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## “It would be weird to have that on Facebook”: young people’s use of social media and the risk of sharing sexual health information

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**Abstract:** *In today’s media environment, information is not simply passed from producers to consumers, but is mediated by participants of new media cultures, including information on sexual health. In focus groups held in Sydney and regional Australia in 2011, we asked young people aged 16–22 about the potential for sexual health promotion via Facebook and other social media. Our findings point to the complex ways in which young people use social media, and the unlikelihood of traditional take-home sexual health messages having traction in social media spaces. Five key aspects which emerged were: the participatory culture of social network sites; the stigma of sexual health, especially sexually transmitted infections (STIs); young people’s careful presentations of self; privacy concerns; and the importance of humour in sexual health messaging. Fears of bullying and gossip (or ‘drama’) were also likely to prevent the dissemination of sexual health messages in this environment. However, humorous online videos were noted by participants as a significant way to avoid stigma and enable the sharing of sexual health information. The young people in our study were interested in sexual health information, but did not want to access it at the cost of their own sense of comfort and belonging in their social networks. Any sexual health promotion within these sites must be understood as a site-specific intervention.*

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**Keywords:** social media, young people, sexual health, health promotion, social network sites, Facebook, Australia

This paper draws on the findings of a formative study of young people’s views on social media as a space for sexual health promotion material, commissioned by the New South Wales Sexually Transmitted Infections Programs Unit in 2010. It engages with scholarship from the fields of media and cultural studies to consider the possibilities and obstacles which might arise for governmental and non-governmental organisations seeking to circulate sexual health information amongst young people via social media and social network sites (SNS).

In the contemporary media environment, information is not simply passed from producers to consumers, but is mediated by participants in new media cultures. Researchers of young people’s everyday lives have observed that new technologies and devices have the potential to alter and extend young people’s social interactions.<sup>1–4</sup> Axel

Bruns points to a “new culture” of participation by meshing the terms producer/user of media into the “produser”; a term for those of us engaged in “user-led, collaborative processes of content creation”.<sup>5</sup> In this context, social media and SNS have given young people “new means of creating and sustaining connections with others”.<sup>6</sup> It is argued that young people are commonly “creating as well as receiving” media content.<sup>2</sup> However, not all young people use media in the same way.<sup>7</sup>

Despite public concerns about social media practices as de-socialising,<sup>8,9</sup> Collin et al. argue that SNS communities and relationships extend, rather than diminish, traditional places of community.<sup>6</sup> Young people experience online and offline social worlds as mutually constituted.<sup>10</sup> Thus, it is misleading to refer to these intertwined spaces as separate worlds.<sup>3,11</sup> Social media and SNS are involved in young people’s negotiation of

friendships, relationships, media events, and more, yet such negotiations pre-exist these technologies. The integration of new media and technologies has not changed young people per se, but it has generated new ways to source, share, create and re-appropriate information.

### *Young people's use of social media*

In social media practices, users and producers are involved in a dynamic communication process, with multiple possibilities for engagement. Via SNS, “producers”<sup>5</sup> are able to create online profiles featuring information about themselves, and use spaces to create and share information from multiple sources with others (including videos, text, photographs, and music). boyd and Ellison describe social network sites as:

*“...web-based services that allow individuals to (1) construct a public or semi-public profile within a bound system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system. The nature and nomenclature of these connections may vary from site to site.”*<sup>12</sup>

‘Social media’ is a broad term that encompasses text messaging, interactive websites, message boards, forums, blogs, micro-blogging (e.g. Twitter), wikis (collaboratively produced web content), game-modding (fans modifying computer games), video hosting sites, and more.<sup>6,13</sup> Complex and multi-directional flows of interaction are integral to social media. Here, different digital technologies, platforms, and profiles are not used in isolation, but as interrelated communication technologies that facilitate and integrate young people’s cultural communities and activities.<sup>14</sup> With the increased functionality of smart mobile phones and broadband mobile internet, many young people can now connect with peers via SNS at the bus stop, in the classroom, and anywhere with reception. These interactions can incorporate online information seeking and checking, in which sexual health information could be accessed, assessed, and approved or rejected with immediacy.<sup>15,16</sup>

Previous studies have asked young people about their social media engagements, though often this research has focused on specific “at-risk” groups, such as adolescent parents.<sup>17</sup> Various sexual health interventions have engaged young people via SNS and found some success in doing

so,<sup>18–20</sup> also noting the difficulties such as the time and resources required to do this well.<sup>18</sup>

Research on utilising social media for promoting sexual health typically takes an instrumental approach, asking how public health can reach this population without necessarily consulting young users of SNS.<sup>18,21,22</sup> Often the focus is on public health professionals working with industry professionals to strategically enter these spaces.<sup>21</sup> By not factoring in young people’s everyday use of social media – that which our research elucidates – public health interventions are unlikely to consider the complexities of young people’s social relations and identity work that is integral to social media practice.<sup>2,13,23</sup> Sheana Bull cautions researchers to consider whether health promotion and/or research is welcome in such spaces, and to be mindful of the ethical implications of these interventions.<sup>20</sup> Evers and colleagues further caution that sexual health promotion agencies entering the space of social media and SNS “should not expect to retain control of the meaning and the message” of health promotion content.<sup>24</sup>

Social network sites are sites of self-presentation and identity formation.<sup>23</sup> Young people’s decisions regarding information shared, comments made, and photos uploaded, are not made lightly, but often carefully considered in relation to an imagined audience.<sup>3</sup> The public display of friendship online can be a marker of identity in “networked publics”, or “the spaces and audiences that are bound together through technological networks (i.e. the Internet, mobile networks, etc.)”<sup>3</sup>

These peer networks may also be sites of learning in relation to sexualities and sexual practice.<sup>25</sup> Young people’s friends are an important source of sexual information<sup>26,27</sup> and the provision of sexual health information,<sup>28,29</sup> and learning sexual information from peers is argued to be more effective than learning from adults.<sup>30,31</sup> There is disagreement on how valuable young people consider online sources of sexual health information, however, with some indication that many young heterosexual people from developed countries prefer traditional sources including friends, family, or school.<sup>32,33</sup> Research suggests that queer and same-sex attracted young people are more likely to rely on online information sources in learning about sexualities and sexual health.<sup>16,34</sup>

### *Methods*

Our fieldwork consisted of two phases of focus group discussions with young people in 2011 from

urban and regional NSW, Australia, for which we were granted approval by the Human Research Ethics Committee at The University of New South Wales in 2010 (HREC #10232). A total of 22 focus group participants were sourced by a professional recruiter, and remunerated with A\$50 shopping vouchers. Focus groups were mixed-sex, with an even split of young men and young women. As this was a small, non-representative study, demographic information beyond age and location was not collected. The focus groups were recorded and transcribed, and coded into themes and sub-themes, through a process of situated discourse analysis informed by a preliminary review of relevant literature (see Evers and colleagues)<sup>24</sup>

In the first phase, 22 participants aged 16–22 years broadly discussed their uses of social media and possible ways to engage with sexual health via social network sites. Two focus groups were held in each location (Sydney and a regional site in New South Wales) and these were split by age, with participants aged 16–17 years (school-aged participants) and 18–22 years (post-school age). The groups were divided by age to determine whether there were distinctions between levels of SNS and mobile phone usage for those who were still in high school, and those no longer at school.

In the second phase, two follow-up focus groups of returning participants, of mixed sex and age (16–22 years), took place in each location. At the beginning of these focus groups, key themes raised in phase one focus groups were presented to participants via a brief overview from the facilitator and a one-page handout. Participants were then asked to devise delivery strategies for hypothetical sexual health campaigns for young people using social media. Some participants were put into pairs, some alone, and each was given a stack of word cards with which they could visually map their campaigns. Words included a range of SNS (e.g. Facebook, YouTube, Twitter), demographics (e.g. girls, boys, 16–17 years, 16–25 years), campaign features (e.g. online forum, Facebook event, real-life stories), sites (e.g. clinics, university), people (e.g. nurses/clinicians, youth peer educators), and styles (e.g. funny, serious, scary, sexy). Blank cards were also distributed so that participants could add their own words. The only limitations were that the campaign needed to involve social media and was to promote condoms and sexual health check-ups to young people. Participants were not asked to comment on or develop specific campaign *content*, but rather were invited to develop

models for campaign *delivery* across social media and SNS.

All statements from participants included in this paper were made within one of the focus group discussions.

### *Findings and discussion*

We found five key aspects of social media that require consideration in providing sexual health information to young people via SNS: the participatory culture of SNS, the stigma of sexual health problems, especially STIs, young people's careful presentations of self, privacy concerns, and the importance of humour in sexual health messaging.

Participants suggested many ideas for potential social media campaigns in which they might receive information, but also warned against public health intrusion into these spaces. Discussions frequently implied that the perceived agendas of formal sexual health promotion might differ from the agendas of young "producers". Much was said about both the suitability and unsuitability of sexual health information in social media spaces.

Female: "[Using social media is] not the ultimate way but a way. A good way."

Male: "I don't think there's any ultimate, number one way. I think you'd have to have a combination of things. If you - if there was a programme that was to be set up then there would be all different branches to the programme; however, I think it would be a convenient and suitable mechanism." (Urban, 16–17yrs)

The ubiquity of young people's engagement with social media, in particular the use of Facebook, was apparent throughout the focus group discussions. Most participants used Facebook daily as a media hub that allowed them to engage with friends, social events, news, entertainment and more. As one participant said:

"Facebook's the source for everything." (Urban male, 16–17yrs)

However, participants, particularly in the school-aged groups, were very wary of the potential for embarrassment and "drama"<sup>24,35</sup> presented by engaging in overt discussions of sexual health within this space. Although Facebook was privileged as a site for keeping up with current events, this same sense of immediacy of engagement caused some participants to assert that sexual

PASCALE DeLOCHE / GODONG / PANOS



Young people on computers at a World Youth Day event, Sydney, Australia, July 2008

health promotion was intrinsically incompatible with Facebook:

*"I think the nature of [sexual health information]... it's, sort of, just health problems. It's not as immediate as something that would warrant a Facebook [interaction]. Do you get what I mean? It's not something that you just text someone and be like, oh I've got all this information on sexual health."* (Urban female, 18–22yrs)

Sexual health promotion messages were also considered more acceptable when they were simple and non-disruptive of social media practices:

*"If you kept things really simple, because no one wants to get a lecture whilst they are online and trying to be doing their social thing."* (Regional male, 18–22yrs)

### The stigma of sexual health

A number of younger participants indicated that content linked to sexual practice and sexual health was unlikely to be shared among their peers on Facebook, due to the stigma attached to sexual practice, and specifically STIs. Participants observed that sexual health issues are predominantly discussed among young people via personal messaging or conversations among close friends. The public nature of SNS made them unsuitable for detailed discussions, which were more safely had in person or over the phone, and only with trusted friends.

Female: *"Yeah. With health information, I think it's better if it's anonymous because I don't think everyone's really comfortable about talking about that kind of stuff with random [people]... It's something they want to keep to themselves."*

Female: *"Close friends, yeah, but not like everyone I have on Facebook."* (Urban, 18–22yrs)

Participants discussed recent examples of sexual health promotion, notably the New South Wales Government's *Get Tested, Stay Safe* campaign, which appeared in cinemas and on television at the time of the focus groups. This campaign, which told audiences that *"Sleeping with one is sleeping with many"* was deemed unsuitable for peer sharing by both older and younger participants on account of being negative or too serious in its approach to sex.<sup>36</sup>

Participants were encouraged to suggest techniques by which sexual health messages might be made more acceptable in SNS spaces. Generalised awareness campaigns were favoured over campaigns that tell (or scare) young people using explicit information:

Female: *"More awareness like breast cancer and prostate cancer and all that."*

Male: *"Yeah, so be aware, everyone should get checked and it's something that you should do. It's like giving blood. It is like everyone knows that that's a good thing to do."* (Regional, 18–22yrs)

There was a clear preference for sexual health information that did not implicate users and could not be read as "outing" their sexual health status or sexual activities. The same group suggested the production and dissemination of funny or informative YouTube videos that did not focus on sexual health risks or dangers, in order to reduce the stigma of being seen to be interested in sexual health within the space of an SNS:

*"...if you could find other reasons that people should watch the videos without that direct link to the diseases that you are talking about – because that's a lot of where the stigma comes from."* (Regional male, 18–22yrs)

### Careful presentations of self

Social media are not simply an instrument or tool to use but a foundation upon which learning and inter-personal relationships are negotiated and refined. Many younger participants noted the dramas that can play out on Facebook (for further discussion on teen 'drama', see<sup>35</sup>). One participant stated, "It depends on how you use it", suggesting that there are many ways that people can (and do) use SNS.

*"I think my friends usually use it mainly for just – they'll usually post funny videos or something on*



*Facebook or a new song that's come out... That's mainly what they tend to use it for.*" (Urban male, 18–22yrs)

Although an everyday activity for most participants, Facebook is also a site that some young people engage with ambivalently, or might disconnect from or reject at certain intervals.

*"I don't really like the whole Facebook. There're too many dramas on it."* (Urban female, 16–17yrs)

This participant was still using Facebook, but less often than she used to. Elsewhere she referred to being bullied to the point of changing schools. That such bullying pervades online and offline interactions reinforces the fact that these two worlds are not distinct, but intertwined.<sup>3,6</sup> If 'dramas' and gossip happen in SNS communications, this extends into young people's daily lives, amongst peers at school and other offline environments. Stories like this provide a backdrop for participant concerns about disseminating sexual health information via online profiles. Through witnessing the drama of others, participants justify their careful use of Facebook, and an intricate awareness of who is watching and how they might be reading particular content.

*"I'll just be careful of what I put on it."* (Urban female, 16–17yrs)

This participant refers to drama and bullying too, yet these terms are not synonymous. As noted by Marwick and Boyd, drama involves the interpersonal and extends beyond bullying to "encompass joking around, practical jokes, sarcastic asides, and performative play-fights".<sup>35</sup> Thus, drama is not simply negative, or a simple risk of social media use, but also offers pleasurable aspects of intimacy and bonding.

Careful management of online profiles suggests an acute awareness of the dangers of publicly expressing private matters. Discussion in the groups often returned to how one's privacy required constant mediation and protection. With these concerns, and the potential for drama to spread beyond SNS, participants noted that the promotion of sexual health via personal profiles is unlikely to happen.

Male: *"It would be weird to have [sexual health information] on Facebook, kind of. That's how I think."*

Facilitator: *"But weird in what way?"*

Male: *"Facebook, I don't know. It's not for that. It could be for that, but it's not."* (Urban, 16–17yrs)

In discussing various private/public messaging avenues on Facebook, most felt that public display of sexual health information on Facebook walls would not be supported by most young people.

*"It's, like, you don't really want that on your wall."* (Urban female, 18–22yrs)

Because one's wall is public or semi-public, information published there can generate unwelcome drama or bullying. But there was no agreement on the possibilities of sexual health promotion on Facebook, with some noting its potential in making sexual health information more accessible to young people. Because he uses Facebook privately, one participant argues for the private dissemination of sexual health information through "inboxing" rather than "wall-posting" (i.e. sending a private message rather than messaging a public wall).

*"...if something like that was on Facebook, then it's private and personal because I don't sit on Facebook with people around me. It's just right there and so convenient. I think it would allow more people to access the information that they need."* (Urban male, 16–17yrs)

#### Managing privacy concerns

*"I think it's something I'd rather either, yeah, talk about in person or with a friend".* (Urban male, 18–22yrs)

Young people's daily use and management of their SNS profiles demonstrates a lot of concern for privacy,<sup>2</sup> with most young people setting their profiles to "private", ensuring limits on who can access information published in their profiles.<sup>11,37</sup> Media researcher Sonia Livingstone argues that young people manage this concern *not* by withholding all personal information, but by carefully choosing to disclose to some people and not others.<sup>2</sup> As noted by Boase et al. there are different forms of social ties – e.g. core ties and significant ties – which play out differently in online spaces.<sup>38</sup>

According to participants, some young people choose to manage their privacy by, among other things, avoiding visiting sexual health websites. Participants also expressed reluctance to using a search engine to find sexual health information, as this information might be recorded in their computer's search history and seen by parents or others.

*"I know people who have looked it up, but they find it really uncomfortable and have to delete*

*their history and make sure they're home alone...*" (Urban female, 16–17yrs)

Participants favoured less direct ways of accessing sexual health information online. Facebook ads were suitable information sources because they offered users a “plausible deniability” of their intention to visit a sexual health website. Being able to click a Facebook advertisement “accidentally” offered the security of not being exposed as seeking this information, and therefore not being implicated as possibly having an STI or even being sexually active.

*“...you wouldn't [think] you'd be found out if you just clicked on it through a Facebook thing. No one's going to go on a search engine and see that you've looked up herpes or chlamydia, or something.”* (Regional male, 16–17yrs)

Facebook advertisements were also considered worthwhile *“...because people don't really go looking for it unless it comes straight at them.”* (Regional male, 16–17yrs)

There was less concern about search histories amongst older participants, who were more likely to have their own personal computers. Here, Google search was noted as a way to privately source specific sexual health information without risking exposure in an SNS space:

*“You're not going to post anything too heavy on Facebook.”* (Urban male, 18–22yrs)

*“The Internet's got enough information about all that kind of stuff anyway. If you want to know, you can Google it and you'll find out.”* (Urban male, 18–22 yrs)

Others disagreed that Facebook adverts would be useful.

*“Usually it's just crap, so I don't look at ads that are on a side bar or anything like that, I just ignore them.”* (Regional male, 18–22yrs)

Some participants were concerned that even “inboxing” (private messaging) does not afford a privacy that is necessary for sexual health matters.

*“Even in messages like in private, people forward them to each other.”* (Urban female, 16–17yrs)

Here, concerns for privacy outweigh any benefit that shared sexual health information might offer.

*“You just have to watch out what you say to people. People that you trust you can say what-*

*ever to, and some people you have to watch what you say.”* (Urban male, 16–17yrs)

There was a lot of consensus around the need for young people to maintain privacy around sexual health matters, and any information seeking or sharing among young people online. Paradoxically, however, many participants suggested that sexual health messages are best when they involve “real stories” from young people speaking about actual experiences.

*“Maybe coming from people that have actually been in the situation themselves.”* (Urban female, 16–17yrs)

*“...but it would have to be a real story, not a made up one.”* (Urban male, 16–17yrs)

This focus group discussed the usefulness of real life stories as opposed to a campaign that simply offered facts. Personal stories can offer a space for subjectivity that fact-sharing may not,<sup>39</sup> and this preference for personal narratives might also relate to the culture of self-presentation that is integral to social media.

#### The importance of humour in messaging

*“Well I think you need to have a funny element because if it's just serious it's going to scare people off. So I think you need to draw people in using funny and then maybe have like a serious kind of punch line at the end or something.”* (Regional female, 16–22yrs)

Throughout the focus group process, participants deployed humour to defuse the embarrassment of discussing sexual health with strangers. Humour allowed participants to move from initial nervousness into more relaxed and comfortable conversations. Unsurprisingly, it was also a favoured technique for reducing the potential for embarrassment and stigma in semi-public discussions of sexual health online. One participant first suggested that to “like” a page about sexual health on Facebook would be unlikely, due to the potential for embarrassment. This position was then reconsidered by the group in terms of its humour potential.

Female: *“It could have its own Facebook page if it wanted, but I don't see many people 'liking' it.”*

Male: *“I wouldn't go into...”*

Female: *“Like’.”*

Male: *“I like STIs...” [Laughter]*

(Urban, 18–22yrs)

When asked about existing sexual health campaigns they were familiar with, participants were more likely to recall punchlines and visual images from humorous campaigns, or those with a “funny, lighter side” as one put it (Regional female, 18–22yrs). Several participants in one group recall a poster they considered amusing and effective.

*“I think the picture of the guy fishing – it’s simple: ‘Have you caught anything lately?’ It’s just one line and a picture. It has got a bit of comedy to it, it’s not as serious.”* (Regional male, 18–22yrs)

Alongside its humour, this message does not suggest anything about the viewer’s identity, gender, sexual practices, or risk level.

Male: *“So it was just personal to you, it doesn’t worry about your partners, it doesn’t worry [about] your orientation, it’s just you.”*

Female: *“Yeah it was the same for the female one which I thought was humorous, they just had the same guy fishing...”* (Regional, 18–22yrs)

All groups stressed the importance of humour, particularly if messages were designed to be shared amongst friends.

*“It would probably make people more inclined to share if they made an ad that was funny but at the same time pulled off a message about getting checked out or whatever. Because people would be, like, oh this is funny you should watch it, and then they may post it on to people’s walls and stuff...”* (Regional female, 18–22yrs)

Here and elsewhere, it was noted that humour could be used in conjunction with a more serious message, but for sharing to happen, humour was key. It was noted that sexual health advertisements without humour would be open to modification via SNS, and the possibility of parody.

Male: *“You have also got to be aware that when you put something on the internet, there are a lot of clever people out there that can manipulate things really easily and in really funny ways and just turn things into huge jokes...”*

Female: *“Whereas if you are already making the jokes about it, people aren’t going to take it and make jokes about it because it is already funny...”* (Regional, 18–22yrs)

A parody song was suggested by one group as a way to generate sharing and awareness amongst peers. Re-appropriating Akon’s popu-

lar song *I Just Had Sex* was discussed as one parody option.

Female 1: *“Yeah, it could be funny.”*

Female 2: *“It could be, like, ‘I Just Had Sex’, but, like, different.”*

Male: *“I just had sex and I caught chlamydia.”*

Female 2: *“I just got herpes.”*

Male: *“Actually, that would be a fun song. People would listen to that.”* (Regional, 16–17yrs)

Others suggested funny YouTube videos featuring celebrities or politicians, including Australian Prime Minister Julia Gillard, “poking fun at themselves” by talking about having STIs or going for a sexual health check-up.

## Conclusions

Information designed for social media needs to engage with ongoing sites of practice in which young people construct and manage public and semi-public profiles, and must recognise that social media content is incorporated into broader practices of self-presentation and identity management. Our findings may appear to show many contradictions but they not only point to the complex ways in which social media are used, but also the difficulty for traditional models of sexual health promotion to mesh with these practices. As noted by the participants in our research, the agendas of sexual health promotion and social media users are, in many ways, conflicting. The former is more embedded in social marketing practices of delivering a single take-home message for young people to absorb. In contrast, the participatory nature of social media requires messages that are adaptive, shifting, and can be re-formulated to suit the context of the relationships and networks involved.

The young people we spoke with clearly stated that sexual health information that is serious, i.e. didactic and risk-focused, is unlikely to have traction in social media spaces. Misplaced sexual health messages can result in users being associated with STIs, which are heavily stigmatised amongst young people, while fears of bullying and drama are likely to prevent the dissemination and uptake of sexual health information on SNS such as Facebook. While sexual information needs to be more general so as not to implicate senders or readers, the dissemination of generic information without the context of immediate and personal concerns/activities does



not correlate with the way most young people engage with social media. So, on the one hand, participants preferred general sexual health information. On the other hand, general information does not fit into everyday social media practices.

One way this paradox could be resolved, in their view, was through the application of humour. Funny videos were commonly discussed as having the potential to not implicate the sender, who is simply sharing something funny, as well as the reader, who can simply enjoy the humour. Humorous messages are also more likely to be remembered.<sup>40</sup> It was clear that incorporating humour into sexual health messages or online videos would increase the likelihood that this material is disseminated amongst young people's peer networks, thus gaining traction and incorporation into everyday media cultures.

While the use of humour offers potential for sexual health strategies to utilise social media, this is not guaranteed. Although SNS are “public”, a public health intrusion into these spaces may not be welcome, particularly if it occurs without consideration and respect for the intricacies of young people's social media use.<sup>41</sup> Humour is also personal and subjective and needs to be handled carefully so as not to encourage stigma or shaming. This suggests that sexual health promotion strategists must themselves be enmeshed in social media cultures, rather than inserting pre-packaged programmes into fields of practice where stigma is

a common concern, privacy is important, and the dissemination of information is moderated through one's self-performance.

This study also raises questions about the nature of health promotion more broadly, and its tendency to author and launch “the message”, which must remain consistent thereafter in order to be deemed a success. As we show here, social media interactions are not only unconcerned with promoting simple and singular messages, but are more orientated towards creating, re-appropriating, and subverting messages in the name of play, performance, and friendship. The young people in our study were interested in sexual health information, but did not want to access it at the cost of their own sense of comfort and belonging in their social networks. Sexual health promotion services seeking to enter SNS must take care to understand their role as a potential “risk factor” for young people within those spaces. This does not mean that health promotion within these sites does not or should not happen, but that it must be understood in its context as a site-specific intervention.

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## Résumé

Dans l'environnement médiatique d'aujourd'hui, l'information n'est pas seulement transmise des producteurs aux consommateurs, elle est aussi véhiculée par les participants aux nouvelles cultures médiatiques, notamment l'information sur la santé sexuelle. Dans des groupes réunis à Sydney et dans l'Australie rurale en 2011, nous avons interrogé des jeunes de 16 à 22 ans sur le potentiel de promotion de la santé sexuelle dans Facebook et d'autres médias sociaux. Nos conclusions soulignent la complexité des utilisations des médias sociaux par les jeunes, et l'improbabilité que les messages traditionnels de santé sexuelle suscitent l'intérêt dans les médias sociaux. Cinq aspects clés sont apparus : la culture participative des sites des réseaux sociaux ; la stigmatisation de la santé sexuelle, particulièrement des infections sexuellement transmissibles (IST) ; la présentation soignée d'eux-mêmes par les jeunes ; les inquiétudes quant à la confidentialité ; et l'importance de l'humour dans les messages de santé sexuelle. La peur des brimades et des ragots (ou des « drames ») risquait aussi de contrarier la diffusion des messages de santé sexuelle dans cet environnement. Néanmoins, les participants ont cité les films vidéo humoristiques en ligne comme un moyen d'éviter la stigmatisation et de partager des informations. Les jeunes de notre étude étaient intéressés par les informations de santé sexuelle, mais ne voulaient pas y avoir accès au prix de leur propre sentiment de confort et d'appartenance à leurs réseaux sociaux. Toute promotion de la santé sexuelle dans ces sites doit être comprise comme une intervention propre à un site.

## Resumen

En el ambiente actual de los medios de comunicación, no solo se transmite la información de los productores a los consumidores, sino que también ésta, incluida la información sobre salud sexual, es transmitida por participantes de nuevas culturas mediáticas. En grupos focales llevados a cabo en Sydney y Australia regional en 2011, les preguntamos a jóvenes de 16 a 22 años de edad sobre la posibilidad de promover la salud sexual vía Facebook y otros medios sociales de comunicación. Nuestros hallazgos señalan las complejas maneras en que la juventud utiliza esos medios y la improbabilidad de que los mensajes tradicionales sobre salud sexual tengan tracción en los espacios de los medios sociales de comunicación. Surgieron cinco aspectos clave: la cultura participativa de los sitios de redes sociales; el estigma en torno a la salud sexual, especialmente las infecciones de transmisión sexual (ITS); la cuidadosa manera en que la juventud se presenta; cuestiones de privacidad; y la importancia del humor en los mensajes sobre salud sexual. Además, consideraban probable que los temores de intimidación y chismes (o 'drama') impidieran la difusión de los mensajes de salud sexual en este ambiente. Sin embargo, los participantes mencionaron que los videos humorísticos en línea son una manera importante de evitar estigma y facilitar el intercambio de información sobre salud sexual. Las personas jóvenes en nuestro estudio estaban interesadas en la información sobre salud sexual, pero no querían obtenerla a expensas de su propio sentido de comodidad y pertenencia a sus redes sociales. Toda promoción de salud sexual en estos lugares debe entenderse como una intervención específica al lugar.