

### What's The Problem?

- A range of recent Australian research (including Cohn and Richters 2013, Evers et al 2013 and McKee et al 2014a) has found that young people prefer 'vulgar' or vernacular sources of sexual health information, and are more likely to share material that is funny and/or features intimate first-person narratives.
- 'Official' (ie government & NGO produced) Australian digital sexual health content has tended to avoid precisely the kinds of tone and content that young people prefer (Byron 2015a, 2015b).
- Additionally, many such sources of sexual health information have tended to ignore or actively dismiss the role that friendship & peer networks play in young people's cultures of sexuality, sexual health and sexual learning (Byron 2017, Byron 2015b, McKee 2017).



# The Will To App

- I use the term as a play on Foucault's 'will to know' aka 'biopower', that is, the process through which external regimes of power and discipline are internalised and normalised, both collectively and individually (1978: 140-144).
- While health organisations do produce mobile apps, the Will To App should not be seen as literally and exclusively refer to mobile app production.
- The Will To App describes a tendency towards 'walled garden' approaches to digital outreach (and away from 'risky' practice), which can arise when sexual health organisations are presented with a range of conflicting policy incentives operating at different levels.



# Where might the will to app come from?

- A specific pot of money needs to be spent on 'digital engagement', but managers don't trust social media;
- A manager's KPIs have changed, and they need to demonstrate 'innovation';
- A specific pot of money can be spent to fund the production an object or artifact, but cannot be used to pay ongoing staff;
- Engagement is quantified via 'clicks' and 'downloads';
- Need to control messages/content (ie the Minister needs to sign off on this/ this needs to pass the Courier-Mail test) leading to a 'walled garden' approach to digital content.
- Target group is so broad that campaign needs to be all things to all people while excluding or offending no-one:
- (ie must promote condoms + promote testing while appealing to ALL young people aged 15-30).



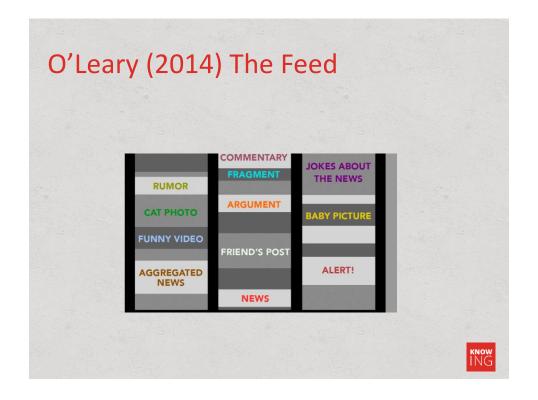
# Social marketing best practice characteristics

- value exchange that is, behavior change is presented as offering a reward to the targeted audience;
- recognition of competition marketing strategies are offered with the assumption that the audience has alternative options;
- deployment of 'the four ps' of marketing defined as product, place, price and promotion; and
- sustainability programs are monitored and adjusted according to perceived changes of audience and/or environment (adapted from Lee & Kotler 2016: 23)



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# Conclusion: some provocations for youth sexual health policy & practice

- What if young people's digital engagement with sexual health information could be tracked and documented via 'deep-dive' data analytics that offer immediate feedback and incentives for communicating sexual health information via humour, 'vulgarity' and empathetic narrative storytelling techniques?
- What if sexual health policy-makers chose to fund programs that build internal capacity in terms of understanding and/or deploying digital communication strategies and techniques at all levels within sexual health organisations?
  - How might digitisation assist (or undermine) youth-focused organisations that seek to promote cultures of engagement and participation around sexual health?



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