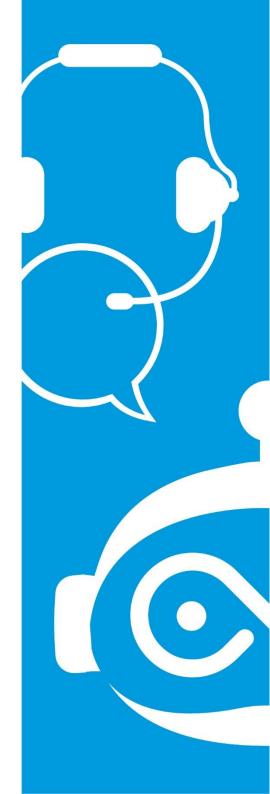


APPS: WHATSAPP AND OTHER IM APPS

What is it?

WhatsApp and other instant messaging (IM) apps are **digital tools** that allow users to exchange text, images, videos, and voice messages in real-time. WhatsApp, founded in 2009, has become a widely used platform for personal and group communication, emerged as a preferred platform for its users, particularly youth due to its user-friendly interface, widespread availability on smartphones, and versatile communication features. A defining characteristic of WhatsApp for the youth is its group chat functionality. This feature facilitates the creation of groups based on shared interests, affiliations, or objectives.



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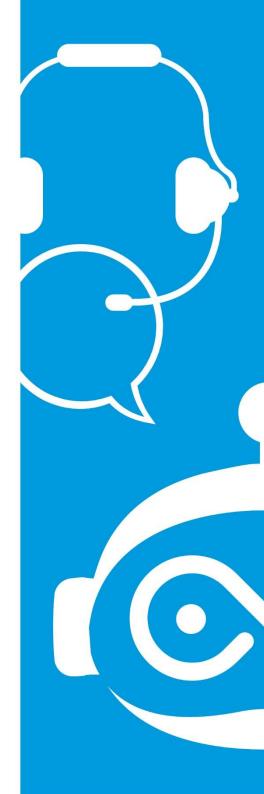
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How can it impact the sexual and reproductive health of youth?

IM apps provide a convenient and private space for youth to discuss SRH matters with friends or peers. For example, high school friends might create a private WhatsApp group to discuss sexual health, relationships, and contraception, fostering a safe and open environment for such discussions. Beyond one-on-one interactions, many young users participate in SRH-positive WhatsApp groups. They may include healthcare professionals, educators, or older peers who possess expertise in SRH matters.

Nonetheless, while IM apps offer these advantages, they also pose certain risks. Some young individuals may engage in risky behaviours on IM apps, such as sexting, sharing explicit content, or revealing personal information without a complete understanding of the potential consequences. For instance, sharing intimate photos within romantic relationships can result in privacy breaches and potential exploitation. In a scenario where an explicit photo sent by a teenager to their partner might be shared in a group chat without the sender's consent, this situation not only leads to embarrassment and emotional distress but also opens the door to a range of threats.

The unregulated nature of IM app conversations can foster the spread of misinformation and harmful advice. Young users might make poor SRH decisions if they rely on inaccurate information. For example, an uninformed peer may share incorrect details about contraception methods, leading to unintended pregnancies, posing physical, emotional, and financial challenges to the affected individuals.



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What are some ways in which youth can be supported?

- Organise workshops or training sessions specifically aimed at educating youth about responsible and respectful communication in the use of IM apps. These sessions can emphasise the importance of kind and empathetic language and highlight the potential consequences of harmful online behaviour.
- Teach youth about obtaining and respecting consent in digital interactions, including sending explicit content. Create interactive scenarios or role-playing activities that help youth understand the concept of digital consent.
- Provide access to accurate and age-appropriate SRH information that youth can refer to during discussions, instead of basing their knowledge solely on discussions from chat boards and peer-mediated information. Curate a list of reputable SRH resources, both online and offline, that young users can access for accurate information. These could include websites, hotlines, and local clinics that provide trustworthy information and support.
- Advise on configuring privacy settings and avoiding sharing personal details with unknown contacts. Offer practical demonstrations on how to limit data exposure, such as adjusting profile visibility, status settings, and who can add them to groups. Encourage youth not to share contact details, location data, or explicit photos with unknown or untrusted contacts.



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Related digital phenomena/tools:

See sheets:

- Social Media TikTok
- Apps: Socialising/dating apps
- Apps: Mental & sexual well-being

Further reading:

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- Sutianingsih, H., Kurniawati, R., & Iswanti, T. (2021) "Health Education Based On Social Media (WhatsApp) Towards Knowledge And Attitude Of The Prospective Bride About Reproductive And Sexual Health." Jurnal Teknologi Kesehatan Borneo, 2(2), 49-56.





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