

# NOT SAFE FOR HEALTH? BUILDING DIGITAL HEALTH CAPABILITIES IN HOSTILE SOCIAL MEDIA ENVIRONMENTS

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## Background:

Recent changes to content moderation policies on X (formerly Twitter), and Meta platforms (such as Facebook and Instagram) have facilitated increased hate-speech against marginalised communities, and the suppression of sexual and reproductive health (SRH) and HIV-related content. These practices reflect historical patterns of discrimination by major social media, commerce and payment platforms, as documented by internet researchers, activists and sexwork advocates for over a decade.

## Methods:

This paper presents preliminary findings from an interdisciplinary partnership bringing together insights from digital media studies and public health scholarship and practice. Following a short presentation synthesising relevant media studies research analysing the impacts of content moderation on marginalised communities, NAPWHA members (n=34) were invited to reflect and share short-term and long-term strategic responses. Discussion was informed by Albury and Mannix's Digital and Data Capabilities for Sexual and Reproductive Health (DDCSRH) model (2025), which prompts systematic consideration of organisational assets and infrastructure, skills and governance.

## Results:

As a community-based HIV support and advocacy organization, NAPWHA uses digital platforms to plan and carry out community engagement and health promotion activities. Participants shared a range of concerns regarding the safety of staff and volunteers undertaking digital outreach. They were also concerned that community-members might become isolated or disenfranchised due to withdrawal from major social platforms. A range of strategies were shared to promote safer engagement via both digital and non-digital modes of communication. However, existing assets and infrastructure, skills and governance structures were not always deemed fit-for-purpose.

## Conclusion:

As platforms increasingly narrow their moderation guidelines a broader strategic conversation among HIV and SRH organisations is needed. Interdisciplinary approaches – such as the DDCSRH - can facilitate epistemological, methodological and practical insights into the technical, social, cultural, political, and commercial factors that undermine or reinforce digital health disparities.

## Disclosure of Interest Statement:

*This study is funded by the Australian Research Council (ARC) Future Fellowship #FT210100085; and partially funded by the ARC Centre of Excellence for Automated Decision Making and Society (ADM+S) #CE200100005.*