"Health for Me Is More Than Just the 'Traditional' Not Feeling Ill": Gay Men Identify and Enhance the Assets that Promote Their Health and Well-Being

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Abstract

Deficit-based approaches seldom consider protective contextual factors, characterise individuals with regard to deficiencies and might not facilitate health promotion efforts effectively. Although deficit-based primary human immunodeficiency virus (HIV) prevention programmes for gay men are valued, they limit opportunities to focus on the assets that could promote the broader health and well-being of gay men. Conversely, strengths-based approaches could guide gay men to protect, maintain and promote their health and well-being by focusing on acceptance, support, community coherence and resilience. Yet, limited strengths-based health promotion programmes exist for gay men in South Africa and specifically in its North West province. The study aimed to explore and describe the assets of gay men in this province and the strengthening thereof to promote their health and well-being by applying appreciative inquiry. A snowball sample of 11 gay men participated in asynchronous virtual focus groups on a unique Microsoft Power Apps platform. Seven themes were constructed using thematic analysis. Healthier eating, enhanced mental health, being healthy, achieving balance, physical activity and financial well-being contribute to the broader health and well-being of gay men. The assets of gay men that promote their health and well-being include support, care, positivity, goals, abilities, a sense of achievement, self-acceptance, happiness and learning from past experiences. The study identified individual and community enablers or facilitators that enhance these assets and the broader health and well-being of gay men. The findings address the lack of strengths-based health promotion programmes for gay men and offer pathways for researchers and programme implementers to focus on the broader health and well-being of gay men.

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Introduction

The predominant focus in primary human immunodeficiency virus (HIV) prevention programmes is to decrease gay men's behavioural risk for HIV (Doyle et al., 2021; Goldhammer & Mayer, 2011; Pantalone et al., 2016). Although these programmes fill an essential gap in the healthcare system, critique includes limiting opportunities to focus on positive health behaviours (Goldhammer & Mayer, 2011) and the assets that could promote the broader health and well-being of gay men (Herrick et al., 2014; Wolfe, 2016).

Table 1 provides examples of such current large-scale HIV prevention programmes for gay men and other men who have sex with men in South Africa. Most of these programmes use combination prevention models, are implemented in urban metropolitan areas, and have a narrow focus on the broader health and well-being of gay men. Limited strengths-based health promotion programmes and services exist for gay men in South Africa's North West (NW) province (Baird, 2010; Duby et al., 2018), while civil society organisations, such as Action for Social Justice International and Common Diversity, lead advocacy campaigns.

Table 1: Current large-scale HIV prevention programmes for men, gay men and other men who have sex with men in South Africa

Programme	Population	Model	Services	Province and district/city	Preventive, promotive, curative, comprehensive
POP INN Wellness Centres (Aurum Institute, 2022)	GBMSM, transgender people	Mpowerment model	PSS; HIV, STI, TB √; PrEP; ART; gender-affirming healthcare; hormone therapy	GP (Ekurhuleni: Kempton Park, Tshwane), MP (Ehlanzeni: Mbombela), KZN (uMgungundlovu: Pietermaritzburg, eThekwini: Durban)	Comprehensive
Health4Men (Anova Health Institute, 2023)	MSM	HIVCP, OS	ART; diabetes, hypertension, prostate cancer, STI, TB √; HTS; SRHR; PrEP; PEP; referral; STI, TB management	GP (City of Johannesburg), WC (City of Cape Town), competent clinics and service providers in all nine provinces	Preventive; Curative
Engage Men's Health (Engage Men's Health, 2023)	GBMSM	HIVCP, OS	OS; HTS; ART; PSS; PrEP; CL; sexual health and lifestyle education; STI, TB √; STI	GP (Cities of Johannesburg and Tshwane), EC (Nelson Mandela Bay, Buffalo City)	Preventive; Curative

Programme	Population	Model	Services	Province and district/city	Preventive, promotive, curative, comprehensive
			treatment; referral		
Beyond Zero (BeyondZero, 2021)	MSM	HIVCP	ART; GBV √, awareness; HTS; OS; PEP; PrEP; CL; risk reduction; SRHR; skills building; SD ↓; TB and STI √	EC (Oliver Tambo), FS (Mangaung), KZN (eThekwini, King Cetshwayo), LP (Capricorn, Mopane), MP (Gert Sibande), NW (Bojanala Platinum)	Preventive
Phila (National Department of Health, n.d.)	General population and GBMSM	NR	Health promotion; NCDs, HIV, TB ↓ and √; men's health; HIV and TB treatment; GBV ↓; mental health promotion	National (all nine provinces)	Comprehensive
Phila Ndoda (Memela, 2021)	Men	HIVCP, OS	Clinics and OS; HTS; ART; HIV, TB ↓, treatment; VMMC; condoms; ICEM; NCDs	KZN (Zululand)	Preventive
Mina For Men. For Health (Mina For Men. For Health, 2022)	MLWHA	NR	ART; CCMDD; ICEM; support networks; empowerment	National (all nine provinces)	Promotive

Note. √ = screening, ↓ = prevention, ART = anti-retroviral therapy, CCMDD = central chronic medicines dispensing and distribution, CL = condoms and lubricants, EC = Eastern Cape, FS = Free State, GBMSM = gay, bisexual and other men who have sex with men, GBV = gender-based violence, GP = Gauteng, HIVCP = HIV combination prevention, HTS = HIV testing services, ICEM = information, communication, education, materials, KZN = KwaZulu-Natal, LP = Limpopo, MLWHA = men living with HIV/AIDS, MP = Mpumalanga, NCD = non-communicable diseases, NR = not reported, OS = outreach services, PEP = post-exposure prophylaxis, PrEP = pre-exposure prophylaxis, PSS = psychosocial support, SD = stigma and discrimination, SRHR = sexual and reproductive health and rights, STI = sexually transmitted infection, TB = tuberculosis, VMMC = voluntary medical male circumcision, WC = Western Cape

Deficit-Based Approaches to Health Promotion

Deficit-based approaches highlight individual and community needs (deficits) and problems and view communities as beneficiaries who are part of the problem, instead of change agents who can contribute solutions (Peters et al., 2022). Refer to Table 1 for examples of these approaches in current HIV programmes with a preventive focus. These approaches rarely consider contextual factors that protect health and well-being

(Brown, 2017; Jackson, 2019). Instead, they view contextual factors as risks to overall well-being (Wolfe, 2016), do not effectively improve health outcomes, and characterise individuals with regard to deficiencies (Fogarty et al., 2018). This skewed view deters health promotion efforts (Herrick et al., 2014) and insufficiently considers health behaviour decision-making (Heard et al., 2019).

Conversely, strengths-based approaches contribute to prevention efforts (Laris, 2019) and can improve health outcomes (Herrick et al., 2014; Sun et al., 2018).

Yet, current programmes largely neglect the assets that promote health and well-being (Fogarty et al., 2018; McDaid et al., 2019; Sun et al., 2018). The public health sector must endeavour to strengthen the assets of gay men that promote their health and well-being (Goldhammer & Mayer, 2011), and develop strengths-based approaches to promote HIV resilience (Liboro et al., 2021) and health promotion programmes that focus on the broader health and well-being of gay men.

Strengths-Based Approaches to Health Promotion

Strengths-based approaches effectively address health challenges and support individuals to promote, protect and maintain their health and well-being (Durgante & Dell'Aglio, 2019; Fogarty et al., 2018), and improve health decision-making (Van Cappellen et al., 2018). These approaches guide them to discover their potential, strengths and capabilities (Laris, 2019). These strengths, attributes, capabilities, competencies (Fogarty et al., 2018) and community resources that promote health and well-being (McDaid et al., 2019) and that are used to mediate intersectional health challenges (Lianov et al., 2020; McGarty et al., 2021) are referred to in this article as assets. Such assets include feeling accepted and supported, aspirations (Sun et al., 2018), stress management skills (Durgante & Dell'Aglio, 2019; Sun et al., 2018), and a sense of community coherence (McDaid et al., 2019; McGarty et al., 2021). Resiliences that promote the health and well-being of gay men include self-monitoring, altruism, empathy (Herrick et al., 2014) and social relationships (Herrick et al., 2014; Liboro et al., 2021; Quinn et al., 2022).

Promoting the broader health and well-being of gay men necessitates a holistic focus, comprising mental health, positive sexual identity and healthy relationships (Goldhammer & Mayer, 2011). Achieving an asset-based focus requires exploring the assets, health and lived experiences of gay men (Liboro et al., 2021; McDaid et al., 2019), and intersectional resiliences (Quinn et al., 2022).

The Study

Gay men in the NW experience challenges, such as stigma and discrimination, fear, social exclusion, and limited social support and safe spaces, coupled with a lack of literature on programmes and resources targeted towards them (Baird, 2010; Duby et

al., 2018; Maake, 2023). These challenges necessitate a holistic focus on their broader health and well-being (Goldhammer & Mayer, 2011) and a strengths-based approach to enhancing positive health outcomes (Herrick et al., 2014; Sun et al., 2018), health experiences, and assets to increase their health-seeking behaviours and experiences of feeling accepted and supported (Durgante & Dell'Aglio, 2019; Sun et al., 2018; Van Cappellen et al., 2018).

In the study, we aimed to explore and describe the assets of gay men in the NW and the strengthening thereof to promote their broader health and well-being. This study formed part of a PhD thesis and the findings informed a strengths-based and evidence-informed transdisciplinary health promotion programme for gay men in the NW using a modified intervention mapping process (Johnson et al., 2021; Jung et al., 2021). Health promotion is a key aspect of universal health coverage (World Health Organization, 2022). Universal health coverage aims to increase access to programmes, as represented in South Africa's proposed National Health Insurance system, considers the social determinants of health, and places individuals at the centre of health programmes (Matsoso et al., 2018).

Method

We used a qualitative descriptive design (Doyle et al., 2020; Sandelowski, 2000) and applied appreciative inquiry (AI) (Cooperrider & Srivastva, 1987). AI, a strength-based approach, allows gay men to share their health experiences and identify assets that promote their health and well-being (Armstrong et al., 2020). Our AI process consisted of a 4-Ds cycle of Discovery, Dream, Design, and Destiny (Nel & Govender, 2019). Gay men collaboratively explored (i) the meaning of health and well-being, their own health and well-being state, and the enablers or facilitators that enhance their strengths, health, and well-being (Discovery), (ii) their ideal health state, wishes, strengths, and enablers or facilitators that enhance their strengths, health and well-being (Dream), (iii) what should be in place for their desired future state of health and well-being (Design), and (iv) how they can be empowered to develop their identified strengths and to take charge of their health and well-being (Destiny) (Nel & Govender, 2019).

Participants

The participants, recruited through an LGBTQIA+ civil society organisation, included a snowball sample of 11 gay men in the NW, aged between 23 and 47 years, who identified as cisgender or genderqueer, with a basic command of English, and access to internet-connected devices. Participant six was dropped out of the study owing to a loss of interest. Fair representation with regard to race, ethnicity and the province's districts occurred through a fair selection of the participants during the recruitment phase. Most participants identified as cisgender and affiliated with the "Geek" gay subculture (tribe). Older participants identified as cisgender, while most younger participants identified as genderqueer.

We excluded individuals in active therapy or who completed a therapeutic process less than two years before because we anticipated that the study's sensitive nature could contribute to psychological distress. We excluded individuals with other non-normative identities because lesbian, gay, bisexual, queer, intersex and asexual (LGBTQIA+) individuals have unique challenges, experiences and needs (Scheibe et al., 2017). Specific programmes should address their unique challenges and needs (Baird, 2010), but this was not within the scope of this study. The participants received data and gift vouchers following their participation as incentives for their time, any inconvenience caused, and expenses.

Instruments

Demographic Form

The participants provided their age, race, ethnicity, home language, district in the NW, gender identity, sexual orientation and identification with subcultures (tribes) within the gay community. The demographic data contextualised our findings and allowed us to obtain a rich participant description (see Table 2).

Table 2: Demographic characteristics of participants (N = 11)

Characteristic	**Group 1 (n = 3)**	**Group 2 (n = 2)**	**Group 3 (n = 3)**	**Group 4 (n = 3)**	**Total sample (N = 11)**
	n	***n***	***n***	***n***	***N***
Age and generation					
(Mean age in years)	38.3	35	29.3	33	33.8
Gen Z (18–26 years)	–		1	1	2
Millennials (27–42 years)	2	2	2	2	8
Gen X (43–58 years)	1	–	–	–	1
Race					
Black African	1	1	1	–	3
White	2	1	2	2	7
Coloured	–	–	–	1	1
Ethnicity					
Tswana	1	1	1	1	4
Afrikaner	1	1	2	2	6
Other: White African of European ancestry	1	–	–	–	1
Home Language					
Afrikaans	2	1	2	3	8
Setswana	1	1	1	–	3
District					
Bojanala Platinum	1	–	1	-	2
Dr Kenneth Kaunda	2	2	2	2	8
Dr Ruth Segomotsi Mompati	-	–	-	1	1
Gender identity					
Cisgender	2	1	2	2	7
Genderqueer	1	1	1	1	4
Affiliation with tribes					
Barebackers	2	–	1	–	3
Bear	1	1	–	–	2
Chubby	1	–	1	–	2
Cub	1	1	–	–	2
Daddy	1	1	–	–	2

Characteristic	Group 1 (*n* = 3) *n*	Group 2 (*n* = 2) *n*	Group 3 (*n* = 3) *n*	Group 4 (*n* = 3) *n*	Total sample (*N* = 11) *N*
Discreet	1	1	–	–	2
Drag queen	1	–	–	–	1
Geek	1	–	2	1	4
Gym culture	1	–	–	–	1
Jock	1	–	–	1	2
Leather	1	–	–	–	1
Poz	1	–	–	–	1
Rugged	–	1	–	1	2
Twink	1	–	–	1	2
Vanilla	1	1	–	1	3
No affiliation	–	–	–	1	1
Other	–	1	–	–	1

Note. Gen Z: born 1997–2012; Millennials: born 1981–1996; Gen X: born 1965–1980.

Participants were affiliated with more than one tribe.

Focus-Group Guide

An adapted focus-group guide based on a strengths-based AI process (Moore & Charvat, 2007) guided our focus groups (see Text Box 1).

Data Collection

Asynchronous virtual focus groups (AVFGs) (Zwaanswijk & Van Dulmen, 2014) allowed for data collection from hard-to-reach (Wilkerson et al., 2014), geographically diverse participants (Biedermann, 2018), and evidence of its successful use with gay men exist (Mustanski et al., 2014; Wilkerson et al., 2014). Our four AVFGs ran from May to July 2023. We explored various social media platforms, but these were using identifiers, such as profile pictures or participant initials.

We created a unique Microsoft Power Apps platform for this study to ensure complete anonymity and confidentiality. Four groups of three participants answered two to three key questions, including probing questions, weekly, for four weeks, at a convenient time (Gordon et al., 2021; Ranieri et al., 2019) (see Figure 1). Asynchronicity protected the participants' anonymity (Gordon et al., 2021) and enabled anonymous engagement (Ranieri et al., 2019). Each participant received netiquette guidelines and ground rules for participation.

Text Box 1: Questions of the focus-group guide (adapted from Moore and Charvat (2007))

Introduction

Everyone has the power to have a positive effect on his life and health. By hearing your story about health and healthy living, I can learn about your strengths, assets, and capacities. During this focus group, I would like to focus on the positive. I want to focus on the things that are or have gone right with your health and how I can increase them and use them in future to help you remain in good health. Answering the questions honestly, to the best of your ability, and by providing enough information in your answers, I will be able to use the information to plan a health promotion program in the North West province for gay men with a cisgender, transgender, and genderqueer gender identity.

Discovery phase (What gives life?)

During this week, we will focus on your stories about your health experiences. The questions will guide you to share some stories with me about your health experiences. The purpose is not to share any problems. The purpose is to share your hopes and dreams of what your health can be and how we can use your past positives in future to help you remain in good health.

1. Take a moment to think about what health means to you. Tell me what health means to you.
2. Tell me about a time when you felt exceptionally healthy.
3. From time to time, we all need help. Think about an experience when you felt cared for (that someone cared for you). It might have been through interaction with a doctor, nurse, clinic, organisation, or a place not related to health care. Tell me about this experience.

Dream phase (What might be?)

During this week I want you to imagine that you are healthy.

4. Imagine a world where you are in charge of your health and care. What are the most important things you would need to take care of your health and of yourself?
5. Your health is affected by what happens in your community. Imagine that you live in a truly healthy community. What would be different from the way things are now?
6. Imagine that I (the researcher) give you 3 wishes that you can use to improve your health. What would those 3 wishes be?

Design phase (What should be?)

You have shared your story and your dreams of you as a healthy person with us. This week take the time to think about and answer the following question:

7. What could you do now to be more in charge of your health? (Write a statement starting with "I").

Destiny phase (How to empower, learn, and improvise?)

You have created a great vision (dream) for yourself as a healthy person. It seems to be a realistic one too. This week let's think together about some of the first things you can do to move you closer to that vision (dream).

8. What are some of the first things you are going to do to start this process of getting you to that vision (dream) for yourself as a healthy person?
9. What are some of the first things we (you, together with me, the researcher) are going to do to start this process of getting you to that vision (dream) for yourself as a healthy person?

Non-leading, open-ended probing questions were used as necessary to encourage participants to elaborate on their answers.

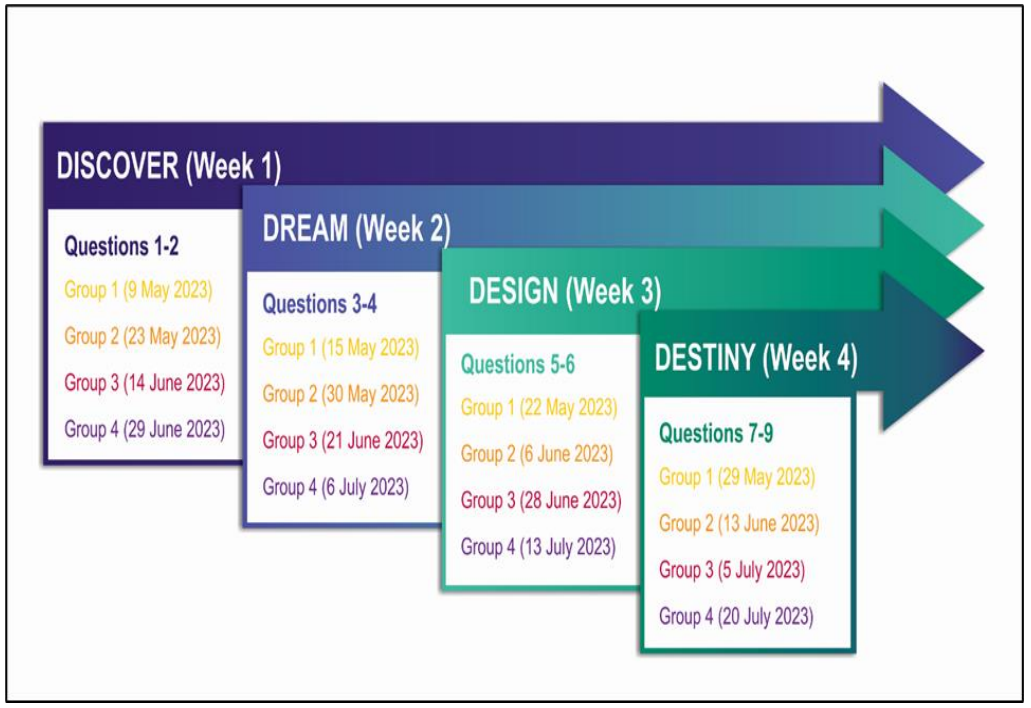

Figure 1: Realisation of the asynchronous virtual focus groups and the appreciative inquiry phases

Ethical Considerations

The Health Research Ethics Committee of the North-West University approved the study (NWU-00265-21-A1). We informed the participants of their voluntary participation, obtained written informed consent, and offered free psychological support if needed. We maintained the participants' privacy, confidentiality and anonymity by employing the recommended strategies by Sim and Waterfield (2019) and Wilkerson et al. (2014), and ethical principles for conducting health research with gender and sexually diverse participants (Henrickson et al., 2020).

Data Analysis

We conducted a six-step, predominantly inductive, thematic analysis (TA) of the data (without a pre-existing frame for coding) to generate mostly semantic codes, subcategories, categories and themes that describe the assets of gay men that promote their health and well-being and ways of strengthening these (Braun & Clarke, 2012). We used a codebook TA approach to combine some organised processes of coding reliability TA with some of the values of reflexive TA. A codebook guided the evolving analysis, while two researchers independently coded the same data (Braun & Clarke, 2023) and engaged in a consensus discussion afterwards.

We were conflicted about the "golden standard" to report on data saturation while considering some of the values of reflexive TA. Data saturation (a measure of quantity where no new codes or themes are generated from the data) often minimises the quality, richness, diversity and depth of data (a measure of quality). This minimisation, the depth of engagement with data and the quality of coding challenge the alignment with saturation (Braun & Clarke, 2019). The meaning and meaningfulness of themes originate from the data set and the process of data interpretation, and not from a theme's prevalence across a set number of focus groups. There is no predetermined endpoint (saturation). Rather, we made an interpretative judgement to stop coding, generate themes, and report our findings (Braun & Clarke, 2019), based on the depth, quality, and richness of our data. The richness of the data was suitable to answer the research question, meet the study's aim, finalise our analysis, develop themes, and critically discuss our findings.

However, being conflicted, we substantiate our interpretative judgement with literature. Guest et al. (2016) stated that saturation is possible after three to six focus groups in a homogenous sample with non-stratified focus groups. This would imply that meaning saturation may occur at different points in the data and four focus groups are sufficient to identify core issues, capture concrete codes, reach code saturation, and reach 90% data saturation (Hennink et al., 2019). We applied credibility, transferability, dependability, confirmability (Lincoln & Guba, 1985), and authenticity (Lincoln & Guba, 1986) to establish trustworthiness.

Findings

Our findings began with the participants' cognitive understanding of health and well-being, the several factors that formed part thereof, and how these factors could be enhanced through different enablers and first steps. This cognitive understanding then evolved into an introspection for the participants and a realisation that they had various assets that they could enhance to improve and increase control over their health and well-being; one of which was to increase the unique social cohesion and sense of belonging among gay men.

We identified seven themes in the data: (i) the building blocks to promote the health and well-being of gay men; (ii) the assets of gay men that strengthen the building blocks of health and well-being, (iii) enablers to enhance the building blocks that promote the health and well-being of gay men; (iv) community enablers to enhance the building blocks that promote the health, well-being and assets of gay men; (v) individual enablers to enhance the assets of gay men that strengthen the building blocks of health and well-being, (vi) taking charge to enhance the building blocks that promote the health and well-being of gay men; and (vii) taking charge to enhance the assets of gay men that strengthen the building blocks of health and well-being (see Figure 2).

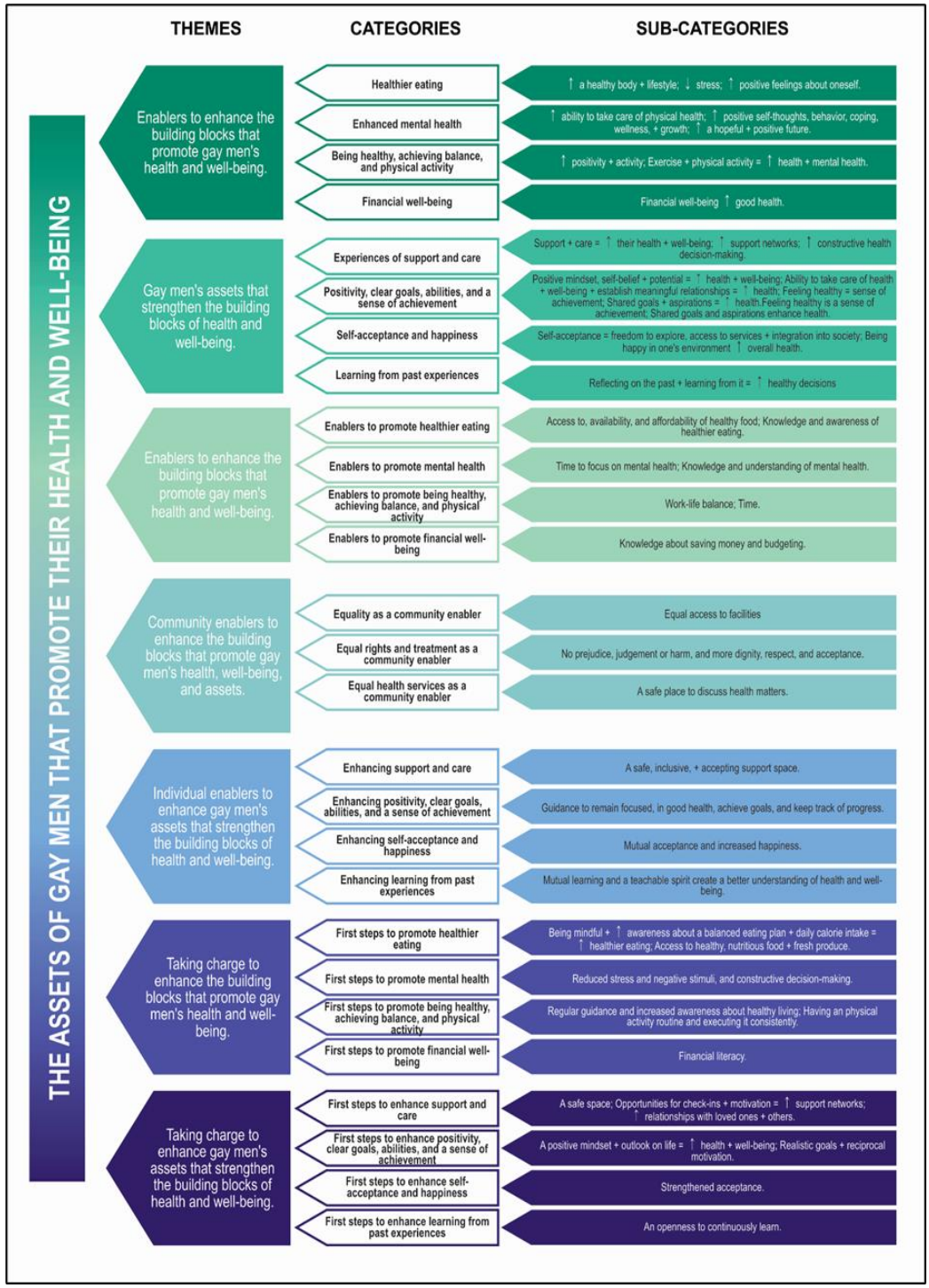

Figure 2: Themes, categories and subcategories of the assets of gay men regarding their health and well-being and how these can be enhanced

AI Discovery Phase

Theme 1: Building Blocks to Promote the Health and Well-Being of Gay Men

The participants shared several building blocks that served as health-promoting factors and did not limit health promotion to physical health but also to aspects of their broader well-being.

Healthier eating was related to improved food choices and eating habits. The participants explained that improved food choices and eating habits contributed to increased energy levels, a healthier lifestyle and improved aspects of their mental health. As some participants explained:

> Eating healthier makes me feel better about myself. (Participant 10, AVFG 4)

The participants elucidated the importance of enhanced mental health. They stated an increased awareness of how their mental health determined their ability to take care of themselves and use effective coping strategies:

> As a result, my mental health will influence how I think about myself, how to act, behave and be able to face issues that may arise in my daily living. (Participant 3, AVFG 1)

They also mentioned how nurturing their mental health provided them with opportunities to enhance their well-being:

> To embrace my physical and mental health contributes to a hopeful and positive future. (Participant 9, AVFG 3)

Being healthy and balanced and engaging in regular physical activity further enhanced their well-being and helped them to stay active and positive. Some participants realised the importance of maintaining a balance between being healthy and aspects of their broader health and well-being. According to them, this was the foundation for a meaningful and happy life. As one participant explained:

> Health for me is more than just the 'traditional' not feeling ill . . . Health is like an onion. The not feeling ill is the outer layer of this onion and as we cut into this outer layer there are all these different layers. (Participant 2, AVFG 1)

It was notable that the participants from the first AVFG shared how financial well-being contributed to good health and that a state of good health is dependent on financial autonomy. As one of them stated:

> Economic independence means that I can afford some services and products that help me maintain and improve my health. (Participant 1, AVFG 1)

Theme 2: Assets of Gay Men that Strengthen the Building Blocks of Health and Well-Being

The second theme describes the participants' assets that promoted their health and well-being and comprised intrapersonal and interpersonal assets. The participants reflected on past experiences of support and care and the meaning they ascribed to them, such as how these experiences contributed to their well-being, their ability to take care of others, and stronger support networks:

> There was no manner or way in which I can devise such a complex health issue without finding people that I can find a sense of belonging where I can be free to ask for help. (Participant 3, AVFG 1)

Not only did experiences of support and care strengthen a sense of belonging and support networks, but they also led to an increased ability to navigate their health and well-being. As two participants mentioned:

> They understood my concerns and calmly served me. Afterward, I left feeling cared for and more determined to make better health choices. (Participant 12, AVFG 4)

> How she talked to me, made me feel safe and advice given to me made me easy on how I face health issues in the present life. (Participant 3, AVFG 1)

The participants described how they applied positivity, goals, abilities and a sense of achievement to further navigate their health and well-being. They showed awareness of the impact of a positive mindset, self-belief and the ability to do what is good for their health and well-being:

> Having persevered and done something that I had not thought I could do, made me feel like I underestimated my health and abilities and that I am capable of much more than I think I am . . . I am able and capable of looking after myself . . . That I can form meaningful and long-lasting positive relationships that will complement my efforts for good health. (Participant 1, AVFG 1)

A sense of achievement included the ability to take care of participants' health and well-being, based on goals and aspirations, which encouraged them not to be prisoners of their past, but pioneers of their future in maintaining their health. As a participant mentioned:

> I felt proud of what I accomplished and what I achieved . . . and that is also an achievement of feeling healthy. (Participant 2, AVFG 1)

A sense of achievement was also related to participants' ability to reach a stage of accepting themselves. Self-acceptance allowed participants to be themselves, and it contributed to their happiness and well-being:

> The one time was when I could finally accept myself for who I am provided me with relative freedom to start exploring and enjoying my body and the interaction with other gay men . . . appreciation of accepting myself as gay and having the opportunity to have access to PREP has made me feel appreciative. (Participant 1, AVFG 1)

> They made the journey quite manageable and taught me to come to terms of self-acceptance . . . they made me feel like I mattered and made my integration into society as a queer much easier. (Participant 4, AVFG 2)

Learning to love oneself contributed to feeling healthy and reflecting on past experiences and learning from it informed participants' ability to make beneficial health decisions. The participants reflected on the importance of thinking about times when they did not feel healthy or were unable to take care of their health and learn from it. As one participant said:

> My past became my pillar of knowledge. Took those experiences as lessons to make me be more health and socially conscious and be wiser in making wise and well-informed decisions. (Participant 3, AVFG 1)

AI Dream Phase

Theme 3: Enablers to Enhance the Building Blocks that Promote the Health and Well-Being of Gay Men

The participants identified different enablers to enhance the building blocks that promoted their health and well-being, such as the courage and strength to improve their food choices and eating habits. The participants explained that increased awareness of, access to, and the availability and affordability of healthier food could serve as enablers to promote healthier eating:

> To have access to fresh fruit, veggies and therefore to eat healthy . . . fresh fruit and veggies will be more readily available at a reasonable cost. (Participant 2, AVFG 1)

An increased awareness of mental health, the improvement thereof and time were enablers to enhance the participants' mental health. As one participant said:

> Making time for relaxation, deep discussions with empathetic friends, and being physically active (not for physical health, but for mental well-being). (Participant 11, AVFG 4)

The participants further identified various enablers to enhance being healthy, achieving balance, and engaging in physical activity and elucidated the role of one's community in these enablers, such as lifestyles, access to health services, social interaction and how

health is understood and observed. Another enabler was achieving a balance and knowing how to do so. As one participant explained:

> Balance to be able to have a healthy work and personal balance. A balance of family time, me-time, exercise and a productive workday. (Participant 2, AVFG1)

Even though the participants wished that being healthy and balanced and engaging in physical activity was the social norm and expressed the need to set an example to others, they expressed that time, willpower, community awareness and motivation would be important enablers to do so.

Having the economic means to afford healthier foods, obtain gym memberships and attain their desired lifestyles would contribute to their well-being. An enabler to increasing financial well-being and freedom was to know about saving money and budgeting:

> Being more financially stable and literal on how to make money and use money. (Participant 3, AVFG 1)

Theme 4: Community Enablers to Enhance the Building Blocks that Promote Gay Men's Health, Well-Being, and Assets

The participants voiced that various aspects of equality were key drivers of community enablers to promote their health and well-being and strengthen their assets. In a truly healthy community, the participants mentioned that they would have equal access to facilities:

> . . . this would mean that the gap between private and public healthcare system in my community would be less and many people will be in the same healthcare system. (Participant 7, AVFG 3)

The second aspect of equality in a truly healthy community was equal rights and treatment. The participants mentioned that, in such a community, there would be no prejudice, judgement or harm, but more dignity, respect and acceptance as core values. As one participant stated:

> One that does not judge, criticise, or harm others . . . Members will not be prejudiced about my background, gender, sexuality, and race, but will see me as an equal contributor with equal rights for which equal respect is given. (Participant 1, AVFG 1)

The participants discussed equal health services as the third aspect of equality. This meant a safe, accepting space to discuss health matters with passionate healthcare providers who respected their opinions and preferences and treated everyone similarly:

> . . . where it is safe to express oneself as a gay man and can discuss issues that may have an impact on his health. (Participant 1, AVFG 1)

Theme 5: Individual Enablers to Enhance the Assets of Gay Men that Strengthen the Building Blocks of Health and Well-Being

The fifth theme describes individual enablers that will enhance the assets that promote the participants' health and well-being. Apart from safe space as an element of equal health services, discussed under Theme 4, the participants also identified a need for a safe space to engage with peers. Such a space would enhance support and care. The participants described this space as safe, inclusive and open-minded, noting that it allowed for mutual care, support and self-expression without fear of judgement or prejudice:

> Being in an environment with people who are considerate and accepting of other people . . . A place where we cheer each other on, motivate and advise during difficult times & help celebrate each other's milestones. (Participant 4, AVFG 2)

The participants identified guidance and energy to remain focused as enabling factors to enhance positivity, clear goals, abilities and a sense of achievement. They specifically mentioned guidance to remain in good health, achieve their goals and keep track of their progress in a safe space with their peers.

In this safe space where pure intentions reside, the participants would mutually accept and embrace their community differences and diverse ideas of what good health is, leading to enhanced self-acceptance and happiness:

> I cannot expect my community to accept me as part of a collective and an individual if I, myself, do not truly do this. (Participant 1, AVFG 1)

The participants also described mutual learning through information sharing with peers and an openness to learn from each other as enablers to enhance learning from past experiences in this safe space. One participant stated:

> I need to be open to be educated about subjects that I have preconceptions about . . . Together, we learn. (Participant 1, AVFG 1)

AI Design and Destiny Phases

Theme 6: Taking Charge to Enhance the Building Blocks that Promote the Health and Well-Being of Gay Men

The participants shared that mindfulness and awareness of improved food choices and eating habits, and daily calorie intake were the first steps to promoting healthier eating. They suggested networking and community campaigns as ways to increase awareness of, and access to healthier meal plans, healthier food and fresh, organic produce:

> We're more consumed by fast foods of any calibre that we don't pay much attention to having a balanced diet. I need to watch what I eat and reduce the level of fast food consumed in a day. (Participant 3, AVFG 1)

Mindfulness was also a step in promoting mental health and could assist the participants in reducing stress and negative stimuli, strengthening self-regulation and making constructive decisions:

> I need to be in charge of my thoughts and to make internal decisions on how to prioritise my health and dreams. (Participant 9, AVFG 3)

The participants continued to highlight the importance of awareness and mentioned that regular guidance and increased awareness about healthy living could promote being healthy, achieving balance and being physically active. Some participants proposed community health awareness campaigns and activities to increase awareness and practical strategies for executing their health vision.

Some participants noted that awareness of physical activity routines, and how to execute these routines consistently and adapt them if needed, could be another step to take towards being healthy. Having regular check-ins with each other, it was said, could help motivate them. As one participant mentioned:

> . . . establishing a regular timetable of workout, create work out activities such as hiking, jumping jack. (Participant 7, AVFG 3)

As a first step, receiving lessons about money and budgeting could strengthen participants' financial literacy, ultimately enhancing their financial well-being.

Theme 7: Taking Charge to Enhance the Assets of Gay Men that Strengthen the Building Blocks of Health and Well-Being

The last theme revolved around first steps to enhance the assets that promote the health and well-being of gay men. The participants described ways to enhance support and care experiences. They elaborated on a safe space and suggested a platform where they can express themselves, be active, play games, learn, exchange ideas, and just be themselves:

> Create a community where we can feel safe, a space without judgement. A space where everyone can be themselves . . . By creating a community/program of care, love, and support I will reach my dreams/vision of a healthy me. (Participant 2, AVFG 1)

> Joining of health networking social groups to interact more on health issues. (Participant 3, AVFG 1)

This space could also create opportunities to help, support, encourage and monitor each other's progress and, in the end, strengthen their support networks and relationships with loved ones and others. As one of the participants stated:

> Together we can create a space for people to share their visions and goals and talk openly, give advice and motivate each other. (Participant 8, AVFG 3)

The participants mentioned that they can enhance positivity by enjoying life and health. They shared that having a positive outlook on life was possible through developing a positive mindset, reading about positive things and avoiding negative conversations:

> Be more positive as this will build me not destroy me . . . and have ways of making more positive or concrete decisions regarding my life. (Participant 3, AVFG 1)

The change, the participants noted, started with them. They said that setting realistic goals and reciprocal motivation in this safe space was the first step to enhancing their sense of achievement regarding their health and well-being:

> I believe being in charge of your health starts with small steps towards a greater goal. (Participant 5, AVFG 2)

The participants shared that a more accepting environment could enhance self-acceptance and happiness, as stated by one participant:

> I could live in a more accepting and progressive environment where the people are accepting of the LGBTIQA+ community and can fully display my affection without any judgement. (Participant 4, AVFG 2)

Lastly, the participants noted that openness to continually learn from each other, rediscover possibilities and share wisdom could enhance learning from past experiences:

> Your positive health 'vision' approach helped me identify my strengths and abilities as well as helping me realise how important my health is . . . I am constantly learning. (Participant 1, AVFG 1)

Discussion

The participants ascribed a much deeper meaning to their health, well-being and assets during the Dream, Design and Destiny phases than merely a cognitive description, which was relied upon during the Discovery phase. The process therefore evolved from a cognitive description (the outer layer of an onion as described by one participant) to a journey of increased insight into what assets that could enhance the health and well-being of the participants (or, as one participant stated, cutting into the onion to see all the different layers).

Our findings highlight the assets of gay men in the NW that could promote their health and well-being and individual and community enablers to enhance these assets. Several building blocks contributed to health and well-being of the participants, such as healthier eating and enhanced mental health. Healthier eating led to increased energy levels, positive self-perceptions and reduced stress levels. Enhanced mental health

enabled the participants to look after their physical health, develop positive behaviours and coping strategies, and have a positive outlook on life.

The findings echo those of earlier studies highlighting how healthier eating among gay men promotes healthy lifestyles (VanKim et al., 2016), and how gay men's positive mental health is associated with good health and well-being outcomes (Lyons et al., 2013). Other building blocks included being healthy, achieving balance, physical activity and financial well-being. These building blocks allowed the participants to stay positive and active, while contributing to improved physical and mental health. Our study supports findings that a work–life balance can enhance life satisfaction and decrease poor health outcomes (Sirgy & Lee, 2018). It also highlights the positive effects of physical activity on the health and well-being of gay men (Regan et al., 2021). These findings suggest that a focus on the broader health and well-being of gay men, beyond HIV prevention, is necessary.

Experiences of support and care, positivity, clear goals, abilities and a sense of achievement are assets that strengthen the building blocks of the health and well-being of gay men. Feeling supported and cared for contributed to the participants' positive health and well-being experiences, support networks and constructive health decision-making. Positivity, belief in their abilities and having goals and aspirations also complemented good health. Our findings further complement earlier studies indicating how feeling supported (Sun et al., 2018), a sense of coherence (McDaid et al., 2019; McGarty et al., 2021), social relationships (Herrick et al., 2014; Liboro et al., 2021; Quinn et al., 2022), social networks, intrapersonal strengths (Buttram, 2015) and aspirations (McDaid et al., 2019; Sun et al., 2018) promote the health and well-being of gay men.

Other assets identified in this study include self-acceptance, which can offer the participants the freedom to explore and access services, happiness that benefits overall health, and learning from past experiences that inform future health decisions. Some of these were identified in other research studies, such as the importance of self-acceptance (Sun et al., 2018) and the importance of viewing happiness as a protective factor of well-being (Thomeer & Reczek, 2016). These findings illustrate the need for strengths-based health promotion programmes with gay men.

In developing such strengths-based health promotion programmes with gay men, attention should be given to individual and community enablers that enhance control over, or allow the participants to take charge of the building blocks of health and well-being and the assets that promote these building blocks. Individual enablers may include knowledge, awareness and understanding of healthier eating, mental health and personal finances, access to and affordability of healthier food, a work-life balance, time, reduced stress and a positive mindset. Other individual enablers comprise a safe, inclusive, and open-minded space that allows for mutual care, acceptance, learning, support and strengthening relationships, reciprocal motivation, self-expression, guidance, tracking

progress, and increased happiness. Community enablers may consist of equality, the absence of prejudice, judgement or harm, increased dignity, respect, acceptance, and a safe place to discuss health matters. A few of these findings build upon previous studies indicating that stress management skills (Sun et al., 2018), self-monitoring, altruism, optimism (Herrick et al., 2014), diverse experiences and selflessness (Buttram, 2015) can contribute to and strengthen the assets of gay men that promote their health and well-being.

Limitations of the Study

There are limitations to this study. The observation of the participants' non-verbal behaviour, which could have added value when discussing the findings, was not possible because of the focus groups' asynchronous virtual nature. Some participants answered questions before the week's questions were closed, which made it difficult to ask probing questions. The participants in some groups had little engagement with each other which inhibited the interactive nature of some focus groups.

Despite these limitations, this study emphasised the advantages of using AVFGs to conduct an AI process with gay men. The participants identified assets, shared their health and lived experiences in a safe space, and expressed experiencing a sense of coherence. The study provided the researchers and participants with a deeper understanding of this community's needs, resources and assets. Many participants stated that they used the opportunity for self-reflection and introspection and expressed appreciation for the study's "positive" approach. The findings will inform an evidence-based transdisciplinary health promotion programme for gay men in the NW—a tangible outcome that will emanate from this study.

Conclusion

The study's findings described the assets of gay men in the NW that promoted their health and well-being and how these assets could be enhanced through individual and community enablers. Descriptions of health and well-being and health promotion needs differed for the participants who grew up in peri-urban areas compared to those who grew up in rural areas. These differences were informed by past health experiences and the availability of and access to gay-friendly health services, healthcare providers and health information. Differences were also observed in the health promotion needs of older participants, who, for example, prioritised exercising to obtain a fit physique, compared to younger participants, who prioritised exercising as an element of a healthy lifestyle. Older participants who grew up in peri-urban and rural areas and younger participants who grew up in rural areas found it easier to explore and realise their strengths, compared to younger participants who grew up in peri-urban areas.

Despite these individual and contextual differences, the participants realised that their health and well-being consisted of much more than "not feeling ill". A sense of belonging, social cohesion and support was crucial to contributing to a meaningful existence and increasing control over the health and well-being of the participants. The findings offer a pathway for researchers, clinicians and programme implementers to address the lack of strengths-based transdisciplinary health promotion programmes with gay men that focus on their broader health and well-being, beyond HIV prevention. In addition, future research should consider (i) an in-depth focus on each of the assets identified in this study that were said to promote the health and well-being of gay men, and (ii) strengths-based intervention studies to further enhance the health and well-being of gay men and explore a sense of belonging and social cohesion as assets that promote health and well-being.

Author Contributions

All authors conceptualised the study. The first author conducted the AI focus groups. The second author verified the methodological methods. The second author verified the data analysis. The second, third and fourth authors supervised the AI process and findings of this work. The first author wrote the manuscript with guidance and critical reviews provided by second, third and fourth authors. All authors approved the manuscript.

Data Availability Statement

The data supporting this study's findings are available on request from the corresponding author. Data sharing will be subject to a memorandum of agreement.

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