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SOCIAL MEDIA'S CHALLENGE TO THE PROMOTION OF YOUNG PEOPLE'S SEXUAL HEALTH

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Abstract

Drawing from young people's accounts of Facebook practice, this paper challenges current public health attempts to promote sexual health via social media, arguing that health interventions must engage with the complexities of young people's online intimacies.

Social media plays a significant role in young people's everyday practices of intimacy and friendship. Health promotion strategies increasingly note the value of social media in young people's lives and often approach social network sites (SNS) as channels through which to access young people. In utilising social media, such initiatives rarely deviate from public health social marketing paradigms committed to developing and disseminating static messages to their target population. While these strategies often include consultations with young people, such as through campaign development focus groups, this does not extend to seeing young people as partners, stakeholders, or co-producers of social media interventions.

This paper will begin by arguing that young people's sexual health practices are contextualised by, and mediated through, everyday practices of friendship and intimacy. Focusing on Australian cultures of young people's heterosex, and drawing from focus groups conducted in the state of New South Wales, I argue that to engage with social media, sexual health interventions from government, non-government, and other research institutions must reform their traditional approaches.

Current public health literature reports on the feasibility of promoting sexual health to young people via social media, and to date there are few reports of where this has been successfully undertaken. Most health research discussions consider SNS as cloistered sites inhabited by young people, ripe for site-specific interventions like those administered in schools, universities, or youth services. I critique this approach by drawing from theories of media as practice (Couldry 2004), digital media use as a form of media production (Bruns 2006), and recent scholarship on young people's digital media practices and expertise (see for e.g. boyd 2008, Marwick 2005). I draw upon Lyotard's concept of 'narrative knowledge' (1991) to argue that knowledge is continually

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(re)produced through practice and discourse, rather than an agreed upon series of facts. This supports Certeau's theory of everyday practice (1988), and his attention to dynamic, creative, and tactical practices that threaten the authority of 'the Expert' (1988, 7-8).

In a systematic analysis of sexual health promotion activities engaging with social media, Gold et al. (2011) found that young people were, by and large, the most common target group. Of the social media initiatives that Gold et al. reviewed, most engaged social media simply for the dissemination of sexual health information. As noted by Davis (2012), health promotion materials developed for social media are often 'read only', neglecting to engage with the participatory culture of such media.

Using focus group data in which young people (16-22 years) discuss their social media practices and the possibility of incorporating sexual health promotion into these, I propose an interdisciplinary approach to sexual health in which media studies inform public health agendas. As Facebook was the SNS most commonly discussed by research participants, it will be the focus of this paper. Participants did not reject the use of Facebook for sexual health promotion, yet there was much discussion as to what this could (and could not) entail.

Participant discussions about Facebook illustrate its role in a complex arrangement of social and interpersonal practices whereby any discussion of sexual health is risky, and in most cases unlikely. A key concern was the stigma of sexual infection, and how any mention of sexual health might be (mis)read by one's friends. SNS should be recognised as participatory spaces in which information, 'shares', 'likes', and public or private messaging are performative of one's self, and demonstrate different aspects of one's identities, intimacies, and friendships.

If health promoters accept that young people are knowledgeable media producers, they must revise their commitment to developing and disseminating static, authoritative messages to this population. Yet the risk focus of contemporary public health, particularly in strategies relating to young people's sexual health, prohibits this. Risk-based approaches grant limited agency to young people who are seen as unable to fully manage their sexual health because they lack the necessary knowledge and experience to do so. Through risk-based approaches, Australian sexual health websites for young people also narrate the dangers of peer pressure, online media and interactions, and pornography, often referring to the likelihood of false information emerging from these spaces of 'non-expertise'. This suggests that young people lack the competence to navigate various forms of media. Notably, health promotion websites downplay the importance of friendship, at times suggesting that the knowledge and values of friends cannot be trusted. This repudiation of friendship as a valuable source of sexual health information is particularly problematic for health promotion that seeks to engage with young people via social media, where friendship is paramount.

Sexual health promotion strategies seeking to engage with young people via social media must acknowledge young people's expertise as media users and producers, and the cultural importance of friendship in these practices. To do so, health promotion cannot discredit young people as lacking knowledge and experience, or as easily

misinformed by friends, but as well- practiced in sourcing, managing, and disseminating information within everyday networks of care and support. This is not to suggest that health promotion strategies are redundant – as focus group participants note, sexual health information is sought and appreciated by many young people. Yet in producing resources and information with (not for) young people, young people’s cultural practices and expertise must be recognised as valid and valuable to health practices, and public health strategies must embrace social media not simply as channels for information dissemination, but as networked spaces where friendship can support and strengthen young people’s negotiations of sexual health.

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