge about *safe sex* variously through health promotions, gay community attachment, word-of-mouth, education at school and from their early-and/or-initial sex partners. Once loyalty to either *safe sex* or CLAI was established, only a major external event would cause change. These were the advent of AIDS (older narrators), or a personal epiphany. The rationales for the narrators' behavior were fear that they would become infected with HIV, and a *moral norm* that obligated them to behave *altruistically* to achieve values important to them (17) - protection of their sex partners and loved ones, themselves and their positive self-evaluation. This *double obligation and double motivation* explains why they became *adherent* to Combination Prevention upon learning that it would protect them from HIV infection. The Framework for Customer Loyalty (11) enables understanding of the formation and maintenance of their attitudes to *safe sex* within a marketing communications theoretical framework, thereby providing managerial direction for the design of social marketing communications promotions intended to create and maintain *adherence* to a Combination Prevention regimen.

In the remainder of this article, we will briefly review the biomedical literature regarding HIV/AIDS. Then we will discuss our search for theoretical concepts and frameworks, intended to enable understanding of the process by which gay men develop and maintain their attitudes towards *adherence* to a Combination Prevention regimen.

HIV/AIDS Literature

The specific sexual behaviors acknowledged as effective in preventing transmission of the HIV virus have evolved over the course of the epidemic. The original *safe sex* practice was codified in the early 1980s as the frontline preventative action to prevent the transmission of the HIV virus (1). From the mid-1980s, the public health authorities in Australia promulgated *safe sex* (always use condoms for insertive sex and always assume that everyone else is HIV positive). This campaign was largely successful in that the rate of new infections slowed considerably. Between 1986/7 and 1996/7 there was a rapid uptake of condom use (1) ".. closely associated with a concomitant decline in HIV and STI transmission", due to behavioural change by gay men (1 pg. 352).

Race (32) considers that gay men balance precaution with preference for condomless anal intercourse (CLAI). Consequently, some gay men began using HIV positive/negative status as a strategy to negotiate CLAI (32). Accordingly, from the mid-1990s a steady increase in the proportion of gay and other *Men who have Sex with Men* (MSM) reporting CLAI with both regular and casual partners was identified (33). Evolution of transmission preventative methods continues. New biomedical preventative methods are being deployed now in Australia (2, 3, 4). Post-Exposure prophylaxis (PeP) stops HIV infection when taken immediately after a possible transmission event. Pre-exposure prophylaxis (PrEP) protects an HIV negative man from infection, and Treatment as Prevention (TasP) prevents an HIV positive man from transmitting the virus to others. The PrEP and TasP users must adhere consistently to their medication regimens to prevent the transmission of the HIV virus (34). Men not on TasP or PrEP must use condoms consistently to prevent virus transmission (5). The number of new HIV diagnoses in Australia increased in the period 2010 - 2017, and the proportion attributed to MSM rose slightly to 75% (35). CLAI by MSM with casual partners is the main risk factor for HIV transmission in Australia (5). (In the USA, the main risk is CLAI with a steady partner (75). Condom use by men not on TasP or PrEP will need to be maintained, "to achieve the maximum net benefit of antiretroviral-based intervention" to reduce the rate of new transmissions (5 pg. 77).

In conclusion, consistent *adherence* to a Combination Prevention regimen is required in order for the Seventh National HIV Strategy to achieve "the virtual elimination of HIV transmission in Australia by 2020." (2 pg. 5).

Discussion

The Importance of the Milieu

Those narrators who became sexually active before the advent of the AIDS epidemic practiced CLAI, because it was the peer norm in their *milieu*. Those who became sexually active *after* the advent of HIV/AIDS fell into two groups, determined by the peer norm of the *milieu* in which they started having sexual intercourse. Most narrators started their sex practice in a *milieu* in which *safe sex* was the peer norm. Some had learned about *safe sex* before they started having sexual intercourse. This learning

came through promotional information, sex education in school, and/or through word-of-mouth. Others learned about *safe sex* from their early-and/or-initial sex partners. Others started their sexual experiences with CLAI. Soon afterwards, they sought information about *safe sex,* or others in their *milieu* told them about it. Once they learned about *safe sex*, they became *safe sex* loyals - *adherent* to a regimen of consistent condom use. On the other hand, two narrators consistently practiced CLAI for long periods of their lives. This was because the peer norm was CLAI in the *milieux* in which they started to have sexual intercourse.

External Interventions Can Change Loyalty

In addition to the learning processes described in the foregoing, external events caused some men to commit to *safe sex*. The first external event was the advent of AIDS, and the second were personal epiphanies that befell two narrators. In the period before the advent of HIV/AIDS, those narrators who were having sexual intercourse practiced CLAI, the norm at that time. After the advent of HIV/AIDS, their new fear of HIV infection, plus the new information about *safe sex*, caused these narrators to convert from CLAI to *safe sexloyalty.* Their community attachment and the effectiveness of the *safe sex* communications caused them to convert. For two narrators, personal epiphanies caused them to convert to *safe sex*.

The outcome for the narrators; one narrator became HIV positive very early in the epidemic. *Safe sex* had not been codified at the time of his infection. The 15 others were HIV negative at the start of the epidemic, or the start of their sexual activity, whichever came first. All but one remained HIV negative; he too would have remained HIV negative except for a flukish accident.

HIV testing did lead to changes in behavior in some narrators, and not in others. One felt unwell, and had an HIV test with a Positive result. He then changed his sexual practice to *strategic positioning* (36). At the advent of AIDS, another narrator had changed his sex practice on learning about *safe sex.* Some time later he had an HIV test. His negative result did not lead him to change away from *safe sex*, because in his view the risk of CLAI remained.

The narrators' stories indicate the importance of integrated marketing communications campaigns and the need to make that message immediately relevant to the recipient in a way that they understand. Both technically (*what do I need to do?*) and as a high-risk threat to them personally (*why does this apply specifically to me?...and why now?*).

All narrators, positive and negative, single or partnered, retired or working, consider *safe sex* as the enabler of their happiness. They regarded *safe sex* as protecting themselves and their sex partners, loved ones and their self-evaluation. The narrators' report more-rigorous *adherence* than the general population with regards to use of condoms outside of their steady relationship (35).

The Overall Themes of the Narrators' Autobiographical Life Histories.

The overarching themes of the narrators' autobiographical life histories regarding sex practice were fear and protection. All sixteen narrators cited self-protection as an important reason to *adhere* (be *loyal*) to *safe sex*. Several narrators, unsurprisingly, explicitly cited the fear of illness as a major driver. Several mentioned that their health was their own responsibility. Importantly, protection extended beyond the self. The protection of their long-term partners was, if anything, an even more important driver of the narrators' *adherence* to *safe sex* than was self-protection. Of the 12 narrators with long-term partners, all mentioned the very high importance of protecting them.

Caring for others was also a prime driver of *adherence* for our narrators. Three narrators are carers for HIV positive people. One is a social worker, caring for abused men and boys (abused sexually and otherwise). Another brought up two young children on his own after his wife (their mother) left them. Another narrator was additionally motivated by his need to protect his mother's feelings by not becoming HIV positive. Another saw *adherence* as a moral commitment. A professional sex worker was scrupulous in always using condoms with his clients. He also took the trouble to explain to them why consistent condom use was so important, and why relying on people telling you that they are HIV negative is neither reliable nor sensible. Caring for others was also demonstrated by initiating novice men into consistent condom use.

For all narrators, self-identity was closely aligned with their consistent *adherence* to *safe sex* and with protecting their HIV negative status (negative narrators), their general good health (positive narrators) and the protection of others. Seven narrators stated that their self-identity is closely entwined with their partner and the need to protect them.

And finally, the narrators all consider that what we termed their *Quest for the Ideal Gay Life* (however they defined it) was facilitated by their *adherence* to *safe sex.* All narrators articulated their life satisfaction and overall happiness with their present-day lives. Four were happy in their retirement. One, despite living in a nursing home, still finds sexual pleasure with one of the young care attendants. Another enjoys his part-time job while seven are enjoying their full time careers. Some are continuing their studies, and several have found fulfillment in their relationships.

The Theoretical Rationale for Caring

The narrators cared for others because they held a *moral norm* that obligated them to behave altruistically to achieve values important to them (17), namely, the protection of their sex partners and loved ones, self-protection (the protection of their HIV negative status), and the maintenance of their positive self-evaluation. Altruistic motivations are internal sources of motivation for helping (17). They are "intentions or purposes to benefit another acting as an expression of internal values, without regard for the network of social and material reinforcements." (17 pg. 222). Schwartz therefore considered *altruism* to be distinct from *social and material reinforcements*.

Social norms act as external controllers on the individual's behavior, with various social sanctions attached should they be transgressed (17). In contrast, personal norms are anchored in the self and bring with them the individual's self-evaluation (17). That is, the individual's view of themselves and their

expectations therefore of their own behavior. Because behavior is tied directly to the maintenance of the self-evaluation, the self-evaluation acts to support some behaviors and to sanction others (17). Conforming, or the anticipation of conforming, enhances positive self-evaluations such as pride, self-esteem and security (17). Violating the self-evaluation, or anticipation thereof, brings negative self-evaluations such as loss of self-esteem, guilt and self-criticism (17). In their meta-analysis, regarding the Theory of Planned Behavior (TPB), Conner and Armitage (37) found support for the inclusion of the *moral norm* in the TPB. Rivis, Sheeran and Armitage (38) found the *moralnorm* to be strongly associated with significant consequences for others. Conner and Armitage (37) concluded that strong self-identity would strengthen attitude through the mechanism of attitudinal consistency. The narrators' stories concur with these findings. The *adherent* narrators' narratives showed a consistent drive to maintain a favorable self-evaluation through their consistent execution of *safe sex.* Schwartz (17) summarized the drivers of this behavior in the foregoing explanation. The narrators therefore reinforce Schwartz's observation that "internalized norms are standards for behavior which are self-reinforcing" and "represent ideals against which events are evaluated." (17 pg. 231).

The Pre-Existing Content-Specific Norm

Schwartz (17) proposed a process for *moral norm* construction. He termed these "*preexisting content-specific norms"* (17 pg. 233). These norms were formed based on the individual's past experiences, were then internalized, and would create self-expectations to be drawn-on in current situations (17). Therefore, the *pre-existing context-specific norm* obviates the need to construct a norm on every decision-making occasion. It therefore acts in a similar way to brand *loyalty* within the Framework of Customer Loyalty (FCL) (11). *Loyalty* to a particular brand removes the need for the individual to evaluate competing brands each time he needs to make a purchase (11). The addition of the *moral norm* and the *pre-existing content-specific norm* to the FCL is illustrated in Figure 1.

The *adherent* narrators possessed a *pre-existing content-specific norm,* their *loyalty* to *safe sex*, which they consistently practiced without undertaking a process of norm construction every time they contemplated undertaking sexual intercourse. In this regard, it is likely that the narrators' consistent reporting of their *adherent* practice is akin to what Schwartz describes as "a well-practiced instrumental reaction [which] may be elicited directly by the appropriate stimulus without feelings of obligation (e.g. a medic treating a wounded soldier under fire)." (17 pg. 233).

Double Obligation and Double Motivation

The narrators went beyond invoking their *pre-existing content-specific norm* and *adhering* self-protectively to protect themselves. In addition they *adhered* altruistically to protect their sex partner and loved ones and to maintain their positive self-evaluation. This form of *double obligation and double motivation* explains the consistent and rigorous implementation of this norm by the *adherent* narrators. The narrations provide numerous examples of *double motivation and double obligation* whereby the narrators

acted to protect themselves and others. *Double obligation and double motivation* concurs with studies which have identified both self-directed (egoistic) and altruistic motivators (39) and that individuals exhibit the highest motivation when they have both a high concern for self and for others (40). How *double obligation and double motivation* contributes to the creation of the *pre-existing content-specific norm* can be explained in detail by Schwartz's Processual Model (17). It is an actionable model for the creation of a *pre-existing content specific norm* (such as consistent *adherenc*e to a Combination Prevention regimen) which then acts as an instrumental (automatic) reaction whenever the appropriate cue (that sexual intercourse is imminent) is provided to the actor (17).

Other authors have identified that caring for others is likely to create effective health promotion campaigns to further increase *adherence* (23, 41, 42, 43). Caring for others is a significant theme in this article.

Personal Norms as a Source of Sanctions

Schwartz (17) noted a study by Acock and DeFleur (44) which adds credence to the view that social norms do not have a strong influence on behavior. On the other hand, those persons who were a potential source of sanctions in the specific situation thereby influenced the behavior of the individual; "considering in particular, possible sanctions for acting one way or another; *then* he makes his action decision." (44 pg. 725, emphasis in the original). This concurs with the narrators' stories - because sexual intercourse is a private matter (and therefore, as in the Acock study, the social norm referents would be unlikely to find out about the behavior), it is the personal norms that determine behavior and not the social norms. However, as Schwartz (17) observes, social norms might well have been already built into the individual's personal norms. On the other hand, the sex partner is a potential source of sanctions. When confronted with requests for CLAI, the narrators imposed the social sanction of withholding sexual intercourse. Thereby the narrators demonstrate high Perceived Behavior Control (45). Examples of narrators imposing sanctions on sex partners include refusing CLAI, and in some cases ending the relationship if condom use was refused.

Exposure to a Direct Appeal Will Result in Safe Sex Practice.

The narrators' stories concur with Schwartz (17) that "A final basis for responsibility is exposure to a direct appeal." (17 pg. 249). A direct appeal will focus responsibility very clearly from the person needing help to the person being addressed (17). Some narrators mentioned that their partner requested condom use, and of course, in other circumstances the narrator requested the use of condoms. Both forms of request constitute a direct appeal.

Direct Activation of Social Norms

Schwartz (17) concluded that social articulation of a norm (such as advertising to promote *adherence*) might block the activation of personal norms, leaving the individual to feel deprived of freedom of choice and therefore of responsibility and the self-satisfaction which could be achieved through satisfying their own personal norms. Consequently, social articulation of the norm might create "perception of social pressure to act which elicits reactance." (17 pg. 269). The narrators did not support Schwartz on this point. They reported that social articulation of *safe sex* had acted to educate them.

Conclusions Regarding Normative Influences on Altruism

This enquiry enables understanding of attitude formation and evolution in a way that provides managerial direction for the creation of social marketing communications to promote *adherence* to Combination Prevention regimens. Most notably, the key role of the personal *moral norm*, altruistic behavior, *double obligation and double motivation, pre-existing content specific norms* and the nine step Processual Model. Finally, the use of the direct appeal to activate the personal *moral norm*. These findings inform the design of future Combination Prevention promotions.

Sadly, not all men possess a *moral norm*, and so not all men behave altruistically. In a Sydney court a man "pleaded guilty in March (2018) to recklessly causing grievous bodily harm to his former partner" by transmitting the HIV virus to him (46). His former partner said in court, "He made no reasonable effort to stop the prevention of a completely preventable disease. I never got an apology. I never got any sympathy from him for what he did to me. And for what he put me through, I will never be able to forgive him." (46).

A Theoretical Framework Provides Managerial Direction for Health Promotions to Increase *Adherence* to Combination Prevention Regimens.

Effective implementation of the findings requires the identification of theories and frameworks. Campaigns/interventions are more likely to succeed when they are based on theories or frameworks (10, 7). Marketing loyalty frameworks have been shown to be effective in other contexts in recruiting and retaining 'clients' (7). And an extensive 'toolbox' exists to assist marketers in recruiting and retaining 'clients' (7). We selected Dick and Basu's Framework for Customer Loyalty (FCL) (11) because it is a well-known marketing framework for managing customer *loyalty*. In addition, other researchers have referred to it as the classical model of loyalty in marketing (47). As Dick and Basu (11, pg. 99) explain in their introduction; "The objective of this article is to develop a new conceptual framework to understand more fully the cognitive, affective and conative antecedents of customer loyalty as well as its consequences." Furthermore, others had researched it in an attempt to provide empirical evidence to demonstrate its predictive ability (48). Our analysis of the narrations demonstrate that firstly, the Framework for Customer Loyalty (FCL) (11), illustrated in Figure 1, provides an illuminating method by which to categorize and understand the narrators' autobiographical life histories. Secondly, FCL provides a framework that enables understanding of each narrator's process by which he developed and changed his attitude and behavior regarding *adherence.* That is, in terms of the FCL they exhibited consistent *repeat-patronage* of *safe sex.* This was because all narrators held strongly differentiated perceptions of *safe sex* compared

with CLAI*,* and strong attitudes towards both. They lived in a *milieu* where *safe sex* was the *social norm* and *situational influences* (availability of *safe sex* materials and information) supported *safe sexpractice*. (During the period of their lives when two narrators were loyal to CLAI, they were attached to parts of the *milieux* where CLAI was the *norm*.) Therefore, findings support the predictive capabilities of the FCL; they either practiced CLAI consistently if they had a strong relative attitude in favor of CLAI, or they practiced *safe sex* consistently if they had a strong relative attitude in favor of *safe sex.*

We also found passages in the narrations that illustrate all the components of the FCL and explained the evolution of *safe sex* loyalty. We conclude therefore that the FCL framework provides managerial direction as to how to deploy the understanding (of formation and evolution of attitudes) into social marketing communications to create and maintain *adherence* to Combination Prevention regimens.

Garland and Gendall (48 pg. 81) conducted “a test of the predictive ability of Dick and Basu’s model in personal retail banking.” in New Zealand. Their findings concur with ours “both relative attitude and share loyalty are significant predictors of number of banks used.” (48 pg. 85). They concluded that the FCL might have validity in “subscription type markets” with a small number of brands and low customer churn rates (48 pg. 81). This concurs with our findings, in that it could be argued that the gay sex ‘market’ is similar to Garland and Gendall’s (48 pg. 81) “subscription type markets” in that there are a small number of brands (today there are three brands; abstinence, *non-adherence* and *adherence*) and low customer churn rates (most gay men remain loyal to one brand, most of the time). Our findings regarding the non-defection of *safe sex* loyals also concurs in that the most loyal customers have “the lowest probability of defection” (48 pg. 85).

The individual’s self-evaluation (17) and the individual’s drive to maintain it, shares characteristics with the cognitive antecedent of centrality (11). Centrality is the degree to which an attitude toward the brand relates to the value system of an individual (11). Attitudes that are central cause both the individual’s values and the likely outcomes of proposed actions to be considered in the decision-making process (11) Being central, they relate to knowledge held in memory, are distinct, cause affective emotional response when activated, and are frequently activated (11). Central attitudes are important, are stable over time, resistant to counter-persuasion and are strongly associated with behavior (11). On the other hand, attitudes not closely related to the individual’s values are more likely to be swayed by counter-persuasion, resulting in variable loyalty (11). From the narrations it is clear that *safe sexloyals* held *safe sex* as a central attitude which was closely related to behavior through its’ impact on accessibility (ease of retrieval) (11).

Moreover, the narrators were completely resistant to counter-persuasion (11). Dick and Basu (11) refer to a study by Sirgy and Samli (49) who found that congruity between store image and self-image is related to store loyalty. In our enquiry it was clear that the *safe sex* narrators strove to achieve congruity between their self-image (their self-evaluation) and their perceived image of *safe sex.*

Conclusions and Contributions to Knowledge Regarding Dick & Basu’s Framework for Customer Loyalty

1. The FCL enables understanding of attitude formation and evolution in a way that provides managerial direction to the developer of social marketing communications to increase *adherence* to Combination Prevention.
2. This enquiry's finding supports the predictive capabilities of the model. This is broadly aligned with some previous studies (48).
3. The findings suggest two additions to the FCL. These are the Feedback Loop and the additional consequence of Satisfaction (see Figure 1).
4. Dick and Basu (11 pgs. 7 - 109) provide specific direction for managing loyalty. In addition, the FCL provides a linkage to the extensive body of marketing research that is available to the developer of social marketing communications to increase *adherence* to Combination Prevention.

Conclusion

This enquiry achieved its purpose; to understand how gay men form and maintain their attitudes towards HIV transmission preventative behaviors. Our intention, in common with that of many health researchers in the HIV field is that this understanding be used to guide the development of communications programs to increase *adherence* to transmission prevention behaviors (50).

Abbreviations

AIDS - Auto-Immune Deficiency Syndrome

CLAI - condomless anal intercourse

FCL - Framework for Customer Loyalty

HBHE - Health Education and Health Behavior

HIV - Human Immunodeficiency Virus

MSM - Men who have Sex with Men

PeP - Post-Exposure prophylaxis

PrEP - Pre-exposure prophylaxis

TasP - Treatment as Prevention

TPB - Theory of Planned Behavior

VAC - Victorian AIDS Council

USA – United States of America

Declarations

- Ethics approval and consent to participate

This article is derived from a PhD research project that met all the requirements of the Ethics Approval from the Swinburne University of Technology under SUHREC Project 0708/130. All participants signed a Consent Form. These forms are held on file.

- Consent for publication

Not applicable.

- Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request. They consist of transcripts of the participants' autobiographical life histories.

- Competing interests

The authors declare that they have no competing interests.

- Funding

There was no funding provided from any source for the research reported in this work.

- Authors' contributions

GC conducted the research as student investigator and wrote his PhD Thesis based on the research process and findings. LJ was GC's PhD supervisor. GC wrote this article based on his Thesis, with LJ's guidance, input and editing. Both authors read and approved the final manuscript.

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- Authors' information (optional)

GC is a gay man who had been immersed in the narrators' *milieu* since 1985, closely involved with HIV/AIDS as an experiential phenomenon. He has lengthy experience as a voluntary carer with the Victorian AIDS Council (VAC) and Action for AIDS Singapore. In recognition of his service he was awarded Life Membership of VAC in 2012. He continues in his voluntary caring work. He undertook this PhD to

help his gay community and as a personal accomplishment. LJ is a senior professor with lengthy high-level experience in academia and an extensive high-level publication record.

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Figures

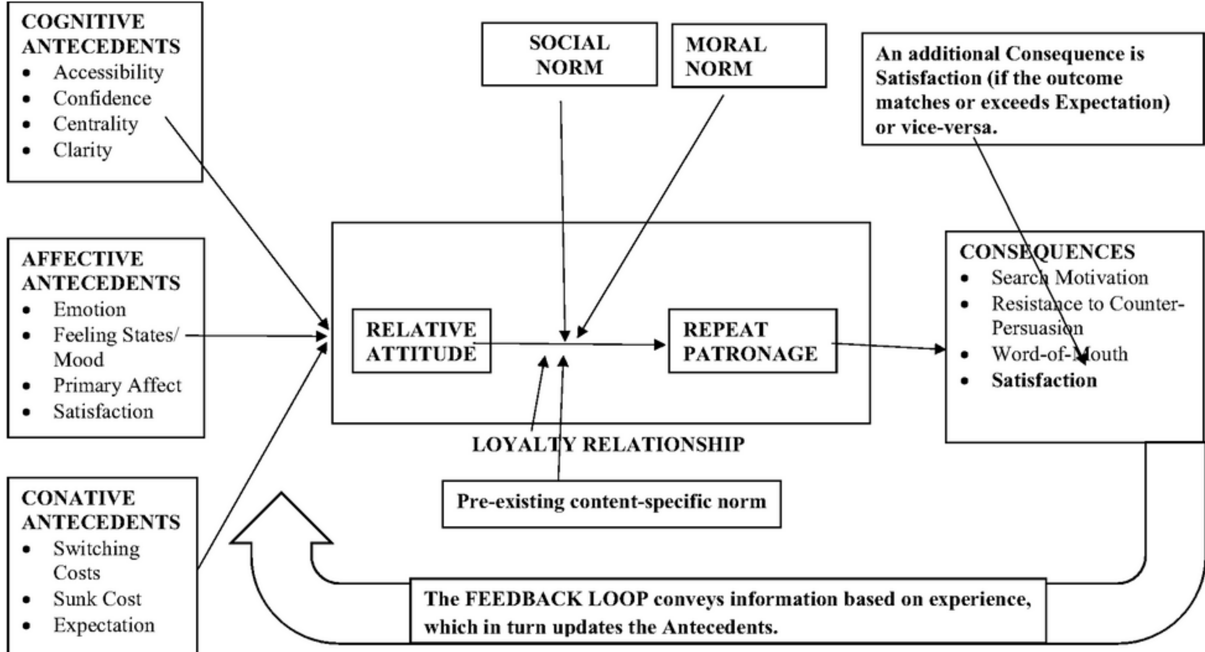

Figure 1

Additions to the Framework for Customer Loyalty.