

Nameless strangers, similar others: the affordances of a young people's anonymous online forum for health information practices

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Abstract

Purpose – The study examines how the technical features and associated social practices of an anonymous, text-based online forum intended for young people make it a unique platform for acquiring and sharing health information among peers.

Design/methodology/approach – The features and content of a young people's section of a popular Finnish discussion forum were examined with a focus on health-related threads. Observational notes and thread content were analysed with a focus on the forum's affordances for health information practices.

Findings – The findings indicate that the forum's affordances including anonymity, persistence, searchability, cohesion and tolerance enabled the pooling of peer experiences, opinions and experience-based advice on health, rather than sharing factual information or embracing reciprocal discussion. As such, instead of competing for a cognitive authority position with medical authorities or offering emotional support like tight online support communities, the anonymous forum served as a platform for young people to gain information on others' experiences and opinions on sensitive, mundane and disnormative health issues and for reflecting their own lived experiences to those of others.

Originality/value – The study is original in its approach to examining the affordances of an online platform for health information practices. It helps in understanding young people's ways of using different resources to meet their diverse health information needs and the value of gaining access to experiential health information.

Keywords Online communities, Affordances, Information practices, Young people, Digital communications, Health information

Paper type Research paper

1. Introduction

Young people's vulnerability to misleading or harmful health information circulating in online environments is a commonly raised concern in both public and academic discourse (Cusack *et al.*, 2017). Particularly social media platforms enabling people to share news, personal experiences and views in real-time and globally, have been claimed to accelerate the spread of health-related dis- and misinformation (Islam *et al.*, 2020). They are also shown to offer spaces for sharing harmful user-generated health content (see Powell *et al.*, 2005 for a critical overview; also Hanell and Salö, 2015) that can, for example, contribute to normalising unhealthy practices, such as self-harm (Whitlock *et al.*, 2006) or disordered eating (Rodgers *et al.*, 2016). Indeed, the technical features and associated practices underlying social media applications have created opportunities for information sharing and seeking in ways that were not possible before. However, the threat-focused discourse on online information resources reveals a fairly limited

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understanding of different online spaces (Hanell and Salö, 2015). It tends to disregard both the value of information circulating in those spaces and the abilities of people to recognize and differentiate between different types of information. Moreover, in such discourse, health information is often framed dichotomously as reliable/non-reliable or true/false rather than considering how sources can be authoritative and valuable in diverse ways (see Wilson, 1983; Multas and Hirvonen, 2021).

This study focuses on health information shared in a specific kind of online space, an anonymous online forum. Despite the rise of the real-name web (Hogan, 2013) and platforms with more sophisticated technological features, such anonymous forums are still popular (Sharon and John, 2018). Based on previous research, they can be valued specifically as they can enable a safe and non-judgemental (Hanley *et al.*, 2019) environment for obtaining and sharing information on delicate issues or things that are difficult to discuss with people in one's immediate surroundings (Pohjanen and Kortelainen, 2016; Hirvonen *et al.*, 2019; Hasler *et al.*, 2013). However, while previous studies have contributed to the understanding of online forums as platforms for health information seeking and sharing as well as for emotional support (see e.g. Eichhorn, 2008; Lasker *et al.*, 2005; Meier *et al.*, 2007; Rodham *et al.*, 2007; Brady *et al.*, 2016), they have rarely focused on how these activities are enabled by both the technical features of the platform and the social practices that are associated to them. Overall, research on young people's health-related online practices tends to lack reflection on the complexity of the media being used as well as the ways they are being navigated (Goodyear and Armour, 2018). Instead, research often addresses health information seeking from "the Internet" (Park and Kwon, 2018). Moreover, research on health information practices tends to focus on serious health concerns, rather than everyday health matters (see e.g. Johnson and Case, 2012).

This study contributes to filling in these gaps in research by examining interaction taking place in a particular anonymous, text-based online forum intended for young people with a focus on the health information circulating in the forum and the information practices that emerge from the relationship of specific technical features, people and the socio-cultural environment (see Zhao *et al.*, 2020, p. 230). As such, the study advances our knowledge of health information practices across online spaces and of the value and authority of this information, specifically for young people. This understanding is important as online practices shape young people's lives, including the ways they communicate, express themselves, learn and develop their identities in ways that so far, are not well understood (Goodyear and Armour, 2018, p. 1).

2. Theoretical framework and literature review

2.1 *Affordances of an online forum for information practices*

In this study, information practices are understood as the situated and habituated ways in which people interact with information (see McKenzie, 2003) using a variety of physical and symbolic resources, that is, cultural tools (see Vygotsky, 1978; Wertsch, 2009), that mediate those practices. The cultural tools that people use "make certain kinds of actions more possible (and other kinds of actions less possible)" (Jones, 2020, p. 202). In other words, they come with different *affordances* (see Gibson, 1982)—with potential or opportunities to perform certain actions (Jones, 2020). Yet, they can be used in different ways and take their form from being appropriated within a practice when used by particular people in particular situations (Jones, 2020).

Understood this way, affordances are not properties of things but relational (Kaptelinin and Nardi, 2012; Jones, 2020) and can be studied through the practices that technology enables or constrains (Bucher and Helmond, 2017, p. 242; Hutchby and Barnett, 2005, p. 151). In social media research, the concept of affordances has been found useful in examining the ways different types of technologies enable specific communicative practices and interaction (Bucher and Helmond, 2017). Within this body of research, both so-called "high-level" and "low-level" affordances of social networking sites and social media have been analysed

(Bucher and Helmond, 2017; Boyd, 2011; Ellison and Vitak, 2015), the first referring to the “dynamics and conditions enabled by technical devices, platforms and media” in a more abstract level and the latter to the more concrete “features, buttons, screens and platforms”, located in the materiality of the medium (Bucher and Helmond, 2017, p. 240).

The low-level conception locates affordances in *the technical features* of an interface (Sun and Hart-Davidson, 2014), enabling certain actions such as clicking, sharing or liking whereas the high-level approach locates affordances in the *relation* between actors and their environment and indicate the more general level affordances of an interface or platform (Bucher and Helmond, 2017). Examples of the identified high-level affordances include persistence, replicability, scalability and searchability of social networking sites (Boyd, 2011); visibility, editability, persistence and association of social media to organizational communication (Troom and Leonardi, 2012); and the portability, availability, locatability and multimodality of mobile phone use (Schrock, 2015). Bucher and Helmond (2017) emphasize the need for a platform-sensitive approach to capture the specificity of different socio-technological environments drawing different users together. A high-level understanding of affordances can also be combined with a consideration of specific features or platforms (Boyd, 2011).

Within library and information science, Zhao *et al.* (2020) have conceptualized “affordances for information practices” to examine information practices from an ecological perspective (see Sadler and Given, 2007). With this conceptualization, they, in accordance with the ideas of Kaptelinin and Nardi (2012), among others, highlighted the socio-materiality of information practices and the relational property of affordances; affordances are constituted in the relationship of mediating artefacts, people and the socio-cultural environment “with which they come in contact through an array of information practices” (Zhao *et al.*, 2020, p. 230). In a similar vein, Lloyd (2005, 2011) has described affordances as “information opportunities” in a specific context, framing them as invitational qualities to engage in certain activities or interactions, which can lead to access to information. Using social media as an example, Evans *et al.* (2017) argued that affordances such as visibility and searchability of content enable certain actions, such as viewing the profile pictures of individuals. In other words, visibility and searchability enable finding, confronting, viewing and consuming information in specific ways (Evans *et al.*, 2017). Haider (2016, p. 479) highlighted the ways online platforms differ from each other not only in terms of their technical possibilities but the activities that are encouraged in those platforms, saying that the latter makes it apparent how, in these platforms the “social, cultural and technical conditions collide and together have a bearing on information and meaning” (p. 479).

In this study, affordances are understood as relational and studied through the practices that the engagement among people and technologies enable and constrain (Bucher and Helmond, 2017; Costa, 2018) in a specific context. Therefore, rather than focusing primarily on the technical features of the forum, its high-level affordances for information practices are considered as they “are enacted through technology and social construction within a sociocultural environment” (Zhao *et al.*, 2020, p. 229).

2.2 Health information practices in anonymous online forums

Previous research on young people’s use of health-related online forums indicates that they can be important resources for both information and emotional support and that these forms of support can be intertwined. In their systematic review on research on ways young people use online forums for support on mental health issues, Hanley *et al.* (2019) found that the forums enable obtaining information and engaging in learning (*informational support*); receiving emotional support, making friends and sharing feelings (*emotional support*) and obtaining information that contributes to the emotional wellbeing of the individual (*informational support*). Based on their interpretation, the value of informational support can be explicitly seen in individuals’ reports on the processes of normalisation (e.g. Hanckel and Morris, 2014) and belonging (e.g. Hanckel and Morris, 2014; Whitlock *et al.*, 2006).

While online forums can be characterized as “spaces where various types of knowledge converge” (Hanell and Salö, p. 19), previous research indicates that often specific types of knowledge are foregrounded in these spaces (Savolainen, 2011; see Doty, 2015; Ma and Stahl, 2017). For example, in his study on online discussions on depression in a Finnish online forum [1], Savolainen (2011) found that the forum was used mainly to request for opinions and evaluative information rather than factual and procedural information and the provided information followed this tendency. In the studies by Neal and McKenzie (2011) and Hirvonen *et al.* (2019) the online forums under study were not viewed by their users as suitable for acquiring factual health information, but appropriate sources for peer support (Neal *et al.*, 2011) or opinions and experiential information (Hirvonen *et al.*, 2019). Lasker *et al.* (2005) and Meier *et al.* (2007), in turn, found an emphasis on biomedical information in online support groups focused on serious health conditions.

Gauducheau (2016), who studied a young people’s online forum, found that it was used in particular to find peers’ opinions on personal matters and to obtain social validation and support. They claimed that the advantage of forums for young people is not necessarily the variety but the similarity between participants and their shared interests (Gauducheau, 2016). Interestingly, Gauducheau (2016) as well as Ruthven *et al.* (2018a, b) have found that online forums can also enable the co-construction of information needs, where people help each other in expressing what they are looking for. According to Ruthven *et al.* (2018a, b), posts in an online forum for young mothers reflected, first, informational needs that were expressed with shorter, clear questions and second, situational needs that were expressed as ambiguous and vague, non-formalized questions. In their data, informational needs were more prominent (Ruthven *et al.*, 2018b) but the online forums also provided a space for making sense of less articulated, early-stage information needs.

Overall, anonymous online communication has been found to enable expressing information needs that could be considered unacceptable, inappropriate or stigmatized in other surroundings (Hasler *et al.*, 2013; Hirvonen *et al.*, 2019). For young people, anonymous online communication may also help in establishing their sense of identity; while real-name social networking sites have become important in terms of self-presentation, anonymous forums may allow exploring different identities, relationships and worldviews (Ellison *et al.*, 2016). Reportedly, actions in anonymous online forums can also contribute to normalising harmful behaviours (Whitlock *et al.*, 2006; Rodgers *et al.*, 2016) and certain anonymous platforms have been associated with abuse and harassment (Cho and Acquisti, 2013; Diakopoulos and Naaman, 2011).

The way the affordances of a specific online platform may shape health-related information practices are exemplified in Doty’s (2015) study on vaccine-related online comments and Ma and Stahl’s (2017) investigation on vaccine critical information circulating in a Facebook group, for example. Doty (2015) argued that the online spaces they studied enabled a specific way of building factual consensus, by directly linking second-hand sources to the discussion. Ma and Stahl (2017), in turn, showed how the affordances of a Facebook group enabled the tautological presentation of sources (Ma and Stahl, 2017). Moreover, by interviewing people who identified as lesbian, gay, bisexual, transgender and/or queer (LGBTQ+), Kitzie (2019) identified three central affordances of search engines and social-networking sites for their identity-related information practices. These were *visibility*, referring to the effort needed to locate information and express identities; *anonymity*, including not being identifiable to others through visual or verbal communication; and *association*, referring to the connections between individuals or individuals and content. These findings point to the diversity of online spaces, including the ways their affordances foreground specific types of information.

3. Aim and research questions

This study examines health information practices taking place in an anonymous online forum from a unique standpoint: with an aim to examine the affordances of the online forum

for health information practices. While previous research has contributed to the understanding of online forums as platforms for health information seeking and sharing as well as for emotional support (see e.g. [Genuis and Bronstein, 2016](#); [Hanley et al., 2019](#); [Ruthven et al., 2018b](#); [Lovatt et al., 2017](#); [Eichhorn, 2008](#); [Lasker et al., 2005](#); [Meier et al., 2007](#); [Rodham et al., 2007](#)), they have rarely addressed how the technical features of the environment, together with social practices, shape information practices in such platforms. The present study seeks to contribute to filling in these gaps.

Two research questions were set:

RQ1. What kind of health information practices emerge in the online forum?

RQ2. What kind of affordances enable such practices?

4. Methodology

Informed by nexus analysis ([Scollon and Scollon, 2004](#); [Larsen and Raudaskoski, 2020](#)) and the idea to study affordances “in the moment of action” ([Haider, 2016, p. 480](#)), the study examines information practices by focusing primarily on the social action taking place in the online space under investigation. With this approach, attention is paid on what people do in this online space ([Larsen and Raudaskoski, 2020](#)) and the cultural tools that mediate these doings, including the technical features of the forum.

4.1 Data collection and analysis

An online forum Suomi24 [Finland24] was selected for this study because of its popularity (Finland’s largest community media), openness and sense of anonymity. Moreover, the content of Suomi24 has been made available for research use through the Citizen Mindscape project ([Lagus et al., 2016a](#)). Some 1.4 million Finns (of a population of 5.5 million) use the service every week and up to 86% of all Finnish Internet users visit the site in any given month ([TNS Metrics, 2017](#)).

The data collection from the forum was a combination of online, non-participant observation (see [O’Reilly, 2012](#)) and content analysis of a selected data set. The non-participant observation included making observational notes of the general content, style and structure of the discussion threads (see [Pink et al., 2015](#)). The forum was not viewed as a community, but as a site of everyday practices, constituted through concrete social actions (see [Larsen and Raudaskoski, 2020](#)). As practices are entangled with the forum’s technical features, they were also carefully examined and made notes of. This being said, the affordances of the forum were primarily studied through the “kinds of practices that technology allows for or constrains” ([Bucher and Helmond, 2017, p. 242](#)). In practice, this meant that the analysis of the forum’s affordances for information practices concentrated on the observable (inter)action taking place in the forum (posts, likes, views).

To analyse these actions more carefully, a set of data were collected from the forum’s young people’s section, including 15 sub-categories (see [Table 1](#)), in April 2017. The collected data included threads that had been active for over a period of four months, from January to April 2017. A thread was considered active if it was launched or if there were at least one comment posted in it within this timeframe. The four-month period was considered appropriate in terms of variability and scope, specifically as, based on observation, the topics of the thread did not seem to fluctuate considerably during the year. Altogether 1,376 threads with 38,629 comments were included in the data set (see [Table 1](#)).

Although the focus of this study is on qualitative analysis, content analytic techniques were applied first to illustrate and quantify the threads and to identify discussions that would prove interesting to focus on more carefully. The content analysis involved three phases:

Table 1.
The number of threads
and comments in the
collected sample

Discussion area	Threads	Comments	Comment range and mean
Body	370	13,421	36.3 (0–398)
Love	285	5,910	20.7 (0–246)
Chit chat	106	3,322	31.3 (1–392)
Free time	82	2,220	27.1 (0–456)
Self-esteem	69	1,670	24.2 (0–155)
Bullying	66	1,851	28.0 (0–270)
Style	54	1,249	23.1 (0–122)
Confirmation school	43	698	16.2 (0–50)
Growing up	41	875	21.3 (0–105)
Mom and dad	34	1,157	34.0 (0–255)
Parties	32	845	26.4 (0–194)
Sisters and brothers	16	384	24.0 (4–77)
School	155	4,421	28.5 (0–420)
Allowance	22	599	27.2 (1–160)
Miss Mix	1	7	7 (–)
Total	1,376	38,629	28.1 (0–456)

The first two phases focused on the thread opening posts. First, the opening posts were inductively coded based on the general themes of discussions. Using the post as a whole as the unit of analysis, open coding was conducted to categorise the themes of the opening posts and to limit the analysis to threads focusing on health [2]. More specific codes were grouped into higher-level categories. This analysis resulted in identifying four broad, connected, health and well-being related themes: (1) appearance and identity ($n = 179$), (2) sexuality ($n = 163$), (3) physical health and development ($n = 139$) and (4) mental health and abuse ($n = 105$) (see [Appendix 1](#)). These messages comprised 45% ($n = 588/1,304$) of the threads.

Second, the health-related threads were inductively coded focusing on the kind of information that was requested in the opening posts. Again, open coding was conducted to categorize the posts, the whole post used as a unit of analysis and more specific codes were grouped into higher-level categories. More than 70% of the health-related opening posts included a rather straightforward information request (see [Appendix 1](#) for quantification of the information requests in the opening posts) to which the responsive posts replied. These opening posts with a clear request were categorized into requests for (1) facts, (2) experiences, (3) opinions and (4) advice (see [Table 1](#)). In the fifth category, comprising the remaining 27% of opening posts, the posts did not include a direct question or request but descriptions of users' own situation or problems or emotional or provocative content, for example. This category, resembling what [Ruthven et al. \(2018a, b\)](#) called information requests reflecting "situational needs", was labelled as "sharing". Examples of each type of opening post are provided in [Table 2](#).

In the third phase, selected message threads were carefully read and coded with a focus on the content and structure of the threads, this time using meaningful entities (words, sentences, symbols, likes) as units of analysis. In total, 50 threads were selected for further analysis to represent different information request types, themes and lengths of threads (see [Appendix 2](#)). The analysis was informed by, but not restricted to, the five information request themes identified in the previous analysis stage. This stage of analysis resulted in five broad themes representing central information practices visible in the forum: (1) building a stock of experiential knowledge, (2) aggregating advice, (3) pooling opinions, (4) negotiating facts and (5) sharing information.

The forum was re-visited in 2021 to explore if the topics emerging in the forum had remained similar or changed. In the meantime, a new technical feature was included in the forum: the view count of each opening post. This information was added subsequently, in 2021, to accompany each

Table 2.
Information requests in
the health-related
opening posts ($n = 588$)

Requesting information representing	Description	Example	<i>N</i> (%)
Experiences	Asking for experiences	“Seventh grade health examination. Can someone tell me what is it like? . . . What kind of examination did you have?”	153 (26.0)
Facts	Asking for factual information	“I am 12 years old, 160 cm an weight 45 kg what is the normal weight for a 12-year-old?”	68 (11.6)
Opinions	Asking for opinions	“So do you think I’m overweight? I am a girl, 14 years old, 156 cm tall and 60 kg”	130 (22.1)
Advice	Asking for advice	“I have a health examination coming up and I told my parents I want to go alone but they won’t let me. — What should I do? Do you have any tips on persuading my mom?”	77 (13.1)
Sharing	No explicit request	“I have no value to anyone and nobody cares about me”	160 (27.2)
<i>Total</i>			588 (100)

of the 50 threads selected for more careful analysis. Moreover, new messages that had been included in these 50 threads during this time were included in the data and coded.

Finally, the analysis of affordances for information practices was based both on the coding of the collected thread data and analysis of the observational notes on the technical features of and associated actions in the forum. This analysis phase combined inductive and deductive coding and was informed by previous research on affordances (Treem and Leonardi, 2012; Boyd, 2011; Ellison and Vitak, 2015; Schrock, 2015; Resnick, 2002; Ellison *et al.*, 2016; Hopster, 2021; Kitzie, 2019) as well as the criteria for affordances by Evans *et al.* (2017).

The analysis resulted in five broad categories that describe the forum’s affordances for information practices, the lower-level codes characterising the affordances (Table 3).

These are explained in the Findings and illustrated with excerpts from the threads. The excerpts, originally in Finnish, have been translated with an aim to preserve the feel and writing style of the original text. Nicknames and dates are not reported to protect the privacy of the participants.

4.2 Ethical considerations and rigor

Although the discussions examined in this study are freely available to everyone to see in the online forum, the discussion participants may hold expectations of privacy. As there are a

Table 3.
Characteristics of the
forum’s affordances for
health information
practices

Affordance (main theme)	Characteristics (examples of lower-level codes)
<i>Anonymity</i>	Possibility to post unregistered, alternating nicknames; lack of identity information; text-based communication
<i>Cohesion</i>	Reoccurring themes; lack of “topical” discussions; questions requiring common ground; suspected “outsiders” in discussions
<i>Searchability</i>	Threads discoverable with search engines; re-activation of old threads after several years; thousands of views per post
<i>Persistence</i>	Threads with a lifetime of several years; employing existing threads as platforms for new questions; thousands of views per post
<i>Tolerance</i>	Laxity of moderation; hostile messages; disnormative and sexual content; spamming; trolling; few deleted messages

large number of more or less anonymous participants involved in the discussions, it is practically impossible to get consent from them (see [Hanell and Salö, 2015](#)). However, in the young people's section of Suomi24, it appears that the participants take precautions in protecting their anonymity and this way seem to understand the forum as a highly public space. For example, there are few established nicknames. The content of Suomi24 has been made available for research use through the Citizen Mindscape project ([Lagus et al., 2016a](#)). Regardless, the data collected from the platform may include personal data and therefore, a privacy statement following the General Data Protection Regulation was prepared. To ensure the privacy of the participants in reporting, the nicknames/aliases of participants or the actual time stamps of the posts are not revealed. To avoid traceability (by copy-pasting extracts of the discussions to a search engine), the original Finnish phrasings are not provided. Moreover, the administration of the forum was contacted to assure that the data can be used. Overall, the guidelines for the responsible conduct of research and for handling allegations of misconduct by the Finnish National Board on Research Integrity were followed throughout the research. Following the ethical principles of research with human participants and ethical review in the human sciences in Finland ([Finnish National Board on Research Integrity TENK, 2019](#)), preliminary ethical review was not considered necessary in this case.

To increase the rigor of the study, strategies suggested by [Morse \(2018\)](#) were followed including: seeking for saturation in analysis by ensuring an adequate sample providing enough data; supporting the qualitative data analysis with quantifiable, numerical data; building research certainty by seeking for several similar examples supporting each other; presenting interim findings to colleagues (peer review/debriefing) to conceptualize and abstract data; and seeking concordance between the emerging conceptual scheme and prior literature ([Morse, 2018](#)).

5. Findings

Suomi24 is a large online forum with several sections with somewhat differing practices. Common to the different sections are the technical features (see [Lagus et al., 2016b](#)): the messages can only include text, they can be up to 5,000 characters each and the forum allows messages to be sent anonymously but there is also the option to register a nickname. Posts to the forum either open a new thread or are comments to existing threads. One thread can include up to 500 comments. The posts are connected to hierarchically structured discussion areas. For example, under the young people's section, there were, at the time of the data collection, 15 more specific areas (see [Table 1](#)). The threads are organized chronologically, starting from the opening post, but in a way that comments can be attached to a specific message in the thread. The main page of the discussion section shows a list of threads that had most recently been active, that is, initiated or commented, the most recent presented at the top of the page. In this thread list, the title of the opening post, the beginning of the post content, the number of comments and the time stamp of the latest comment is presented. More recently, also the view count of each thread has been included [\[3\]](#). Mainly Finnish language is used in the forum.

These technical features, together with the social practices that emerged in the young people's section of the forum, highlight specific affordances for information practices. First, the possibility for *anonymity* is one of the characterizing features of this online forum. Yet, such possibility is not exploited in similar ways in all forums that enable posting content without identity information. Even though in some other sections of the Suomi24 forum established nicknames are commonly used, in the young people's section, this was not the case. Instead, participants typically used alternating nicknames and did not share information based on which they could be identified. This, together with the text-only posts, engendered a strong sense of anonymity and ephemerality in this online space.

The information requests and topics addressed in the forum suggest that there is *cohesion* both regarding the user base and the topics. The participants shared enough common ground to be able to attune to the specific matters that are focused on in the forum. The threads addressed reoccurring themes, some of them mainly relevant for young people in a certain life phase (see [Appendix 1](#) for the topics). Notably, there was a lack of current discussions and, instead, specific topics reoccurred week and year after another. The same popular threads that were included in the data set in 2017 were still active when the forum was revisited in 2021. Moreover, some of the topics reoccurring in the forum would not be allowed in other online spaces intended for young people's use (see e.g. [Hirvonen et al., 2019](#)). In this online space, the *tolerance* for a variety of topics and loose moderation enabled information sharing on issues that can be considered disnormative in some other settings.

The reactivation of threads years after their initiation as well as the observation that many of the threads had been viewed thousands of times, suggest that the topics have been of interest and findable to a broad audience. This is enabled by the forum's *searchability* and *persistence*, which are interconnected in this context. Searchability, here, is exemplified by older threads being commonly re-activated after several years after their initiation. This was enabled by the possibility to find forum content via search engines as well as browsing or seeking the forum itself. This requires some degree of persistence from the content, which, indeed is the case in the forum: threads often have a lifetime of several years and remain in the platform even a decade after their initiation.

Based on the analysis, these affordances and other less noticeable ones, had resulted in a unique platform for health information practices (see [Figure 1](#)), highlighting information requests and responses rather than reciprocal discussion.

The ways in which the affordances of the forum were found to enable certain health information practices are illustrated in the following sub-chapters characterizing information practices through an illustrative example: Building a Stock of Experiential Knowledge (5.1), Aggregating Advice (5.2), Pooling Opinions (5.3), Negotiating Facts (5.4) and Sharing Information (5.5).

5.1 Building a stock of experiential knowledge

The most prominent type of forum opening post was a message requesting experiential information from other users. These posts included information requests concerning people themselves, mainly about their appearance or physical features and things they had experienced. An example of the latter kind of request is presented in [Extract 1](#), where the opening post deals with a school health examination, a reoccurring topic in the forum.

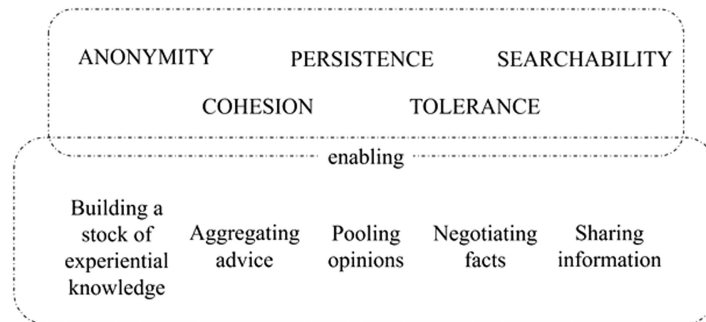


Figure 1.
The central affordances of the forum for health information practices

O: There's probably many discussions already but I did not happen to find them. So what do you do there and can you have at least panties and bra on?

R1: [inappropriate comment deleted from this extract]

R2: I'm thinking the same thing so please respond?

R3: Panties at least, although s(he) just gave a glance into your pants. At least in my case I had to take my bra off, s(he) just felt bit on the top, no biggie.

Then they just measure your height, weight, check your vision etc. basic stuff. You shouldn't stress about it, it's easy. At least it was for me 5-6 years ago.

R4: Oh, I remember when I used to panic these sixth grade health examinations. I am a boy and will respond based on what was done to me. First, all the basic weight and height stuff, then they asked to pull down your pants so that they can see if my testicles have descended, because boys' testicles (the left one in particular) descend in puberty. I think it's the same with girls that there private areas are only checked to see if changes related to puberty have begun. There is nothing to be ashamed of, nurses are professionals and they have professional confidentiality. They won't talk about you without anyone but yourselves.

R5: In my case, bra and panties on, checked weight and height, checked posture, and then, laying on the bed, felt ovaries, pulled underpants down and checked if there is hair and examined it. Then (s)he took a look at my breasts and squeezed them a little.

R6: Oh my God! I'm glad that wasn't done to me, I would have been traumatized! It's been several years already but for me, I just took my shirt off, s(he) examined by back (posture?) so that I had to hang my arms down to my topees and slowly stand up, then shirt back on, weight height vision hearing quickly and then I was out. Easy, don't panic 😊

R7: same thing. Didn't have to take off my underwear or anything neither in any health examination in comprehensive school or high school.

R8: May I ask how did they manage to feel your ovaries? They are located inside the human body on each side of the uterus...

Well anyway my sixth grade examination did not include any checking downstairs or boobs. Don't know what kind of nurses you have then. :D

[...]

The opening post includes two questions: first, what happens in a health examination done in the 6th grade of basic education and second, can one keep their underwear on during it. The latter question implies an important aspect of the post: rather than only an inquiry of practical issues connected to the examination, the question connects to the bodily integrity of the person and ways that might be compromised in the mentioned situation. As the opening post acknowledges, the topic is a common concern in the forum. Overall, school health examinations and topics connecting to nudity and bodily integrity, specifically in school settings, emerged frequently.

The extract specifically points to the affordances of *cohesion* and *anonymity*. The forum offers a platform for pooling information from peers who share enough common ground to be able to respond to a short message knowing the context it connects to and having the relevant knowledge to be able to respond to the information request. Although not explicitly mentioned, it is apparent that the question in the opening post is addressed to those who have undergone the health examination and, accordingly, the responses include descriptions of experiences of the examination. In other words, the question serves as a means for experience-pooling. The forum enables asking and responding to sensitive questions while remaining anonymous.

Yet, the identity or authenticity of people requesting or responding to questions is not irrelevant even in an anonymous forum. In this extract, R5's description of the health examination seems to be contested by the following responses. This exchange illustrates a way of negotiating the plausibility of claims in the forum; in the information request threads, visible reciprocity was an exception that seemed to take place mainly when a post deviated from the general consensus. Another example of the relevance of other forum users being not just “anyones” but “someones” (Scannell, 2000) includes questioning the identity of a person requesting experiential information. This identity questioning mainly applied to information requests concerning the physical features or sexual experiences of children or young people. For example, an information request from “a 14-year-old boy” including a request for young boys to send pictures of themselves to an email address resulted in a comment questioning the identity of the requester (see thread E4, Appendix 2). “Forum paedophiles” were mentioned in some other threads as well (e.g. thread S8, Appendix 2) suggesting that this was a reoccurring phenomenon in the relatively loosely moderated forum with *tolerance* of diverse content. Some of these threads were deleted by the administrators after the initial data collection.

5.2 Aggregating advice

Advice-pooling illustrates both the affordances provided by the *cohesiveness* of the online forum and the unique sphere of the users' experiential authority: other forum users do not only offer factual and experiential information on issues but can be turned to for seeking guidance for a concrete situation. [Extract 2](#) provides an example of an opening post containing a request for advice, in this case, on how to get a fever overnight.

The opening post explains that the person behind the request has not prepared for an upcoming test and is now trying to find a way to fake being sick to avoid the situation of taking the test unprepared. As requested in the original post, the responses offer advice (R2, R3, R5, R6) and experience-based information (R7, R9) on ways to fake sickness.

As exemplified in [Extract 2](#), the lack of identity information makes it impossible to know who or even how many "someones" are participating in the exchange of messages. In this thread, the composer of the original post seems to return to the thread. However, there are seemingly two responses (O1, O2) from the original poster but with contrasting information: O1 claiming to have taken the advice to "suck teabags" and "eat toothpaste"—indicating that the gained information would have had an impact—and O2 thanking for the advice but stating to not have taken it this time. This *anonymity* of the forum, together with *tolerance*, also makes it a suitable site for requesting and sharing information on disnormative ([Haasio, 2019](#); see also [Burnett and Lloyd, 2020](#)) issues, in this case, skipping school. Other such issues include self-harm, substance abuse and some sexuality-related topics (see [Appendix 2](#)).

5.3 Pooling opinions

Opinion-pooling can be seen to further demonstrate the value of the forum's *cohesive* user base not only as information-mediators, but authorities whose judgements on various issues have value. [Extract 3](#) is an example of a post requesting opinions. The original post includes a description of a person's features (age, height, weight, the colour of hair and eyes) and actions (exercise habits). The title of the post discloses the meaning of this description by asking "Am I good enough?"

The request results in posting of opinions about the described physical features. Following the account of the original post that the poster is "not thin", many of the responses touch on the issue of weight, providing contrasting views on the normalcy or acceptability of the mentioned height/weight ratio. Regardless of the apparent like-mindedness on the issue

O: So I have a test tomorrow and I haven't studied at all and there's another test on Friday and I haven't read to that at all either :(Tell me how to get a fever over night? Sleep with the window open without a cover?

R1: there's an easier way! just lie that you have a hell of a migraine :)

[a removed response]

R2: Well if you have an ear thermometer rub your ear with a cotton swab or something and then go measure it and it can show fever or rub it against pants or something. Works with other thermometers as well

R3: I recommend trying to eating rotten or garbage-dipped meat. Leads to nice symptoms, the flu is already a too common (made-up) reason to skip school.

R4: Psychosis is a serious mental disorder where a person's concept of reality is distorted often in a crude way so that a person has serious difficulties to distinguish reality from imagination.

R5: Dip a tea bag to warm/lukewarm water and put it in your mouth :)the fever will rise over night. NB no heated up tea bag. at one's own risk.

R6: Or chew tobacco crumbs, high fever will rise for a couple of hours :) at one's own risk.

R7: I one's tried to eat tobacco crumbs, did not raise a fever but did throw up

R8: So already smoked stubbed out tobacco crumbs or...?

R9: does not fucking work sucked two motherfucking tea bags at a time for 10min nothing fucking happened shit tasted in my mouth though

R10: How can you get the text bolded to the beginning like that? Like you have the "Oh yeah..."

O1: THANK YOU ALL SO MUCH NOW BEGINS THE SECOND DAY I'M HOME AND ALREADY YESTERDAY I HAD 38.8 FEVER AND WHEN I WAS GOING TO BED IT ENDED BUT NOW IT'S 38.5 AGAIN SO I YOU WANT A FEVER JUST SUCK SOME FIFTEEN MINUTES OF A TEA BAG AND THEN EAT LIKE 1.5 TEA SPOONS OF TOOTHPASTE! SERIOUSLY THANKS :-*

[...]

O2: Okay thanks for all the advice. I'll use them some other time. So I went to school and I guess I'll have a 6 or something from the exams but so what:D I am not at the stage that they will end up in my final diploma when I seek for work.

Extract 2.

How to get a fever over night? – posted to the discussion area "Chit chat". Comments: 257, Views: 44,241

I am a 12 year-old girl 164cm and 54kg. My hair is just below the shoulders and eyes are blueish grey. I exercise a lot but still am not thin:(
R1: You are good enough for someone.
R2: Surely you are good enough for those who like fat people like that.
O: I am normal weight. 🍌
R3: Go to hell with all the fat comments! That's a normal weight and because you exercise I think you are definitely good enough and more, because what is more appealing than a healthy, athletic body?
[message removed]
[message removed]
O: ghhmm... pus
R4: I'm sure you are a nice girl but quite thick.
R5: Yes you are good enough
[message removed]
R6: You definitely are.
R7: So you think you're normal weight??? Well yes, if fatness is normal.
R8: She is not fat. I am 149.9 cm tall and could weight 45kg so... I just went to the school nurse yesterday so I know
O: I went to the doctor's check up so I know I'm normal weight...
R9: Difficult to say without a picture :P
O: Well do you want one;)
R10: I might want one
R11: For me you would be good enough and I don't understand how some people say you are fat
O: Nice maybe you would be too;)
R12: Where do you live
O: In [town x]
R13: Quite thick. Otherwise you would be ok.
R14: Yes you do :)
[message removed]
R15: My scissors are made of metal, they are orange and in the side it reads fiskars. They are around 15cm long. Would it do to cut with them?
Who cares about external features if you are dull (a scissor reference:D)
R16: So I really don't get those who say you're fat:D you can't know that based on weight unless you weight like a hundred pounds... everyone has a beautiful body in their own way!:)
R17: Agree: I'm 161cm/58kg, but still my abs are showing (not quite six-pack though) and my body is quite tight otherwise as well, but I guess I can't be petite.

Extract 3.
Am I good enough? –
posted to the
discussion area “Love”.
Comments: 27,
Views: 529

(of not being thin), the original poster seems to defend themselves from responses including negative statements on the described weight (R2, R4, R7) by commenting that their weight is normal and further strengthening this argument by drawing from a doctor as a source of authoritative knowledge. R8 argues for the original poster not being “fat” by bringing forth knowledge gained from a school nurse. The final three comments (R15-R17) contest the overall importance of external features (R15) and the idea that weight could be used to evaluate fatness (R16, R17), R17 strengthening the argument with their own measures.

The extract illustrates how *anonymity* may allow gaining “unbiased” information from people sharing weak and ephemeral ties rather than strong relationships (Wang *et al.*, 2014). These anonymous strangers are not obliged to give compliments and can as such be considered as credible sources of honest opinions. At the same time, an anonymous forum with high *tolerance*, including little moderation, enables harsh commenting.

5.4 Negotiating facts

Requests for factual information were rather rare and typically resulted in sharing experiential information and opinions. The post in [Extract 4](#) rather straight-forwardly asks if 45 kg is a normal weight for a 12-year-old who is 160 cm tall.

Although the second response (R2) already includes a weight index table with “factual” information on normal weight in adolescence, this is largely ignored in subsequent comments. Rather, enabled by the *cohesive* user base of the forum, in the comments, peer experiences and opinions are brought to the discussion. The weight and height described in the opening post are compared to an individual’s own measures (R3, R4, R8) or those of friends (R4, R8) and based on that information the “normalcy” of weight and height is evaluated.

Besides responding to the original post, the thread is used to ask questions on the commenters’ own measures (e.g. R5, R9). The lengthy thread with more than 400 comments and 14,000 views had been initiated already in the spring of 2013 and the thread was still active when the forum was revisited in 2021. The re-activation of old threads is a common practice in the

Extract 4: The normal weight of a 12-year-old? – posted to the discussion area ‘Body’ Comments: 310, Views: 14,084.

O: I am 12 years old 160 cm and weight 45kg what is the normal weight for a 12-year-old?
 R1: I don't know but at least you are not overweight
 [message removed]
 [message removed]
 R2: From the link [link to a BMI table] one can find a so-called BMI table. When your height from the height axis and your weight from the weight axis, you can find the bmi from their crossing. It tells if it's in an ok range or over/under.
 [message removed]
 [message removed]
 R3: Hi, at least you're not the only one who weights 45 kilos as a 12-year old. I weight the same
 R4: I am the same height with you and weight 5kg more. The school nurse says I am a norm so you don't have anything to worry about :) you could even say that quite slim cause one of my friends is just as tall as you. And she looks very slim
 [message removed]
 [message removed]
 [message removed]
 R5: am I overweight 12 years old 148cm tall and 44kg?
 R6: Don't worry no your quite at normal weight 🍌
 R7: yet
 R8: hi, you're quite thin, but not at any anorexic measures! My friend is the same size and is quite thin, but you are good as you are! I am 53-55kg myself which is a norm when compared to my height and age.
 Height: 154cm age I won't tell because I want to be personal, but no excess weight!!!D
 R9: say am I a fatso!
 I am a 12 year old girl..
 Height 155
 weight 44kg?
 I feel like I'm fat. Am I?
 R10: Fuck no
 R11: I have the same measures except a couple of cm's taller and a kilo or two slimmer..
 YOU ARE NOT A FATSO, you are supposed to gain weight at this age -O
 R12: No you're not! I was 145 tall and weighed 42 kilos in second grade. Well I've always been a fatso child..
 R13: You fat? NO WAY!
 I am over weight 12years 162cm 69kg
 Even the school nurse says I'm over weight.
 And my Friend is 11 years 152cm and 35kg and all the time talks about losing weight (she thinks she's a fatso herself)
 [...]
 R14: idk I guess I'm under weight I'm 12y, 155cm, 35kg varies a bit
 R15: Am I fat my specs: 12y 160cm 57kg
 R16: I have the same thing I hate my body so much and I have trauma on being called anorexic so that without thinking I've beaten up a couple of my mates when they have said it age: 12y weight approx. 40kg and everyday I think if I'm underweight?? Can someone respond?
 R17: You didn't say how tall you are! Based on age and weight you can't really say not knowing the height... I'm 12y, 150cm and weight 39kg.
 R18: I don't think your frierd sounds really fair. If (s)he knows you're overweight, someone as slim shouldn't be talking about loosing weight. You'd think they'd have some consideration for others And themselves before withering away
 R19: No you are not I'm 12y 150 and weight 44 kg
 [...]
 R20: I am a 13-year-old boy I'm 158 weigh 44kg. Am I overweight on my opinion I'm kinda fat.
 R21: In no way you are fat. Your BMI is 18.3, which is normal to a someone your age. Don't think too much about the numbers the scale shows. The reflection in the mirror tells much more and whether clothes fit you.

Extract 4.
 The normal weight of a 12-year-old? – posted to the discussion area ‘Body’ Comments: 310, Views: 14,084

forum and suggests that users may end up in the threads via the forum’s search function or general search engines. Making use of the forum’s *searchability* and *persistence* (see Boyd, 2011), users employ existing threads as platforms for their personal questions. As a new message makes the thread appear in the “most recent threads” list, they also become more noticeable to other users. Moreover, as the number of views to the thread suggests, the audience can be much wider than the people actively participating by posting comments.

5.5 Sharing information

The final category comprises threads where the opening post focused on *sharing* rather than requesting information. Approximately one-fourth of the health-related opening posts did not include a direct question or request. This category included a versatile collection of posts with descriptions of users’ own situations or problems, opinions and emotional or provocative messages. An interesting information request type included in the information sharing

category was one where the opening post included a request to ask questions from the original poster (see [Appendix 2, S6](#)).

What was common to the threads was that, when compared to threads with more straightforward requests, these often resulted in reciprocity between the commenters. Especially opening posts describing personal problems or feelings often brought about a discussion-like exchange between the original poster and commentators; unlike in most information-request threads, the composer of the original post tended to be active throughout the discussion. However, the responses seemed to include a mixture of emotional and infomotional support ([Hanley et al., 2019](#)) and hostile commenting. [Extract 5](#) is an example of a thread of this type. Posted in the “Self-esteem” discussion area, the original post contains a description of the poster’s negative feelings about themself.

The opening post results in an emotionally charged exchange among several participants. The post seems to be a request for emotional support, but much of the responses are rather provocative or even hostile. Even though some messages have been deleted from the thread by administrators, a suicide-encouraging post, for example, remains unremoved in the thread. The *anonymity* of the forum coupled with high *tolerance* enables “venting”, “trolling” and even abusive language use, which are all exemplified in the thread.

Regardless, the thread, like many other similar threads (see [Appendix 2](#)), also includes supportive exchange between commenters and includes traces of both emotional and infomotional support ([Hanley et al., 2019](#)). Moreover, the charged exchange seems to be intertwined with the negotiation of facts concerning symptoms of depression (e.g. R8, R9) and proper advice (e.g. R3, R4, R5).

6. Discussion

The findings of this study indicate that the young people’s section of the Suomi24 forum offers a unique set of affordances for health information practices. The *anonymity*,

O: I hate myself. I am ugly and fat. I have tried to quit eating, but I can't. Nobody even likes me. I'm not interested in anything and I don't like anyone. I get anxious about school because I keep comparing myself to everyone else. I guess I could die or something.

R1: Yeah, could die.

O: Yep :/

R2: Have you thought about suicide?

O: From the fifth grade, but not the whole time anyway.

R3: start helping others it will make you feel good

R4: At least anger does not help or lead to anything good. Set some goal to yourself, walk everyday and you can eat with moderation. Don't stay wallowing in self-pity but get up and get active.

R5: Ha ha. If the OP is depressed, “get up and get active” is likely to only sound annoying.

R6: [message removed]

O: Well you are the one to know what I got, aren't you

O: You have a fucking problem

O: Don't you have anything better to do that to argue with a 14-year-old? XD

R7: Obviously not. Are you a retard or why did you need to ask?

O: Well if you don't have anything better to do, maybe try to find some content to your life

R7: You hate yourself but still feel the need to defend yourself? Sounds like bullshit.

O: It's you I hate more :D

R7: And here is proof you are not depressed. Congratulations.

O: Maybe I am, maybe I'm not. I don't know what's wrong with me. Sometimes I'm in pieces like just now, but then my mood gets better by itself :D

R8: If you would be depressed I don't think you would use smileys.

R9: OH MY FUCKING GOD!!!! Do not come here to explain what depression is when you clearly do not know...

FUCKING USE OF SMILEYS HAS NOTHING TO DO WITH DEPRESSION!!

Depressed people are not externally down all the time. I am so fucking annoyed of these kinds of stupid idiots.

[...]

R10: Why did you come here to beg for pity? It doesn't help anything.

O: Pity is nice :)

R11: Well you are not getting it here. Kill yourself you fucking attention-seeking teenage trash.

O: Well I'm going to as soon as possible

R12: As soon as possible? It would be as soon as possible if you would do it right at this second.

R13: Don't do it because your dad and mom would be sad

R14: Fuck you, you cannot say that to someone with depression ! 🙄🙄🙄

[...]

Extract 5.
Hating oneself – posted
to the discussion area
“self-esteem”
Comment: 105,
Views: 1,371

persistence, searchability, cohesion and *tolerance* of the forum enabled the pooling of peer experiences, opinions and experience-based advice on health and, to a lesser extent, negotiation of facts and reciprocal information sharing. The study had two research questions, the first concerning the kind of health information practices that emerged in the online forum and the second the affordances that enabled such practices. The two questions were addressed as intertwined and exemplified with the help of specific message threads.

In contrast to the notion that online health forums typically are platforms for various types of knowledge to converge (Hanel and Salö, 2015), the findings of this study strongly highlight experiential, first-hand knowledge of peers. The findings are to some extent in line with those of Gauducheau (2016), who found that young people's online forum was predominantly used to obtain peers' opinions, social validation and support and Savolainen (2011), who found that in online discussions on depression in Suomi24, users mainly articulated information needs related to opinions and evaluation of issues and less on factual and procedural information. They also support previous findings suggesting that members of an online forum may act as cognitive authorities for other users either as individuals or collectively, at least in the sphere of their own experience (Hirvonen *et al.*, 2019; Ma and Stahl, 2017).

It is evident that in the young people's section of the Suomi24 forum, communication is not based on strong ties between the users. The used nicknames tend to be unestablished and it can be difficult to know the number of people taking part in a discussion. Moreover, the participants give out information about themselves in a way that their anonymity is to a large extent ensured. This *anonymity* makes the forum suitable for requesting and sharing information on sensitive issues or things that might be considered inappropriate or stigmatized in other contexts (Hasler *et al.*, 2013; Hirvonen *et al.*, 2019). Anonymity can also make other forum users appear as authoritative, "unbiased" and honest sources of opinion when compared to their real-name counterparts (Kang *et al.*, 2016; Sharon and John, 2018); as anonymous strangers, they are not obliged to give compliments or praise in a way expected from people having close relations. Opinion-seeking suggests that besides pooling experiential information, the forum was used to make sense about what is "normal" and accepted among other young people. This finding is in line with the findings of Gauducheau (2016), Genuis and Bronstein (2016) and Ruthven *et al.* (2018a, b). In this study, opinion requests were particularly connected to identity-related matters suggesting that young people may use the anonymous forum for social validation. In line with Kang *et al.* (2016), the findings indicate that social media platforms can be used to gain validation from an anonymous crowd even in a situation where there are no persistent identifiers for users.

Anonymity together with *tolerance* also creates opportunities for so-called anti-social behaviours such as flaming, trolling and cyberbullying (Moore *et al.*, 2012; Sharon and John, 2018) as shown especially in the final excerpt in this study. Interestingly, the findings indicate that while the affordances of the forum enabled informational and infomotional support (Hanley *et al.*, 2019) to take place, the apparent requests for emotional support through information sharing were often left without response or were responded in hostile ways, at least when it comes to health-related threads. In earlier research, the degree of identifiability of the commenters has been associated with the use of offensive language: the less identifiable users, the more occurrences of offensive words (Cho and Acquisti, 2013).

Even though the forum allows anonymity, one of its key affordances appears to be the *cohesion* of both its user base and content; the forum allows information pooling from a large cohort of Finnish young people on topics that relate to young people's experiences and opinions. Clearly, the essential element of the forum is that the other forum users are not just "anyones" but "someones" (Scannell, 2000), peers. This finding is in line with Gauducheau's (2016) notion that the value of online forums may be in the similarity of the participants. Identity knowledge has been considered important to establish reputation and friendships in online communication (Kennedy, 2006), even in anonymous communities (Bernstein *et al.*,

2011; Sharon and John, 2018). At face value, sharing identity knowledge seemed not to be essential in the forum, perhaps because the value of the forum is not in established relationships but crowdsourcing information from a large pool of people. This is also a key distinction to most social networking sites, which have gained their popularity by providing users with a platform to maintain existing ties rather than communicating with strangers (Boyd, 2014). Yet, the participants seem to share enough common ground to be able to use this platform to request and share information on various topics connected to their lifeworlds. Moreover, signs of “improper” participants, such as people suspected to be adults with questionable motives, were noted in the discussions.

The content of the forum is relatively *persistent* and *searchable*. Moreover, in this website-based forum, threads can be read and commented on without the need to download a separate application or register a username. These affordances are the kind that real-name and more developed social media applications typically lack. Many of the lengthy threads in the forum had been initiated several years before the data collection. Besides exemplifying the persistence of the forum contents, the re-activation of threads indicated that users may end up in the threads of Suomi24 via search engines. In fact, according to Lagus *et al.* (2016b), a notable proportion of the forum users end up in it through Google searches. These occasional forum users, ending up in the forum via Google, may just randomly read a thread or two whereas active forum users can spend time in the forum daily (Lagus *et al.*, 2016b). This also explains the way already existing threads were commonly used as sites for new information requests. Moreover, due to its persistence and searchability, the forum does not serve only the people visibly requesting information and posting comments to it. As the “View” functionality enabled observing, some of the threads had been opened thousands of times suggesting a large audience to the posts.

As a final point, the findings can be viewed to increase understanding of the ways young people use different resources to meet their diverse health information needs. Based on the findings, the most frequent health related thread themes in this anonymous forum were identity-related but physical, mental and sexual health topics were also apparent. In fact, although the focus of this study was health, it became evident that it is very difficult to draw the line between health-themes and other matters. For example, normal weight was discussed in terms of its health impacts but more often in connection to appearance and identity work. The findings concerning central, reoccurring topics in the forum should not, however, be interpreted to mean that these are the most relevant health-related information needs Finnish young people or even the forum users have. Rather, these are themes of information requests that are considered suitable for this particular online forum with its specific affordances and constraints for action (Bucher and Helmond, 2017).

6.1 Conclusion

This study indicates that young people used an anonymous online forum as a tool for pooling health-related peer experiences, opinions and experience-based advice rather than as a source for factual information or reciprocal discussion. These health information practices were enabled by the unique set of affordances in the online forum including anonymity, persistence, searchability, cohesion and tolerance.

The study is original in its approach to study the affordances of an online platform for health information practices. It responds to the call for information science research to conceptualize the changing technology-information relationship from an affordance perspective (Allen *et al.*, 2019; Zhao *et al.*, 2020). The methods used in this study directed attention to the enabling affordances for information practices and the visible social action in the online platform. As such, the findings are limited and future research is needed to better recognise less visible forms of action, the constraining nature of affordances and the

“environment of affordances” (Madianou and Miller, 2012, p. 170) that are created in the complex assemblages of people, tools, organisms and things in different relations (Scollon and Scollon, 2004). Moreover, the affordances of more recent social media applications for health information practices should be examined. A platform-sensitive approach is necessary (see Bucher and Helmond, 2017) for a more nuanced understanding on the ways different information and communication tools with their unique features mediate information and information practices in authentic situations.

For practitioners working with young people, the findings may help in building understanding of young people’s ways of using different resources to meet their diverse health information needs. Instead of competing for a cognitive authority position with medical professionals, anonymous forums can offer platforms for young people to expand their knowledge on sensitive, mundane and disnormative health issues and for reflecting their own lived experiences to those of others. In some situations, the type of experiential information that the forum users can offer can appear as more valuable when compared to expert information which can be seen to be limited to a different domain or a sphere of authority—for example, health care (Mansour and Francke, 2017). Besides, in addition to coping with serious health concerns (Lovatt *et al.*, 2017; Neal and McKenzie, 2011), people turn to online forums for seemingly mundane discussions on everyday topics such as health habits and bodily functions (Hirvonen *et al.*, 2019), exemplifying the variety of health-related information needs.

Notes

1. In Suomi24, the same online forum that is examined in this study.
2. Even though it quickly became apparent that it was very difficult to discern which topics can, in fact, be considered health-related if health is understood broadly as physical, mental and social well-being, a decision was made to exclude threads focusing on relationships, money, school and careers and clearly not health-related topics such as requests for interesting YouTube channels. However, identity-related topics were included in the analysis since they were entangled with health themes. For instance, body weight was focused on in several threads but often discussed in terms of appearance rather than physical health.
3. The appearance of the forum has changed over the years. The different versions are archived in: https://web.archive.org/web/*/suomi24.fi

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Appendix

The Appendix files for this article can be found online.

About the author

Noora Hirvonen is Professor of Information Studies at the Research Unit for History, Culture and Communication Studies at the Faculty of Humanities, University of Oulu, Finland. Her research has focused on health information practices and literacies and particularly addressed the ways the authority of information sources is negotiated in different settings. Currently, her work concentrates on the ways young people's everyday information practices are shaped by digital technologies. Noora Hirvonen can be contacted at: noora.hirvonen@oulu.fi

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