"Protection on that Erection?": Discourses of Accountability & Compromising Participation in Digital Sexual Health

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ABSTRACT

This paper analyses sexual health workers' 'talk' around their introduction of a digital platform to enhance a regionally managed condom distribution scheme for young people. In examining the discursive resources workers used in framing the sexual health service, their service users and digital technology, we argue that problematic ideologies around young people and sexuality were exercised and reproduced. Workers positioned themselves as the gatekeepers of young people's sexual health, who were in turn constructed as 'mischievous' and 'misguided', with technology having a corruptive role over what was considered to be 'healthy' and 'normal' sexual relationships. We suggest our findings indicate severe challenges in developing community-commissioned platforms alongside service providers, and questions how plausible user participation can be in attempting to conduct collaborative, participatory and engaged work in this context.

Author Keywords

Sexual Health; Discourse; Discursive Psychology

ACM Classification Keywords

H.5.m. Information interfaces and presentation (e.g., HCI): Miscellaneous

INTRODUCTION

In response to the civic turn in HCI [22,28], over the past three years we have been conducting an engagement with a regional local authority in the United Kingdom around public health, specifically the provision of sexual health in young people. The outcomes of this have included small scale user-centred design projects, which we detail elsewhere [40]. However, in addition to this, we were also looking at ways digital systems can change *how* public health is provided, on a broader level of service delivery.

This has involved a continual dialogue with partner public health managers and commissioners, who are responsible for the regional provision of public health. In late 2015, these commissioners identified the potential need for a digital system where young people could locate and review outlets for a young person's condom distribution scheme. Therefore, for the past two years, we have been supporting the local authority in the development and implementation of a community-commissioned application for these service users.

The outcome of this is a location-based review app, which the sexual health service has now integrated into the regional service provision of condom distribution. Despite this apparent success, the process brought to the surface tensions between our conception of young people's sexual health, and the approach taken by the sexual health workers. Specifically, the way service users were positioned by the sexual health workers, and how their involvement in the design process was compromised, was problematic to us as researchers.

In this paper, we illustrate this case by presenting a thematic discourse analysis, from a perspective informed by Discursive Psychology (DP) [7,32], to examine how the sexual health workers positioned young people within the sexual health service through the introduction of this digital intervention. We reflect upon the challenges of having service delivery impact whilst retaining values of user involvement and participation which are important to us as researchers, particularly in areas of public health, which traditionally retain a 'top-down' model. Alongside our contributions to HCI around the implementation of digital technologies within public health, and specifically the provision of sexual health services for young people, we also use this paper to indicate opportunities of using principles from DP in critically examining discourses around technology use.

YOUNG PEOPLE AND SEXUAL HEALTH

Adolescents have been identified as a vulnerable population when it comes to sexual health. Young people (under 25s) are the most likely population to be diagnosed with Sexually

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Transmitted Infections (STIs), accounting for over 50% of diagnoses, and are also the most likely to access emergency contraception [45]. The National Strategy for Sexual Health and HIV [15] and the World Health Organisation (WHO) [29] have produced guidelines for the provision of sexual health, putting emphasis on encouraging positive and respectful approaches to sexual relationships, alongside encouraging safer sexual behaviour. As the WHO guidelines state, sexual health is "not merely the absence of disease, dysfunction or infirmity" [29].

However, in practice, public health discourse around sexual health is typically orientated around risk and danger. Since the 'arrival' of HIV and Aids in the early 1980s, and rising rates across all forms of STIs, an avalanche of research has been orientated around preventative measures and the cost of poor sexual health [8]. This is reflected across common sexual health promotion strategies, which can most often be classified as 'Information-Provision' approaches; however, there has also been a rise in 'Self-Empowerment' and 'Community-Development' advances, particularly across HCI, as we will now discuss.

Information Provision approaches sought to bring about individual behaviour change through focusing on individuals' cognitive processes. The objective of these is to raise awareness around the risks of sex. This is a common approach, and is evident across most mainstream health campaigns around sexual health [11]. We also see this reflected in much HCI work. The internet has been identified as one of the primary sources where young people access health information, and research has evaluated the efficacy of these sources. HCI work has examined users' information-seeking on sexual health websites and apps [25,34], finding that media literacy mediates the efficacy of these messages [4]. Digital interventions designed to improve sexual health have also been assessed, finding that Short Messaging Services (SMS) are an effective medium to convey sexual health messages [21]; however, generic and non-personalised information is limited in effectiveness. Overall, this research has found that digital interventions are reduced mostly to conveying standardised messages of sexual health, and limited in their interactive functionality.

A Self-Empowerment approach to sexual health campaigns has also been adopted in HCI, which are typically seen to increase individuals' personal motivation to maintain sexual health, taking a more self-affirmative approach. Alongside media campaigns such as [46], we can see evidence of this approach in the drive to design for sexual wellness [2,6] and desire [19], promoting personal agency through a focus on experience-centred models of design [42]. We can consider individual empowerment as a key objective of these approaches, alongside a wider objective of sexual wellbeing, rather than a singular focus on prevention and disease.

Community Development approaches take this arguably a step further, in seeking to improve health by addressing socio-economic and environmental causes, and in encouraging collective action. There are some examples of community-driven approaches being adopted by HCI work in sexual health, particularly through the use of social media; however, this has been argued to be a double-edged sword. It has been suggested that peer-to-peer sharing practices through Facebook confession pages can be used for sharing health information, yet these are also utilised for promoting apparently 'problematic' or 'risky' sexual activity [43]. Likewise, disclosure on real-time dating sites has also been argued to mediate risky sexual activity among men who have sex with men [12]. Practices of sharing intimate experiences have been examined by [18] indicating a shift to consider performative levels of community sharing. The potential for digital technology to encourage face-to-face, collaborative interactions around sexuality has been examined by [40], however they indicate difficulty in maintaining a health-promotion agenda through these more collaborative approaches, and were hence unsuccessful in being incorporated in the delivery of young people's sexual health services. Therefore, in the current research, in collaborating with sexual health providers, we sought to introduce a community-driven approach to developing a digital intervention which had the potential to be integrated into the sexual health service through retaining a clear agenda of sexual health promotion.

DESIGNING THE 'CONDOM TOKEN' APP

'*Condom Token'* (anonymised) is a sexual health service offered to young people aged 13-25 in a region of the United Kingdom. To participate in this service, young people are required to have a one-to-one session with a sexual health worker, where they are asked about their sexual history and are provided with sexual health information and training. Young people are then given a 'Condom Token', which enables them to access free condoms across registered outlets in the region. The public health commissioners, partners in our research agenda, identified the potential need for a digital application where young people could locate, rate and review local Condom Token outlets.

The second author has developed 'App Movement' [9], a platform which delivers community-commissioned location-based review mobile applications. Our initial engagement period of around 6 months involved numerous meetings with representatives from the 10 individually managed areas across the local region for the *'Condom Token'* scheme. As this 'App Movement' was effectively a 'request' from our partners, they were effectively positioned as our 'clients', necessitating us to be responsive to their requests.

Commissioning an 'App Movement' involves a staged process of 'support', 'design' and 'launch' (explained in [9]). Campaigns require 150 users to register their support before it is moved into the 'design' and 'launch' phase. The regional leads of *Condom Token* took the lead in recruiting young people to 'support' the 'App Movement', resulting in 368 supporters, the highest number to date for the platform. The 'design' phase involved engaging with these supporters to

suggest and vote on design decisions around the app, including the name, icon and the four review criteria. The four most popular were 'Friendliness', 'Access', 'Confidentiality' and 'Knowledge of Staff'. At the end of this process, the most popular name was 'Protection on that Erection!', which was suggested with an accompanying icon (Figure 1). The sexual health workers asked us to override this decision, and the second most popular name was declared the winner: *Condom Token Finder*. This was, in many ways, representative of how young people's participation was configured by sexual health workers in this project, which we will discuss.

Figure 1: The icon submitted for 'Protection on that Erection'

This resulted in trepidation from some sexual health workers in supporting this application, which we will discuss in our findings. Therefore, it was necessary to design an additional interface to appease these concerns. In response to this, the second author designed a 'moderation dashboard' (Figure 2), where workers could review posted content and remove anything that was deemed inappropriate. Introducing this further level of control has implications as we discuss below.

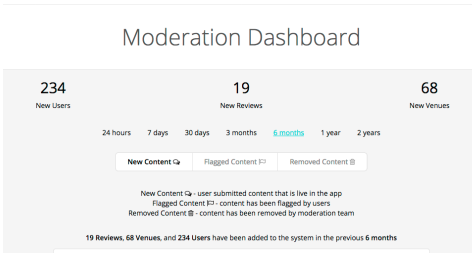

Figure 2: The Moderation Dashboard developed for 'Condom Token Finder'

The App has been available to download since June 2016, and has 625 registered users and 102 reviews. Workers from each region added their own venues to the Application, and many now use it to keep a record of the venues registered for *Condom Token* in their region, adding new and removing old venues where appropriate. Therefore, at present, sexual health workers are the most active users of this application, although this may change over time. We saw it most appropriate, therefore, to conduct a critical evaluation with the sexual health workers who were behind the development of this application. The purpose of these engagements was to understand how the service was positioned by workers, and to understand how the application was situated within the provision of sexual health for young people.

METHOD

After the App implementation had taken place, the first author conducted interviews and group discussions with workers in each of the regions involved with the support and development of the app, depending on who was available and how responsibility was managed across each region. Three interviews and 3 focus groups were conducted, with 3 participants in 2 of the focus groups, and 2 participants in the other (so 11 participants in total). The engagements were between 30 minutes and an hour and a half in length.

Discursive Psychology

Data was organised thematically primarily using principles from Discursive Psychology (DP) to drive analysis. This included identifying the *discursive strategies* sexual health workers used to construct their accounts (see [7]). These strategies will be briefly described throughout the analysis (for more detail see [7, 32]), but important to note is our focus on what these strategies achieve through talk, how they are assembled and deployed in this local context, and to what purposes. We therefore broadly identify discourses as *interpretive repertoires* [32], as (micro) systems of meaning, which people draw upon in their construction of reality through language. Due to this focus on language practice, interactional data is often favoured in DP approaches. We therefore focused on the two longest (and most detailed) focus groups, and one interview in our analysis, which was representative of the key stakeholders in the project. Each engagement was audio recorded and transcribed orthographically. All potentially identifiable aspects of the data were removed and participants' names were replaced with pseudonyms. Punctuation has been added for readability, and the main speaker(s) in each extract are indicated in **bold**.

FINDINGS

This analysis starts by giving a critical examination of how sexual health workers framed young people through the service, going on to examine how digital technology was positioned within this. This sets the scene for the second half of the analysis, where we focus on how sexual health workers talked about the design process and implementation of the App in their sexual health service.

Framing Condom Token

> **Joe:** The *Condom Token* scheme (.) is an opportunity for young people to come into those services to have a one to one discussion with those workers that have been trained (.) umm and then able to have free condoms in a variety of settings across the city
>
> **Anna:** It's very much more choice based now I think than when we were at school. Well like you say it was well you don't do that, you don't do that, you don't do that, (Int: Mmm) I think it is a case that now, the education of (.) you probably will go and try that, you may go and do that, you may go and do that (Wendy: Yep / Int: yeah) but these are the options, (Int: Mmm) if, y'know, there is consequences, or equally there is support (Wendy: Yep) an-, it's, just hoping that, those messages do go through to them

The framing of Joe's account of the *Condom Token* service is interesting in several ways. The beginning of this account describes the service as an "opportunity", a convenient provision available for young people to take advantage of. However, it is worth considering exactly how Joe positions this. This is not an "opportunity" for free condoms, rather the "opportunity" is said to be the one on one discussion with a (trained) sexual health worker. It is only after young people have had this discussion that they are provided with condoms. Therefore, there is contradiction in Joe's account; it is equally fitting to re-read the passage replacing the notion of "opportunity" with "barrier".

Anna gives a nuanced account of the service that *Condom Token* offers. She uses a narrative of 'choice' in the provision of sexual health services for young people. From a discursive perspective, the notion of 'choice', particularly within the context of health, is a problematic and often contested notion [27]. In framing an action as 'choice', personal responsibility and accountability for one's actions are given priority, rather than emphasising the complex social circumstances that lead to certain (anti) health behaviours arising. Anna's account is notable for how she uses this concept through repetitive use of the 'list of three' [17], which is a common discursive device, or analytic tool, seen to strengthen arguments in speech acts. In the first, Anna distances herself from the authoritarian, 'information provision' model of sexual health, modelled around 'don't do that', listing it three times to emphasise the futility of this model. She compares that to their approach, again listing three times: "you probably will go and try that", "you may go and do that", "you may go and do that", as progress from "when we were at school". However, Anna's narrative is around a 'hope' that the 'right' messages "do go through to them", seeing their role as educating around "the options", "the consequences" and the "support", the final list of three present in this short extract. In positioning young people as agents of choice, akin to the 'self-empowerment' model of sexual health discussed previously, Anna situates the sexual health service as encouraging these young people to make the *right* choice.

Choice as a narrative concept was returned to throughout accounts from sexual health workers, yet there were layers of complexity to this. 'Condom Token' is a service offered within a region of the United Kingdom to young people 13-24 years old. Sixteen is the official age of consent in the United Kingdom, although there is "no intention to prosecute teenagers under the age of 16 where both mutually agree and where they are of a similar age" [44]. Therefore, "Health professionals in the UK may provide contraceptive advice and treatment to young people under 16 if, in their clinical judgement, they believe it is in the young person's best medical interests and the young person is able to give what is considered to be informed consent" [44]. Therefore, discursive 'work' was required in justifying the sexual health service provision to under 16s. The following account from Rita describes how the under 16s who are accessing their service are required to go through the registration process again after 6 appointments, which was again shrouded in a narrative of young people's 'choices':

> **Rita:** It's a- (.) it's illegal for them to have sex under the age of sixteen, and so in the registration process we do (.) stress that, an' if they haven't had sex before sixteen, and they're considering it, we would always try and delay first sex until they were over sixteen, umm, but if they're going to go ahead and do it then obviously you want them signed up for a token so that you can keep them safe (Int: Yeah) so that's what it's about, and that six appointments is just so you know you're getting them back, into that service at some point, you're not letting them free with the token, and you're never going to see them again […] so it keeps those (.) like they have to come back to us, if you know what I mean (Int: Yeah) and it keeps a hold on them, a little bit (Int: Yeah) 'nd not just letting them run off

In contrast to the attempted, yet contradicted, narrative of 'opportunity' raised by Joe above, Rita's account more explicitly positions the sexual health service as a 'barrier'. This gives an opportunity to, discursively, examine the resources Rita uses to justify the provision of a sexual health service to under 16s. Her account starts with a 'disclaimer' [7]; these are seen discursively to justify potentially controversial statements or ideas. Here, her disclaimer is around the age of consent and the law, emphasising ("we do (.) stress") the legalities of underage sex ("it's illegal"), although as outlined above the law is more ambiguous about the specifics of teen sex than here account lays out ("there is no intention to prosecute" [44]). Rita also goes on to provide an 'Extreme Case Formulation' [31] to strengthen her argument, an exaggerated descriptive form: "we would always try and delay". Whether Rita and her team really do always do this is not of concern to the discursive analyst, rather it is noteworthy that Rita is required to conversationally emphasise that she or her colleagues are not encouraging underage sex in their service. Rather, the provision of sexual health advice for under 16s is warranted through the justification of keeping young people safe. On closer examination, there are analytic levels to this justification. Rita goes on to describe a service which "keeps a hold of them" and is "not just letting them run off". There is also clear evidence of 'othering' [39] in Rita's account with the word 'them' being used 7 times in this short extract. Discursive approaches to analysis often focus on contradictions [32], and with a rhetoric of othering and control becoming more explicit in Rita's account, earlier framings of "opportunity" and "choice" begin to lose discursive backing.

The more logically coherent framing of control and surveillance over young people's sexualities becomes more explicit in accounts of the service's activities. This was seen not only in accounting for under 16s accessing the service, but in characterising an almost ruthless strategy in targeting young people who are 'at risk'. Later in the conversation,

Rita describes how they have implemented the service at a high visibility pharmacy to target students accessing emergency contraception:

> **Rita:** So now if somebody goes down there for emergency contraception, automatically in that erm, consultation, they'll be then signed up for a *Condom Token* (Int: Mmm) cos they've put themselves at risk having unprotected sex, they obviously aren't using condoms so (.) there's your card for- next time, you're not going to be coming down here for emergency contraception cos there's your token, there's your condoms, off you go

Script formulations as described by Edwards and Potter [7] are when events are described as routine, sequential and predictable. We can see an example of this in Rita's account, which in turn makes a number of assumptions about those who are accessing emergency contraception. (1) "they've put themselves at risk having unprotected sex", (2) "they obviously aren't using condoms" and due to their intervention (3) "next time, you're not going to be coming down here for emergency contraception". There are a number of discursive achievements that this list demonstrates. Firstly, it puts blame directly onto the imagined young person accessing contraception, they have, blankly, put themselves at risk, rather than this being a consequence of all parties involved in the sexual act, or a collective consequence of societal approaches to sex. The problem as identified by Rita, squarely, is non-condom use, and this is viewed as easily corrected by the *Condom Token* scheme. This is emphasised using another 3-part list [17]: "there's your token, there's your condoms, off you go". Therefore, through use of these speech acts, Rita solves the 'problem' of young people accessing emergency contraception in one fell swoop. Previous research detailing young people's non-use of condoms has shown considerable more nuance than this [23], so it is noteworthy that Rita puts across an overly straightforward account of non-condom use, and how the *Condom Token* scheme is the solution to this.

In her analysis around constructions of childhood, Taylor [35] argues that the construction of childhood is often around either being 'angels' or 'devils', on the one hand innocent beings in need of protection, and on the other savages in need of discipline. In the above analysis, we can see a model of childhood likened the young people to 'devils', putting themselves at risk, capable of running off with their token given the opportunity, thus justifying the necessity of the service. This sets the scene for a positioning of young people as misguided and/or mischievous, with technology playing an apparently key role, which we shall discuss next. Overall, however, it is important to note how in these more detailed accounts of service provision, earlier notions of "opportunity" and "choice" now appear far removed.

Misguided young people

As can be seen above, the 'misguided' young person was prominent in a number of different ways across the accounts of sexual health workers. While, as outlined above, young people were sometimes blamed for putting themselves at risk, access to digital technology also often bore blame for the apparently "faulty" attitudes of young people. Most prevalent in these accounts was the corruptive role of pornography and sexting:

> **Lucas:** just to add in there, I think that was one of the, the government's key point of the erm (.) young people and social care bill, an' it was that sextin' was a massive growing concern (.) an' young people's access to pornography, is kind-of clouding their view of what safe relationships, healthy relationships actually are (Wendy: Yep) and I think that was one of the urm, the big sticks that they used (Wendy: Yep) to really hammer home, statutory SRE [sex and relationships education] wasn't it (Wendy: Yeah / Anna: mmhm / Int: Mmm mmm mm)
> **Wendy:** Cos it's, cos it totally, y'know, skews, people's views, on real life (Anna: Ye:ah) cos, real life isn't like (Lucas: Yep) what you see in porn is it (Int: Yeah) and it isn't, y'know it is, it does affect how erm, you interact with (Lucas: Yeah) others, an' it isn't normal to meet someone and within ten minutes be giving them a blow job or whatever

The above account comes from a focus group discussion which, when viewed discursively, may be analysed for their 'co-construction of meaning' [38]. Taking this perspective, we can see how the idea of young people's views becoming increasingly distorted by technology is co-constructed between group members, and through their use of discursive devices. We see repetitive extreme case formulations from both main speakers in this extract: Lucas states sexting is a "massive growing concern", and Wendy argues that porn "totally y'know skews, people's views, on real life". There are also further discursive resources which contribute to this narrative. The use of metaphors in speech acts are noteworthy to the discourse analyst for the way in which they frame accounts [26], and here we see a rather startling example from Lucas: young people's access to pornography and the provenance of 'sexting' is a "big stick" to "hammer home" the importance of sex education. This adds weight to the account, with Lucas exercising linguistic concern around the prevalence of pornography and sexting.

The idea of young people's attitudes being 'distorted' by access to pornography, and through the prominence of sexting as a phenomenon, is a common societal discourse [5] as is the distinction between pornography and 'reality' [41]. However, all new technological developments have historically burdened the blame for childhood corruption, from the popularisation of popular literature to widespread distribution of mainstream cinema, with every generation mourning an imagined 'golden age of childhood innocence' [35]. Therefore, it is noteworthy that Wendy defines 'normality' as something uncontaminated by these new technologies. Co-constructing "safe" and "healthy" relationships as "normal", and casual sex rejected as

abnormal, these sexual health workers endorse a traditional and heterosexist [16] model of sex and relationships, with the intersection of sexuality and technology constructed as risky or dangerous.

> **Wendy:** I mean the scariest one, is the sexting at the minute and they're taking photos (Anna: Mmm / Int: Yeah) and as soon as you mention that, and the law around it (Anna: MM) they all look at each other in horror (Anna: Yeah / Int: Mmm) 'nd, like I said to the group on Wednesday, "if I give you a camera now, and tell you, to go and take a picture of your breasts, and your penis, and put it down on this table, what would you say to me?", "oh my god I wouldn't dare" (Int: Mmm) but that is what you are doing (Anna: Mmm) and it's just that perception that they've got that, I'm going to send a picture to my boyfriend (Int: Mmm) and it's not going anywhere (Anna: It's not real, yeah) and they just don't understand (.) (Int: Mmm) once it's gone it's gone a-nd, that actually (Anna: Yes) what you are doing is basically showing your entire class a picture (laugh) of your breasts (Anna: yeah) that's what you are doing

Young people's use of digital technology as a somehow 'scary' phenomenon is a key social construction around technology [5], and it was common for workers to speak of being "scared" of young people's use of technology in our informal interactions with sexual health workers. References to emotive states in discourse research is analysed for their interactive function, rather than being used as an indicator of any 'real' psychological state. It is curious to see, therefore, how a 'frightened' emotive state is drawn upon throughout Wendy's account, not only explicitly ("the scariest one"), but also implicitly ("look at each other in horror"). In this account, which is framed as something akin to a horror story, Wendy gives further layers to the notion of a 'misinformed' young person, as naïve individuals who "just don't understand". Wendy adds authenticity to this account through the analytic tool of 'active voicing', when a speaker reports the words of others as if directly spoken [7]: "oh my god I wouldn't dare". It is rather unlikely that all young people Wendy was working with said these exact words; rather, from a discursive perspective, reporting this account as if spoken verbatim adds weight to Wendy's argument. The framing of Wendy's account is also curious. This passage appears to directly equate sending an explicit picture to one's partner as "showing your entire class a picture of your breasts". Since previous research has indicated a rather more sophisticated understanding around the implications of sexting [33], particularly as a behaviour with trusted partners, we might more appropriately use this quote as an indication of Wendy's naivety, rather than the misunderstandings of young people.

"Protection on that Erection!"

Within this context of how the sexual health service positions young people, we now focus our analysis on the talk specifically around our introduction of an App into the sexual health service. As detailed earlier, the implementation of this was a lengthy process (over 12 months) which included consulting young people via an online platform on a number of different design decisions, including suggesting and voting on the name of the app. Towards the end of this 'consultation process', a number of more colourful names were suggested. At the end of the process, the most popular name was initially "*Protection on that Erection!*", a decision which the sexual health workers asked us to override. Here, Joe provides an account of how this happened, and justifies the decision being overruled:

> **Joe:** I think umm (.) I think the app process was, I think it was a great process to go through and it was great that we got that number of young people, involved in the initial stage (Int: yep) around being a supporter, umm, and then, even though it was a smaller number of those that actually got involved with the design of the app, it was great that they felt comfortable and happy to do that (.) and I think before the last (.) three hours ((laughs)) of that design phase, umm, I think everything was going (.) the way that we would have hoped it would go as workers (.) and obviously for young people voting for what they wanted (.) umm and I think really it was only around the name (Int: mmm) where there was an issue, and that was, some young people, being a bit mischievous, being very clever, cos they obviously realised if they did that right at the last moment (Int: Yep) other people wouldn't have time to go on, and vote for other options, so I think, that was a bit of a learning curve cos I didn't expect that to happen (Int: No, no, and it's never happened in any of the others) but I think it was, it was, I suppose it was quite funny, some of them were quite offensive some of the names, that they came up with (Int: Yeah) but I think some of the more offensive names, weren't ever going to be named that anyway because they weren't, the most popular ones, I think it was just the-the first one and the second one, were probably, names or titles that we, we wouldn't choose and we couldn't choose

Joe's account is interesting foremost for the long disclaimer he offers. He uses repeated use of the phrase "it was great" in the initial stages of this disclaimer, around the process itself, the number of young people who engaged with it, and that they apparently felt comfortable in doing so (a list of three, discussed previously). Joe then builds a narrative structure [7] around "the last three hours" of the voting process. However, there is trouble in this discourse, as Joe attempts to balance "the way that we would have hoped it would go as workers" and "young people voting for what they wanted". We see here evidence of 'hedging' [24], with hesitation around this portion of talk, indicative of an assessment being 'dispreferred'. In this case, we could consider the dispreferred assessment as overriding a decision that was clearly the most popular vote. Joe is then required, in talk, to justify this, and he does this using positionality [14]. In a variation from how young people were positioned as "misguided" in relation to their sexual behaviours

(discussed previously), in voting for an apparently inappropriate name, young people are positioned as "mischievous" and "clever", a calculated hijacking of the consultation process ("other people wouldn't have time to go on"). Although there is an element of minimisation from Joe about this "I suppose it was quite funny", Joe then takes on a role of authority in his account. This can be seen specifically through his use of 'modal verbs', which can infer the likelihood of an event happening [20]. Joe reiterates the (un)likelihood of going with the most popular name twice: "they weren't ever going to be named that anyway", as they "wouldn't" and "couldn't" be chosen. Hannah also builds on this justification through similar means:

> **Hannah:** But I think maybe, even just changing the name so people were aware that there was this protect your erection or whatever it was, and then just sayin' actually, that is inappropriate so we've called it this, I think that tells people "oh, they're not going to put up with crap" (Int: Mmhm, yea:h:) they're not, they're not one for just, taking the piss out of (Rita: Yeah / Lauren: It's been looked at (laughter) / Int: Yeah) we're just, we're just going to need to rein it in here (Int: Yea) we'll push it as far as we can, but actually, they're going to step on that (Lauren: ((laugh)) / Int: Cos ultimately) cos it's just pissing about but I think young people need boundaries, with anything (Int: (laugh)) so I think, it's very clear, actually, loved your comments, but we're going to have to go for this, because it's inappropriate

It is telling to consider how Hannah constructs young people's input in the above account. Young people, according to Hannah, were "taking the piss", with the sexual health workers in turn positioned as "not going to put up with crap", again using 'active voicing', discussed previously. As in Joe's account, there is also an element of 'minimisation' "it's just pissing about" The language used is notably strong for a worker fulfilling a professional role, and is a blunt dismissal of these "inappropriate" suggestions. However, Hannah is also required to, briefly, legitimise young people's suggestions in her account. This presents another contradiction, whilst previously characterising young people's suggestions as "crap" and "taking the piss", Hannah goes on to display appreciation for this input: "loved your comments", before quickly dismissing them once again, "it's inappropriate". Throughout Hannah's account is a positionality of authority over young people, with young people (as 'others', [39]) needing boundaries, building on the aforementioned narrative of the "mischievous" young person. Returning to the discursive concept of 'choice' discussed earlier, according to Hannah, here young people had, flatly, made the wrong choice.

"Dead Trendy" – Running an Efficient Service

Despite these notions of the 'mischievous' young person, getting input and suggestions from young people through the app was also constructed more positively. However, when this was done, it was often shrouded in a discourse of running an efficient service. Several sexual health workers voiced to us personal concerns with how the commissioning process for sexual health was changing, which they framed around austerity, cuts to service, a perceived lack of resource, and a need to meet targets (for ethical considerations, we have chosen not to provide a detailed account of this). Considering this, it was notable how sexual health workers presented accountability for the service they were providing, often emphasising that they were 'doing a good job'. When asked about involving young people in the delivery of the *Condom Token* service, on several occasions, workers used the 'You're Welcome' process [13], a nationally recognised 'quality criteria' for "young people friendly health services", to give emphasis to the quality of their service:

> **Joe:** We do a lot of consultation through the you're welcome process with young people, and we also look at our, policies and procedures, and our paperwork to make sure that's young people friendly as well (.) and then you do a self-assessment (pause) it's called a toolkit but umm, it's it's more like a proforma, I think it's ten different, ten different parts to the you're welcome assessment, and in those ten different parts you've got subheadings of things (.) so you've probably got forty odd different things that you have to look at within your service, and then you have to explain how you hit the you're welcome criteria (.) an then you have to evidence, everything that you say (Int: okay) So you can't just say "we're young people friendly because we do this" (Int: Yeah) you have to actually show (Int: to show) what you've done (Int: yep yep) so that you hit that, particular piece of criteria

There is a strong framing of rigor in Joe's description of the 'You're Welcome' criteria, emphasized firstly by a list of three: "policies" / "procedures" / "paperwork" but also through repeatedly highlighting the number of criteria that are required to be met through this scheme: "ten different parts" / "forty odd different things". There is also a focus on 'evidence', contrasting it to a lip-service account. Here, Joe is insisting that the service *really is* young person friendly, and uses a nationally recognised accreditation as a vehicle in which to do this. This emphasis on the quality of service Condom Token was providing was common across accounts from workers. In the below, Rita uses the imagined input of young people to enforce the idea:

> **Rita:** I think it's like the eye in the sky (Hannah: Laughs) no one knows who's coming in, so I will play on that, an' I will say, you've gotta remember that this is like trip advisor, if someone puts a really bad review on, after they've visited your service, and a young person looks on the app, and there's two or three places in this area you can go for condoms, and one's got a really good review and one's got a terrible review, they're going to go to the one that's got the good review (Matt: Mmm) also it's a way of saying, we can look on there, we can see "oh someone's been to such and such and put a really bad

review on" (Hannah: Why is that) why is that, an like let's get onto it straight away, do you know what I mean?

In contrast to putting accountability on the agency of young people as illustrated earlier, in this extract responsibility is shifted onto the distribution outlets. However, although Rita presents this as a tangible use of the application, this is an imagined use case. At the time of writing, no negative reviews had been posted for the distribution outlets that Rita was responsible for. Rather, Rita uses the threat of bad reviews to manage accountability through her discourse, adding narrative structure to her account: "after they've visited your service", "they're going to go to the one that's got the good review". We also see a case of 'agent-subject distinction' [1] through Rita's use of pronouns [36], this is positioned as "your service" (i.e. the individual outlet), rather than "our" service, which would imply a more collective responsibility. Rita's own accountability is as an overseer of the service ("eye in the sky"), emphasising that they would respond to bad reviews in an efficient manner ("let's get onto it straight away"). Here, therefore, enhancing efficiency is presented as the key opportunity of this mobile application. Rita goes on to suggest higher level opportunities of having a digital element integrated, but once again it is the presentation of the service which is given the upmost importance:

> **Rita:** Yeah, I think that older people doing Condom Token think like the App's like really trendy, and that, we are gettin' people, an' straight away we wanted it, on-on our phones, an' that's what they're kind of doing, "oh if I put it on my phone, I'll be able to have a look at it and see how it all works, yeah that's great, and then when the young people come in, I'll, y'know show them how to download it" oh they'll know how to download it, believe me, do you know what I mean (Int: (laughs)) but anyway, that's, I think that makes them feel as if they've got more of a connection with the young person because it's like "oh there's an App look what we've got now" (Int: mmm mmm / Hannah: Yeah) dead exciting, an' I mean the young people might think - (Lauren: I've got it on my work phone (laugh)) - I don't really, I'm not really interested in the app (Int: (laugh)) or they might say yeah, but I think the whole thing about urm, it's new (Int: Mmm) and I think, y'know, everyone is quite excited about the fact we have got an app, it sounds like really trendy (Int: Yep) and that we're going in the right direction

Rita's account is notable for its minimising of the impact of the intervention. Rita only briefly comments on young people's comments on the App, even suggesting they may be "not really interested" in this digital service. The foreseen primary beneficiaries of the digital intervention were individuals who were providing the service, it "makes them feel as if they've got more of a connection with the young person". In light of this, we may reconsider the App as a comforter to the service providers, rather than necessarily serving the needs of young people. It is sexual health providers who think it's "trendy", "dead exciting", and represents "going in the right direction". Therefore, it is what 'something digital' represents, rather than its perceived impact on young people, that was put as a priority in worker's accounts:

> **Lucas:** I think anything (.) new, a new way, a new approach (Int: mmm) gets my vote, personally (Int: Mhm) Young people are on their phones what, twenty hours a week on average now (Int: Yeah) the majority of their social time, was gonna have a, large percentage of that (Int: Mmm) based on a smart device, you know that, you know ofcom, ofcom media literacy (Int: Mmm) taught us that (Int: people manage their life through their phone) Yeah course they do, course they do (Anna: Yeah) friends, meet ups, everything, whatever it be, dating, you name it (Int: Yeah) so I think, an app comes into that twenty first century, approach, where you can bring, old ways of (.) getting condoms with a twenty first century edge on, y'know it can only be positive y'know (Int: mhm) It can only be positive y'know (Anna: Mm) there's no negatives to it, apart from, a child, a young person, writing a negative comment on it (Wendy: yes / Int: (laugh) / Anna: yes) that's the only, negative I can see, to be honest with you

Lucas starts this extract emphasising the impact of something "new, a new way, a new approach", another example of a list of three to give rhetorical strength to this point. It is also notable that Lucas uses the word "anything", he does not articulate any specific benefits of digital technologies in this space, merely engaging with the 'digital' appears to hold sufficient benefits in and of itself. Building on the account from Rita, here the emphasis is on running an 'up to date' service, with a "twenty first century edge". Lucas is overwhelmingly positive in this extract "it can only be positive" / "there's no negatives to it", yet noteworthy is the "only negative" he identifies: "a young person writing a negative comment on it". This perhaps optimises the central tension in our work. While workers articulated excitement at 'something digital' to enhance their service, something "dead exciting" and "trendy", when specified the perceived benefits of this often came at direct odds with our own.

As researchers with commitments to user participation and involvement, we saw a community-commissioned application as an opportunity to legitimise young people's sexualities and give active voice to service users. However, for sexual health workers, young people's voices and perspectives around sexuality were commonly constructed as problems to be overcome. This framing is, however, consistent within their wider framing of the sexual health service. Although notions of 'opportunity' and 'choice' were present in the accounts of workers, when interrogated, workers' accounts were more coherently grounded through ideologies of control and surveillance. Whilst introducing a digital element to the service was often configured positively

(on a 'macro' level), "dead trendy" and a "twenty-first century approach", 'misguided' and 'mischievous' young people were constructed as needing limits and boundaries, and their use of digital technology was often constructed as risky or otherwise dangerous. Therefore, in critical examination of this context, we can begin to consider the reasons why, in a supposedly user-centred context, young people's involvement and positionality was compromised.

DISCUSSION

This paper has examined how, through examining sexual health workers' 'talk' around a condom distribution scheme, and the implementation of a digital system to support this, problematic ideologies around young people and sexuality were exercised and reproduced. User participation is a key principle of civically engaged HCI [22,28], and the importance of establishing meaningful avenues of participation is emphasised across many different approaches taken in the field. However, here we demonstrate the difficulties we faced in introducing (only some) of these principles in conducting applied research alongside local authorities as research partners. Indeed, user participation in and of itself was a problem to be overcome, so much so that a moderation element had to be built in to create the illusion of control – the moderation dashboard has, to date, been used very little by the workers. Our findings suggest challenges in introducing elements of user participation, questioning how authentically we are able to represent young people in these settings, particularly in topics such as sexual health.

Despite increasing calls to develop more holistic models of sexual health, evident in guidelines from both national and international sexual health strategies [15,29], we have demonstrated how workers exercised a very specific model of sexual health through talk – that of disease and prevention, positioning young people as potential deviants requiring management and control. Although our intention was to introduce a community development element of sexual health through the introduction of this digital system, these ambitions were largely thwarted as the application was developed and implemented into the service.

Taking a discourse-led approach to the interview data in this study has allowed us to consider how and why this happened. A key convention in analysing data discursively is to consider what is absent from participants' accounts, and in our data, a noteworthy absence was a consideration for how cultural, legal, political and economic circumstances influence factors of sexual and reproductive health in young people. This is despite the fact socioeconomic factors have been identified as one of the key drivers behind the overall quality of young people's sexual health [30]. Instead, responsibility for sexual health was positioned at the individual rather than the collective. It is perhaps unsurprising, therefore, that we struggled to maintain a community development model through this work.

We do not intend for our analysis to read as describing the personal failings of the workers interviewed, rather we see this as a product of the socioeconomic setting of the sexual health service. Cultural ideas of young people as potential deviants is a prominent societal discourse [35], and from a discursive perspective we can consider these as resources which shape ideals and practices [37]. Additionally, sexual health workers in the UK operate in a context of targets, and increasingly challenging pressures of a changing public health commissioning process. Workers did sometimes provide an explicit discussion of this, which we do not detail here due to ethical considerations, however we can see this manifested through the worker's priority of presenting the efficiency of service. Through integrating a digital service, workers' talk around the implementation of the application went to prop up this agenda.

It is worth emphasising however that we were, in many ways, complicit in this process. In facilitating the workers overriding the most popular vote for the name of the App, and even through building workers the moderation dashboard, we were implicitly supporting a model of young people as 'mischievous' and 'misguided', requiring workers to "keep (sic) a hold of them". These steps were arguably necessary in providing an application that could be integrated into the sexual health service, Joe states the most popular name "wouldn't" and "couldn't" be chosen, and some workers commented to us informally that they would have withdrawn their involvement from development if these steps hadn't been taken. Nevertheless, this raises difficult dilemmas around the necessity of compromising one's own positionality when conducting such applied research.

Lessons Learnt from Condom Token

We now articulate our findings around 'lessons learnt' for HCI, primarily in relation to sexual health and digital technology, but also applicable to health provision more broadly. We then conclude by putting forward our case for using DP in HCI, indicating opportunities for researchers interested in this approach.

Lay Beliefs around Technology

Discursive approaches in sexual health research often focus on 'lay-beliefs' present in patients [3]. Conversely, in this study, it was pertinent to consider sexual health professionals' 'lay-beliefs' around digital technology. Particularly notable was Wendy's assertion of equating sending an explicit picture to a partner to "showing your entire class a picture of your breasts", but workers constructed technology usage in a range of questionable ways. Also conspicuous was the presence of digital technology as being a contamination to 'healthy' and 'normal' sexual relationships. Digital technologies hold an increasing bearing on young people's sexual cultures, and we suggest that these constructions pose a significant barrier to engaging young people through these gatekeepers.

Mischievous/Misguided Young People

Likewise, we suggest that the construction of young people as intrinsically 'misguided', or even 'mischievous' and devious were ideological mechanisms in which to advocate

principles of control and surveillance over young people's sexualities. Whilst we are not arguing the provision of young people's sexual health is without merit, and the degree to which such control is needed may be debated, it is illuminating that drives associated with the civic turn in HCI around commissioning, design and review of services [9, 22, 28] appear at odds with the approach taken by workers. To enable participation in these settings, we suggest coaching user-input in evaluative measures. As discussed, presenting the efficient running of service was put at a priority in workers' accounts. Nationally recognized schemes such as the 'You're Welcome' criteria [13] were used as discursive resources to back up claims of user-involvement. Framing user-involvement as 'evidence gathering' for such schemes held discursive significance for the workers in our study, and therefore we suggest that framing user participation under these terms holds promise in introducing these concepts at a level of service delivery. As well as constructions of the digital as potentially corruptive, also pertinent was a "21st Century" ideal around the "exciting" and "trendy" incorporation of technology into the service. We argue this might be effectively built upon if user-participation through digital technology was incorporated into a wider agenda of service improvement.

Multiple Stakeholders

Whilst we attempted to retain values of user-centred design, participation, and community involvement through implementing this application, ultimately our positionality was unwittingly subsided for a more traditional approach. With sexual health workers effectively positioned as clients to 'App-Movement' as a 'service', it was their perspective which was prioritised. In appeasing one set of 'users', the input from the other set of 'users', the supposed beneficiaries of this application, was dismissed. Conducting applied work requires a consideration for the potentially conflicting values held by different stakeholders, which can result in compromising participation. Through taking a discursive perspective, we have concluded that user-centred or participatory work to inform this service provision, given how young people (and young people's sexualities) are positioned within this, and how the sexual health service is structured, may currently be impossible.

Discursive Perspectives

In using a perspective that was informed by Discursive Psychology (DP) to analyse our data, we were able to examine the messy complexity around this organisation's use of this digital tool, in a way that would be inaccessible through other analytic approaches. Juxtaposing (explicit) narratives of 'choice' and 'opportunity', alongside (unsaid) narratives 'restriction' and 'control' was one of the most striking, yet is only one example of contradiction in these accounts, with a range of examples of this evident across our data set. We suggest, alongside many researchers adopting discursive perspectives [10], that such contradictions in data pose particular problems for researchers taking a 'realist' approach to language use, that is taking participants' accounts 'as read'. Since discursive approaches to analysis are underrepresented in applied work in HCI, we would like to suggest that there are a number of benefits in adopting such an approach.

Discursive approaches take talk seriously, allowing for the systematic evaluation of texts *in their own right*. Examining in detail the explanations, justifications and accountability of a group of specific group of sexual health workers in a particular context, we do not make the claims of broad generalisability favoured by more traditional approaches to research. Rather, through our specific consideration of the constructive, action-orientated nature of language within this context we gained insight into the specifics of this case. We also offer our analysis up for evaluation to others who may wish to provide alternative explanations from altering perspectives [32], with the full transcripts drawn on in this paper available for readers to access.

CONCLUSION

This paper has examined the discursive resources sexual health workers used in framing a digital application to support their young people's condom distribution scheme. We argue that, in framing users as potential deviants, we were unable to retain values of user-centred design, participation, and community approaches to sexual health in conducting applied, collaborative research.

Our research highlights a number of tensions around how sexual health services are positioned by sexual health workers, and how, subsequently, the role of digital technology was problematised. Nevertheless, we suggest there are opportunities to challenge traditional approaches of sexual health through introducing digital elements into service provision. Although workers' constructions of technology were at times questionable, digital approaches held discursive impact for our participants, particularly when they were seen to be supporting the agenda of running an efficient service. Mindful of how these services are situated within the broader socio-economic circumstances, these top-down approaches pose considerable challenges to user-centred participation. A discursive approach to analysis facilitated a nuanced consideration around the complexities of this setting, and we suggest that DP holds great opportunity in analysing applied HCI work, particularly when use cases indicate contradiction, problematic assumptions, or power dynamics.

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