

Young People, Social Media, Social Network Sites and Sexual Health Communication in Australia: “This is Funny, You Should Watch It”

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Social media and social network sites (SNS) are an evolving area for sexual health communication with young people. They present opportunities and challenges for sexual health professionals and young people alike, such as learning through interactivity and addressing concerns about privacy. In this article, we present and discuss the findings from six rural and urban focus groups with young people in Australia about the use of social media and SNS for sexual health communication. We discuss a number of issues related to the use of social media and SNS for sexual health communication, such as concerns about bullying, privacy, and the stigma attached to sexual health.

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Introduction

In Australia, young people are generally reluctant to seek sexual health information for a variety of reasons, including stigma, lack of interest, lack of services, cost, and denial of risk (Janssen & Davis, 2009; Pitts, Dowsett, Couch, Keys, & Dutertre, 2003; Sorenson & Brown, 2007). However, as young people in Australia use social media (for example, online forums, blogs, microblogs, wikis, social network sites [SNS], tagging sites, music/video hosting sites, etc.), there may be opportunities for health professionals to explore and create ways to listen to and engage with young people about sexual health issues via these media in ways that may (or may not) challenge these barriers.

It is now understood that young people experience online and offline social worlds as “mutually constituted” (Collin, Rahilly, Third, & Richardson, 2010; Pascoe, 2011). By way of social media and SNS, young people connect and disconnect with others, debate, download, upload, and create. They use social media and SNS for self-expression, to belong and not to belong, and to experiment with their identities (ethnicity, gender, sexuality, class, race, bodies, etc.) (Davies, 2007). Young people negotiate intimate relationships online, including flirting, breaking up, and sexual encounters (Pascoe, 2011).

In early 2010, the New South Wales Sexually Transmitted Infections Program Unit approached staff of the Journalism and Media Research Centre at the University of New South Wales to discuss social media, SNS, and young people. The interest was in how to bring social media (particularly SNS such as Facebook) into its sexual health communication strategy targeting young people. Funding was sought from the New South Wales government, and a small research fund was approved to undertake a pilot study to explore opportunities and challenges. The research took place in 2011 in the form of a literature review and six focus groups in urban and rural locations in the state of New South Wales. In this article, we examine what the young people in the focus groups said about using social media for sexual health communication, and we explore issues such as sexual health stigma, accessibility, young people’s rights, privacy, bullying, peer-to-peer sharing, interactivity, media-based learning, and the use of humorous rather than scary content.

Method

Six focus groups were conducted in the state of New South Wales, Australia, from March to July 2011. In these focus groups, young people discussed their use of social media and SNS as well as the possibilities for using them as part of sexual health communication. Participants were 16 to 22 years old. Genders were mixed, with an even number of males and females. A total of 22 participants took part. Given the limited resources, pilot status, and exploratory goals of the project, we understand that this sample size does not yield results that can be generalized to a broader population. However, we believe the young people provided insights that could be useful when considering social media and SNS for sexual health communication.

Social Media and Social Network Sites

Social media enable users to create a profile; define online a personal network; make visible their online connections to other people, communities, and organizations; engage in dialogue; and share, remix, and create media. Social media can take the form of message boards and forums; weblogs; wikis (a type of website that allows any user to edit or create pages); video and photograph hosting sites; music mixing/hosting sites; social news sites where users vote on articles, comment, and debate; social bookmarking and tagging; microblogs; or a combination of these (Collin et al., 2010; Lenhart & Madden, 2007; Lefebvre, 2009). Some social media brands in Australia are Facebook, YouTube, Vimeo, MySpace, Bebo, Digg, Reddit, Friendster, Flickr, Wikipedia, Twitter, Pinterest, Foursquare, LinkedIn, Formspring, Last.fm, Del.icio.us, Google+, and Yahoo Answers.

Underpinning social media is a change from a unidirectional model of communication to a multidirectional model of communication. Audience members are actively engaged in the communication and are not just receivers of information (Thackeray & Neiger, 2009). Those who access social media can be both consumers and producers of media, or what Axel Bruns (2009) has termed "producers." This concept refers to "user-led, collaborative processes of content creation" (Bruns, 2009, p. 3).

Social media include social network sites—also called *social networking sites* and *social networking services*. The terms are often used interchangeably. However, we follow the definition of boyd and Ellison (2007), who have done extensive work on the history of SNS terms and recommend using the term *social network sites*. According to boyd and Ellison (2007, para. 4) SNS are Web-based services that allow individuals to

1. construct a public or semi-public profile within a bounded 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.

Computers are used to access and interact via social media and SNS. Social media and SNS also have widgets and applications (apps) specifically designed for mobile technologies such as mobile phones and tablets. Apps and widgets are small software programs that are embedded within a platform, operating system, or website. The trend is that technologies and social media services have converged as users request a broader array of participation, efficiencies, and interactivity from one service, provider, brand, and device (Jenkins, 2008).

As of 2010–2011, 79% of Australian households had access to the Internet at home (Australian Government, 2011). SNS has grown in popularity, with 36% of users accessing these sites in 2009 (Australian Government, 2011). In Australia 90% of 6- to 29-year-olds use the Internet daily (Nielsen Research, 2010). In the last comprehensive nationwide quantitative survey in 2009 by the Australian Communications and Media Authority (2009), it was found that "By the age of 16–17 years 97% of young people use at least one social networking service" (p. 10). Collin et al. (2010, pp. 12–13) explain that some young people have a high degree of media literacy that involves technical literacy (e.g., how to use apps and software); critical content literacy (e.g., understanding credibility issues with online information;

communicative and social networking literacy (e.g., the formal and informal rules that govern or guide online behavior and privacy issues); creative content and visual literacy (e.g., how to create and edit content as well as understanding copyright issues); and mobile technology literacy (e.g., texting etiquette and skills that enable doing all of the above on a mobile device such as a smart phone).

However, not all young people have this media literacy due to degrees of marginalization and disadvantage (Bird, 2011), and the quality and quantity of access to mobile technologies, SNS, and social media vary among young people. When considering using social media, SNS, and mobile technologies for sexual health communication, it is important to account for differences in accessibility, age, ethnicity, socioeconomic situations, and sexuality (Keys et al., 2008). This is pertinent because socially disadvantaged and marginalized young people in Australia are particularly vulnerable to poor sexual health (Keys et al., 2008; Warr & Hillier, 1997). However, even though the quality and quantity of access to social media and SNS may be diminished, socially disadvantaged and marginalized young people in Australia are media savvy in regard to them. Inge Kral (2010) has found that alongside satellite coverage improvements and infrastructure improvements to Internet reach as well as the increasing affordability of mobile phones, digital cameras, MP3 players, tablets, and laptop computers, young Indigenous people in remote communities in Australia are

acquiring the practice of SMS text messaging, "bluetoothing" converted video files, and uploading instant action videos and photos . . . social networking sites such as YouTube, Facebook, Bebo, and MySpace are increasingly being accessed for uploading films and photos, messaging and maintaining social relationships. (Kral, 2010, p. 4)

Evers and Goggin (2012) have shown further field evidence of this in a study of young people with refugee experiences in Australia. The same has been shown with other culturally and linguistically diverse youth populations in Australia (Blanchard, Metcalf, Degney, Herman, & Burns, 2008; O'Mara, Babacan, & Borland, 2010). Given these findings, sexual health communication using social media and SNS may be useful for these populations.

Accessing Sexual Health Information Through Social Media and SNS

In Australia, the vast majority of health organizations are not yet using social media or SNS effectively for health promotion targeted at young people (South Australia Health, 2012). When health organizations do use these media, they do so in a way that remains unidirectional and that does not effectively make use of the media's characteristics, such as interactivity and peer sharing.

When young people in Australia seek sexual health information, it is usually post facto—after already engaging in risky sexual behavior (Keys et al., 2008; Pitts et al., 2003; Sorenson & Brown, 2007). Young people's sexual cultures involve negotiating a mixture of biological changes, peer pressure, conflicting parental messages, and the power of broader cultural messages that shape expectations about sexual health in combination with the rest of their sexual culture (pleasure, stigma, behaviors, ethics) (Carmody, 2009; Ito et al., 2009; Lenhart & Madden, 2007; Livingstone, 2008; Pascoe, 2011; Pitts et al., 2003). However, despite sexual health being tied into these cultures, on its own it ranks low on young

people's interest scale when it comes to sexual knowledge (Pitts et al., 2003). Sexual health information for young people in Australia is currently available through sources such as friends, family, health professionals, government, and mass media campaigns that have employed television, radio, posters, newspapers and magazines, websites, short message service (SMS), wallet cards, pamphlets, posters, billboards, and the like. Young people in Australia prefer to access sexual health information through the media, even though they express a lower level of trust in this source (Keys et al., 2008). Sexual health communication involving social media and SNS has the potential to connect into the broader sexual cultures of young people—be it the experience of courtship, ethics, family, morals, practices, fears, dangers, hopes, intimacy, sexual tastes, cultural expectations, and so on (Collins et al. 2011). Some same-sex-attracted young people prefer to explore personal issues such as sexual health, practices, and identity in digital spaces due to the anonymity and confidentiality these spaces can provide (Crowley, 2010; Fornby, 2011; Hillier, Kurdas, & Horsley, 2001). Online bulletin boards are popular, and young people ask about intimate and sensitive issues such as sexual health, romance, dating, puberty, body issues, sexual identity, and safer sex practices (Suzuki & Calzo, 2004). Pascoe (2011) has found that "New media technologies are central parts of young people's social, romantic, and sexual lives. These communications are important in their practices of meeting, dating, and breaking up. New media technologies also provide important resources about sexual health and identities" (p. 5).

Gold et al. (2011) found that where social media and SNS are being used for sexual health communication in Australia, there is little documentation and evaluation of their use. Gold et al. (2012) identify the most successful example of combining social media and SNS with sexual health communication in Australia as the FaceSpace project.² This pilot project run by the Burnet Institute, University of Melbourne, and the Victorian College of the Arts used Facebook, MySpace, YouTube, Flickr, and Twitter for interactive sexual health communication with people aged 16 to 22 years old. The project created four fictional characters that interacted online with each other and with other users through status updates, profiles, newsfeeds, fan pages, wall-to-wall conversations, photo tagging, and video posting. Between November 2009 and April 2010, the number of FaceSpace page fans increased steadily from 0 to 300.

Findings

For the young people in our focus groups, information seeking on sexual health issues online was most common outside of social media and SNS. Participants agreed that a Google search was their most common access point to health information.

I just go straight to Google. (Urban, Male, 18–22)

Facebook and YouTube were said to be ubiquitous and entwined. Some SNS and social media link to each other, and the features and users are networked. Some of the young people's mobile phones had free-to-access SNS and social media apps built in. Use of SNS and social media differed when the young people used their mobile phone rather than a computer to access them. Due to slow download speeds and

² See <http://www.burnet.edu.au/home/cph/current/facespace/characters>

cost, they browse SNS and social media rather than “produce” (e.g., upload, download, remix, etc.) on mobile devices.

Stigma around sexual health would affect sexual health communication via social media and SNS. Social media and SNS were not yet thought of as key access points for sexual health communication and information. The young people did not want evidence of their participation in sexual health information sharing clearly marked or visible to others due to the risk of “embarrassment.” Stigma associated with sexual health would mitigate against any gamification of participation. Gamification is when rewards, badges, and prizes are offered for participating with a service in a particular way (such as what occurs in a game as players achieve various levels).

Participants reflected on instances of “drama” and bullying that they have witnessed or been involved with on SNS and social media. They carefully manage their online identities to avoid drama, bullying, and unfavorable speculation (Marwick & boyd, 2011; Ybarra, boyd, Korchmaros, & Oppenheim, 2012). The participants do not expect privacy to be maintained in communication that occurs online.

Regarding your health . . . and somebody finds out or they tell someone it can spread like wildfire. (Rural, Male, 16–17)

I only say stuff on there that I would say to everyone. (Rural, Female, 18–22)

Participants favored the creation of an online forum where sexual health–related questions could be anonymously posted and answered by professionals (nurses/clinicians). It was said that this would allow more privacy than a regular doctor visit (which some participants only do with their parents) or interacting via a personal profile on SNS and social media. SNS brands such as Facebook and Google+ now have “real name” or “real identity” policies aimed at preventing anonymity, pseudonyms, people having multiple identities, and the setting up of fake accounts (boyd, 2012). Formspring is one social media online forum aimed at young people that allows users to post anonymous questions and comments to someone’s active account.

The threat of bullying (as well as stigma) affects peer-to-peer sharing of sexual health information via SNS and social media. This challenges the emphasis on the “social” in social media and SNS when it comes to using them for sexual health communication. Online peer-to-peer sharing and learning in regard to sexual health might take place only if anonymity can be assured, and it cannot. For example, Facebook’s terms and conditions do not ensure anonymity, privacy, and confidentiality.

YouTube was discussed as a popular social media that could be used for sexual health communication. Several participants suggested YouTube videos of people asking questions and getting answers about sexual health issues. When mobilizing video, it was stressed that the content should be humorous. In fact, humor was emphasized when considering any form of sexual health communication. The participants explained that humor can help the message be more amenable to being passed on, because the sharing does not directly reflect something personal about the sender and receiver except for a shared appreciation of humor.

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. (Rural, Female, 18-22)

Maybe just like a funny little thing that teenagers say, just like a really funny phrase and then people click on that see what the hell is that about. (Urban, Female, 18-22)

It would probably make people more inclined to share if they made an ad that was funny but at the same time pulled off like a message about getting checked out or whatever. (Rural, Male, 18-22)

One of the benefits of humor is that it may overcome the sexual health stigma and bullying concerns, and so promote sharing of content. In contrast to humor, scare campaigns were not thought to be useful for appealing to young people. Participants thought that these add to existing stigma around sexual health for people their age. The young people said that if a message is too serious, it is not likely to be shared.

[B]ecause no one wants to get a lecture whilst they are online and trying to be doing their social thing. (Rural, Male, 16-17)

Further, they explained that serious messages tend to be manipulated.

You just have to be wary of that and by taking things too seriously. I think that's how you leave yourself open to be made fun of a lot of the time. (Rural, Male, 18-22)

The "produsage" of the young people is evident here. Some of the young people were confident in their ability to create and participate with their own media response. This produsage was also reflected in a proposal made for a video competition in which young people would be invited to make their own videos relating to sexual health.

Yeah, like they could do anything with the video that they want to. Like they could do animated video, real video and I guess they could take it any way they want. Like funny, serious, real life story, so it gives the people the option so you'd have a lot of different views in that. (Rural, Female, 16-17)

Again, we see the interactivity of SNS and social media come to the fore. It is argued that such multimodal media engagement actually enables nonformal learning (Fine, Weis, Centrie, & Roberts, 2000). Projects or activities that excite and engage young people are additional learning environments (Vadeboncoeur, 2006). This is an ongoing process that involves exploring, negotiating, interpreting, and modifying. The emphasis is on a process of learning. As Levine (2011) argues, "Sexual health education is no longer a progression from curiosity to experimentation and consequences, but an interactive learning experience" (p. 19).

While the young people were enthusiastic about including SNS and social media in a sexual health communication strategy, they also stressed that a traditional static website should be the central hub.

Yep, so basically all these other mediums, they're just there to get your attention and get you to go to the website. (Urban, Female, 16–22)

The website should have clear and detailed information, be credible, and be trustworthy. To convey trustworthiness and credibility, the young people agreed that branding was necessary. It was suggested that a .gov or .edu tag would accomplish this. The young people understood that there is a lot of misinformation online.

Something with a government backing or some proper organization backing is probably a bit more trustworthy. (Urban, Male, 18–22)

Although social media and SNS were the main topic of the focus group discussions, participants also mentioned other ways to communicate about sexual health issues. They suggested nondigital media such as magazine advertising, posters, a hotline, and pamphlets. Clearly, social media and SNS should be part of a broader and networked sexual health media strategy.

Other Considerations

The research team identified a number of other considerations about using social media and SNS for sexual health communication. One consideration we identified is adaptability, given the fast-changing nature and popularity of social media and SNS. For example, the popularity of social media and SNS brands changes quickly. New brands emerge regularly (e.g., Pinterest), while others fade away (e.g., MySpace). There is always potential for a service launched via a specific social media and SNS to become obsolete or irrelevant in a fast-moving technological environment (Bull, 2010; Ralph, Berglas, Schwartz, & Brindis, 2011).

Another consideration is that mobilizing social media and SNS for health communication needs to be supported by adequate resources to allow for staff technical training and ongoing monitoring to manage bullying and to provide up-to-date content (Korda & Itani, 2011). Reported barriers to the use of social media and SNS for youth work in Australia have included lack of time and resources, skills, funding, and management support in the way of permission, policy, and risk management (South Australia Health, 2012). It would seem that dedicated and trained staff members in social media and SNS would be necessary. In Australia, health professionals are using social media and SNS in their personal lives; however, they are currently not sure how to use these technologies for health promotion (Usher, 2011). Further, health professionals and clinics need to be tied into the communication strategy. Social media and SNS do not make offline person-to-person services obsolete. There needs to be a "complementary and reinforcing nature of the clinic visit and the social network" (Gilliam & Brindis, 2011, p. 3). This resource consideration means that accessing and using social media and SNS can be cheap, but, as part of a sexual health communication strategy, there may be considerable costs involved. While Bull (2010)

argues that technology-based health communication could potentially mean lower health communication and prevention program costs (pp. 4–9), there is no evidence that this would be the case.

Another consideration involves addressing concerns about young people coming into contact with online sexual content of any sort. There is a powerful discourse circulating that young people, especially girls, are increasingly being "sexualized" by the media. A large government-funded report on youth, sex, sexuality, and the media by the Australian Government (2008) demonstrated the prevalence of this discourse in Australia. The discourse perpetuates the understanding that young people are endangered, corrupted, and harmed by the relationship between the media, sex, and sexuality. The prevailing discourse paints a picture of the relationship as harmful, risky, and regretful. Attwood and Smith (2011) argue that such "sexualization debates" are part of a long "tradition of suspicion—of media technologies, sex, and young people" (p. 235). This discourse simplifies this relationship into one that can only result in harm, risk, and regret (Attwood & Smith, 2011). Yet studies that ask young people themselves about the nexus between the media, sex, sexuality, and their lives show that there is active and critical engagement (Bale, 2011; Bragg, Buckingham, Russell, & Willett, 2011; Buckingham & Bragg, 2004; Carmody, 2009). When young people seek out or come across sexually explicit material, they learn from these experiences and use them to develop opinions and capabilities (Bale, 2011). There is an opportunity during such negotiations to inform young people with useful information while still making sure their right to make their own decisions is respected (Livingstone, 2008; Pascoe, 2011). Further, we caution against impinging on young people's rights to "intimate citizenship" (Bell, 2008; Lumby & Albury, 2010). Young people have collective and individual rights, and these include the right to express their views about matters affecting their everyday lives (Lumby & Albury, 2010). To foreground harm, regret, and risk leads to perpetuating a discourse that limits sexual health communication by excluding young people from discussions meant to be about caring for them.

Problematically, when using social media and SNS for sexual health communication that makes use of their interactivity and multidirectionality, it will be necessary to deal with how most Australian states have set the age of consent for sexual activity at 16 or 17. Australian federal law defines written texts and images that describe or depict young people under 18 in a sexual context as "child pornography" (Australian Government, 2008). This legal framework effectively prohibits young people from sexual self-representation and restricts young people's participation in public debates about sexual cultures and sexual communication (Lumby & Albury, 2010). Globally, there has been the regulation of new online and mobile technologies in regard to sex and sexuality (Attwood & Smith, 2010). Australian classification defines "child pornography" in broad terms:

It does not permit any depictions of non-adult persons, including those aged 16 or 17, nor of adult persons who look like they are under 18 years. Nor does it permit persons 18 years of age or over to be portrayed as minors. (Australian Government, 2008)

These materials are refused classification under Australian guidelines, becoming literally "beyond representation." As a consequence, young people aged 16 and 17 years, who are over the age of consent in terms of physical sexual encounters, are prohibited from creating or distributing written descriptions of visual images that depict sexual activity. Due to the lack of context within the law, even self-portraits or

diary entries can potentially be deemed child pornography, since it is the image itself that attracts prosecution (Griffith & Simon, 2008). Research conducted with Australian young people suggests that the legal implications of sexual self-representation are not well known (Lumby & Albury, 2010), and the ease of production and distribution afforded by online and mobile media may put young people at risk of serious charges.

Conclusion

From this pilot study we have learned that sexual health communication with young people involving social media and SNS-based health communication needs to be supported with adequate resources to allow for ongoing moderation and ongoing provision of content. Time and funding will be required to develop resources, foster technical skills, and manage support in the way of permission, policy, and risk management. As such, rather than being a cheap option, using social media and SNS for sexual health communication could be expensive.

We also found that credibility and trustworthiness are important to young people when they are seeking information online. University or government branding is a signifier of these qualities, and young people use these types of organizations to identify a trusted source among the clutter of information online. While social media and SNS are popular among the young people in this study, they still emphasized the importance of a central website as the online hub of any campaign, with easily understood, clear, accessible, and factual information. Social media and SNS could be thought of as a path into, through, and out of the central website, which can function as the host of multimedia elements and a feedback loop. Privacy and confidentiality should underscore a sexual health communication campaign involving social media and SNS. The young people are cautious about bullying. They carefully manage their online identities and what they do and do not share. At first glance, given that social media and SNS facilitate peer-to-peer relationships, it might be hoped that they facilitate the sharing of sexual health information. However, peer-to-peer sharing of sexual health information may be unlikely due to the stigma associated with sexual health.

The need for humor in a SNS and social media-based sexual health communication is a useful finding. Sexual health communication that contains humorous content seems to have a higher potential to lead to peer-to-peer discussions, learning, and sharing in regard to sexual health. The humor qualities may address sexual health stigma concerns young people have, given that when the content is shared, it is not directly reflecting something personal about the sender and receiver except for a shared appreciation of humor. The peer-to-peer sharing is important, because studies have indicated that learning information from peers is often more effective than learning from adults (Carmody, 2009; Donaldson, 2009; Spiranovic, Briggs, Kirkby, Mobsby, & Daniels, 2008; Walsh & Ward, 2010). Young people view their friends and slightly older peers as credible sources of sexual information from whom they would like to learn (Pitts et al., 2003). There is the potential that after humorous content is shared, a discussion or debate among peers will emerge.

We also learned that because some young people are producers, sexual health agencies should not expect to retain control of the meaning and message. Social media and SNS have enabled new forms

of media engagement and the composition of multimodal texts that incorporate visual, oral, gestural, and written modes of representation and communication (Hull, 2003; Hull & Nelson, 2005). Some agencies may balk at this opening up and interactivity; however, it has been suggested by a number of media scholars that the interactivity of digital media has the potential to stimulate attitudinal change among young people, foster their input and thoughts on the matter at hand, generate action, and capture their attention (Bragg, 2006; Buckingham, 2007; Gauntlett, 2007; Hung, 2002; Ito et al., 2009, Jenkins, 2009; Livingstone & Brake, 2010).

Using social media and SNS for sexual health communication is not a matter of simply reproducing a unidirectional model of communication via new media or providing information that defines in advance the dos and don'ts. Rather, the goal is to provide a resource where young people can work with sexual health experts and peers and subsequently network sexual health knowledge into their cultures more broadly. As Thackeray, Neiger, and Keller (2012) argue, "viewing social media as only another output channel perpetuates the top-down communication approach and ignores the communication that occurs between individuals, independent of the organisation" (p. 165).

This means that complex and multidirectional conversations need to address the interconnected complexities of intimate relationships and sexual cultures. Sexual health communication involving social media and SNS (if done well) may provide opportunities to escape the mode of one-way communication that is seen as being out of touch and is viewed by young people as being talked at rather than having a conversation (MacDowell & Mitchell, 2006). This approach to sexual health communication may involve a lot of listening, guidance, and observing rather than simply providing "answers, facts, or advice" (Sandlos, 2011, p. 65). Sexual education needs to happen "between" young people and adults, a relation "however conflicted" whereby the adults may have to accept that they sometimes cannot and should not answer (Sandlos, 2011, p. 65). Sandlos (2011) continues,

By making room for our own not knowing with regard to outcomes, adults also make room for youth to interpret the lessons of sex education in ways that do not line up neatly with our expectations and desires but nevertheless propel the adolescent to investigate her own unique possibilities for becoming. (p. 65)

Sandlos' argument is supported by an array of literature where it has been argued that it is crucial to keep information relevant, accurate, current, and accessible and to engage young people in the design, implementation, and evaluation of digital sexual health campaigns (Eysenbach, 2008a; Lefebvre, 2009; Levine, 2009; Livingstone, 2008, 2009; Livingstone & Brake, 2010; UNESCO, 2006).

Finally, sexual health communication campaigns using social media and SNS to support young people need to be aware of the urgent need for advocacy around young people's rights (Lumby & Albury, 2010). That is, it is important to ensure that young people are treated seriously, as full sexual agents, and enable them to contribute to the discussion, to be creators of content, and so explore sexual health on their own terms and adapt it to their own needs, interests, situations, and wants. This would involve a move away from a discourse emphasizing harm, regret, and risk to one emphasizing sex as a matter of personal pleasure, taste, ethics, and recreation that will encourage young people to pay attention to and

incorporate information from the campaign into their lives (Attwood & Smith, 2011). Otherwise, young people may turn away from such information and services because, however well intentioned, an SNS and social media-influenced sexual health communication strategy designed to care for them instead may work to control them, refuse them their rights, deny their choices and cultures legitimacy, and silence them.

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