Targeted Facebook Advertising is a Novel and Effective Method of Recruiting Participants into a Human Papillomavirus Vaccine Effectiveness Study

Asvini K Subasinghe1,2*, BSc (Hons), PhD; Margaret Nguyen1,3*, BMedSci, MD; John D Wark3,4, BS, MB, FRACP, PhD; Sepehr N Tabrizi1,2,5, BS, MS, PhD; Suzanne M Garland1,2,5, FRANZCOG, MBBS, MD, FRCPA, FACHSHM

1Royal Women's Hospital, Department of Microbiology and Infectious Diseases, Parkville, Australia
2Murdoch Childrens Research Institute, Infection and Immunity Theme, Parkville, Australia
3Royal Melbourne Hospital, Department of Medicine, University of Melbourne, Parkville, Australia
4Royal Melbourne Hospital, Department of Bone and Mineral Medicine, University of Melbourne, Parkville, Australia
5University of Melbourne, Department of Obstetrics and Gynaecology, Parkville, Australia
* these authors contributed equally

Corresponding Author:
Asvini K Subasinghe, BSc (Hons), PhD
Murdoch Childrens Research Institute
Infection and Immunity Theme
Level 1 Building 404 Bio 21 Institute
30 Flemington Road
Parkville, 3052
Australia
Phone: 61 402492637
Fax: 61 393478235
Email: asvini.subasinghe@mcri.edu.au

Abstract

Background: Targeted advertising using social networking sites (SNS) as a recruitment strategy in health research is in its infancy.

Objective: The aim of this study was to determine the feasibility of targeted Facebook advertisements to increase recruitment of unvaccinated women into a human papillomavirus (HPV) vaccine effectiveness study.

Methods: Between September 2011 and November 2013, females aged 18 to 25 years, residing in Victoria, Australia, were recruited through Facebook advertisements relating to general women's health. From November 2013 to June 2015, targeted advertising campaigns were implemented to specifically recruit women who had not received the HPV vaccine. Consenting participants were invited to complete an online questionnaire and those who had ever had sexual intercourse were asked to provide a self-collected vaginal swab. The HPV vaccination status of participants was confirmed from the National HPV Vaccination Program Register (NHVPR).

Results: The campaign comprised 10 advertisements shown between September 2011 and June 2015 which generated 55,381,637 impressions, yielding 23,714 clicks, at an overall cost of AUD $22,078.85. A total of 919 participants were recruited. A greater proportion of unvaccinated women (50.4%, 131/260) were recruited into the study following targeted advertising, compared with those recruited (19.3%, 127/659) prior to showing the modified advertisement (P < .001). A greater proportion of the total sample completed tertiary education and resided in inner regional Victoria, compared with National population census data (P < .001), but was otherwise representative of the general population.

Conclusions: Targeted Facebook advertising is a rapid and cost-effective way of recruiting young unvaccinated women into a HPV vaccine effectiveness study.

(JMIR Res Protoc 2016;5(3):e154) doi: 10.2196/resprot.5679

KEYWORDS
online recruitment; social media; Facebook; human papillomavirus; HPV
**Introduction**

Human papillomavirus (HPV) is the most common sexually transmitted viral infection worldwide. Approximately 80% of sexually active individuals will acquire an HPV infection during their lifetime; most within a few years following sexual debut [1]. Persistent infection with high-risk or oncogenic HPV genotypes, particularly HPV 16 or 18 is a prerequisite to cervical cancer [2].

In 2007, Australia was the first country to implement a national government-funded HPV vaccination program using the quadrivalent HPV (6, 11, 16, and 18) vaccine Gardasil (4vHPV) [3-6]. The vaccine is available free-of-charge to 12 to 13 year old girls as an ongoing program and had a catch-up component for up to 26 year olds to December 2009, with vaccinations administered through schools, general practices and other community health services. Since the initiation of the program, the National HPV Vaccination Program Register (NHVPR) has documented high vaccine uptake, with coverage rates of approximately 85% of females aged 15 having received at least 1 dose, and 77% having completed the 3 dose course in 2015 [7].

Although Internet social networking sites (SNS) have been in use for over a decade, the concept of targeted advertising as a recruitment strategy in health research is still in its infancy. Approximately 93% of Australians use Facebook, including 97% of 18 to 29 year olds [8]. Of those aged 18 to 29, 79% of females use Facebook at least daily [8]. The increasing pervasiveness and utility of social media as powerful communication channels means that SNS, such as Facebook, can potentially be used to effectively engage young people in health studies. There is evidence to show that Internet-based research can yield high response rates at a considerably lesser cost than that accrued by traditional recruitment methods [9-12]. In addition, findings from pilot studies demonstrate that Facebook advertising is a feasible recruitment strategy for health studies and yields a broadly representative sample of a target population [10,13-19]. In one particular study, investigators looked at geographic variation in HPV vaccine uptake in men and women using targeted Facebook advertisements to recruit residents in Minnesota [18]. However, this has only just been utilized as a methodology in Australia in the Vaccine Against Cervical Cancer Impact and Effectiveness (VACCINE) study [20].

The VACCINE study is a cross-sectional survey in which Facebook was used to recruit participants [21]. The objective of this study was to investigate the changes in prevalence of vaccine-targeted HPV genotypes in a cohort of 4vHPV vaccine-eligible young women aged 18 to 25 years living in Victoria, Australia. Within the recruitment strategy we also modified the initial Facebook advertising campaign to specifically target and over-recruit unvaccinated women, to better understand why a free vaccine was not being embraced. We hypothesized that targeted advertising through Facebook enables faster and more efficient recruitment of vaccine-eligible women who have not yet received the HPV vaccine compared with non-targeted advertising.

**Methods**

The methods for this study have been published previously [21]. The study protocol was approved by the Human Research and Ethics Committee at the Royal Women’s Hospital, Melbourne, Australia.

**Participant Recruitment and Inclusion Criteria**

Participants were recruited through advertisements published on Facebook. From September 2011 to November 2013, advertisements were set to randomly appear to Facebook users who were (1) female; (2) between the ages of 18 and 25 years; and (3) residing in Victoria, Australia.

The advertisements contained a brief headline (eg, “Women’s Health Matters”), a generic picture of young women and a brief caption (Figure 1). The advertisements were subsequently modified by changing the text to target women who had not received the 4vHPV vaccine, and made visible to Facebook users from November 22, 2013 to June 2015 (Figure 2). The decision to modify these advertisements arose mid-way through the study as we wished to understand the determinants of women eligible for, but not accepting, the HPV vaccine.

Respondents could click through to the secure VACCINE Study website to read more about the study and register an expression of interest (EOI). Potential participants were contacted and screened by telephone to assess their eligibility and willingness to comply with the study requirements.

**Figure 1.** Example of an original advertisement from the VACCINE Study’s Facebook advertising campaign.
Measures

Participants who verbally consented to the study were invited to provide electronic consent and to complete a self-administered, password-protected questionnaire hosted by the online survey tool SurveyMonkey. The survey questions related to demographic characteristics, sexual history and knowledge, attitudes and practices regarding HPV, the HPV vaccine, and cervical cancer screening. Participants were also requested to provide their HPV vaccination status and written or electronic consent for their HPV vaccination history to be verified with the NHVPR.

Statistical Analyses

Descriptive statistical analyses were conducted using Stata 13.1 (StatCorp LP, College Station, TX, USA). The demographics of our cohort were compared with general population data sourced from the Australian Bureau of Statistics 2011 census data [22]. Socioeconomic status was assigned using the Postal Area of Relative Socio-Economic Disadvantage 2011 [22]. The Chi-square test was used for all demographic comparisons between our sample of study and the general population, as well as within study comparisons between females recruited by general advertisements and those recruited by targeted advertisements. A 2-sided $P$ value $<.05$ was considered statistically significant. Data were treated as missing if a question was skipped or “prefer not to answer” was selected.

Participants who received all 3 doses of the HPV vaccine were considered “vaccinated”; those who had received 1 or 2 doses were considered “under-vaccinated” and women who never received the HPV vaccine were recorded as “unvaccinated”.

Results

For the duration of the entire campaign (September 2011 to June 2015), 10 advertisements resulted in 55,381,637 impressions, reaching 984,159 people, and yielding 23,714 clicks, at an overall cost of AUD $22,078.85. This translated to an average cost of AUD $24.02 per participant. The general advertisements which were implemented from September 2011 to November 2013, made 35,906,205 impressions, yielding 15,304 clicks, with an overall cost of AUD $15,381.92. The average cost per click was AUD $1.01 with a click-through rate of 0.04% per impression. From November 2013 to June 2015, 19,475,432 impressions were made, yielding 8410 clicks, with an overall cost of AUD $6696.93. The average cost per click was AUD $0.80.

A total of 919 participants completed the online questionnaire. Among women who were recruited and completed the questionnaire following modification of the advertisements, 50.1% (131/260) were unvaccinated. In contrast, only 19.3% (127/659) of the participants who completed the questionnaire prior to modification of the advertisements had never been vaccinated ($P<.001$) (Figure 3). There were no significant differences in socio-demographics of the unvaccinated group recruited prior to targeted advertisements with those recruited post targeting (data not shown).

No significant differences were detected between the general population participating in the VACCINE study to those that were then targeted for not being vaccinated against HPV, except that for the latter group a greater proportion were born outside of Australia (19.1% vs 12.4%, $P<.001$) (Table 1).
Table 1. Demographic characteristics of participants recruited by non-targeted advertisements compared with those recruited by targeted advertisements in the VACCINE study (N=919).

| Characteristic                  | Non targeted advertisement (n=659), n\(^a\) (%) | Targeted advertisement (n=260), n\(^a\) (%) | \(P\) value\(^b\) |
|--------------------------------|-----------------------------------------------|--------------------------------------------|------------------|
| Age (years), median (Q1-Q3\(^c\)) | 22 (20-23)                                    | 22 (20-24)                                 | .08              |
| Geographic region              |                                               |                                            |                  |
| Major city                     | 510 (77.3)                                    | 212 (81.5)                                 | .5               |
| Inner regional                 | 127 (19.3)                                    | 40 (15.4)                                  |                  |
| Outer regional/remote          | 21 (3.3)                                      | 8 (3.1)                                    |                  |
| Country of birth               |                                               |                                            |                  |
| Australia                      | 574 (87.6)                                    | 208 (80.9)                                 | <.001            |
| Other                          | 81 (12.4)                                     | 52 (19.1)                                  |                  |
| Indigenous status              |                                               |                                            |                  |
| Aboriginal or Torres Strait Islander | 5 (0.8)                                   | 3 (1.2)                                    | .6               |
| Other                          | 654 (99.2)                                    | 257 (98.8)                                 |                  |
| Socioeconomic level (SEIFA decile\(^d\)) |                             |                                            |                  |
| 1-5                            | 214 (32.6)                                    | 75 (29.2)                                  | .3               |
| 6-10                           | 443 (67.4)                                    | 182 (70.8)                                 |                  |
| Highest level of education completed\(^e\)) | |                                            |                  |
| < Year 12                      | 29 (4.4)                                      | 14 (5.4)                                   | .7               |
| Year 12                        | 257 (39.0)                                    | 98 (37.7)                                  |                  |
| > Year 12                      | 365 (55.4)                                    | 145 (55.8)                                 |                  |
| Relationship status            |                                               |                                            |                  |
| Single                         | 237 (36.0)                                    | 91 (35.0)                                  | .7               |
| Casual relationship            | 60 (9.1)                                      | 30 (11.5)                                  |                  |
| Committed relationship         | 350 (53.1)                                    | 136 (52.3)                                 |                  |

\(a\)Numbers may not add up to the total due to missing data.

\(b\)Chi-square test was used for all demographic comparisons.

\(c\)Q1: 25th percentile; Q3: 75th percentile.

\(d\)Based on postal area code. Deciles are rankings within Victoria, Australia. The lowest 10% of areas are assigned a decile number of 1 and the highest 10% of areas are given a decile number of 10. Decile 1 is the most disadvantaged relative to the other deciles.

\(e\)Year 12 is the final year of high school in the Australian education system.

The age distribution of participants reflected the general population, with the median age being 22 years (Q1 25th percentile to Q3 75th percentile: 20-23) (Table 2). Compared with the 2011 census data, more women who enrolled in this study were born in Australia (86% vs 76%, \(P<.001\)) and had completed tertiary education (57% vs 43%, \(P<.001\)). Women living in inner regional areas were over-represented (18% vs 16% of the total, \(P<.001\)) (Table 2).
Table 2. Demographic characteristics of participants in the VACCINE study compared with the general population in Victoria, Australia (N=919).

| Demographic                  | Total study population\(^a\), n (%) | Target population\(^b\), % | \(P\) value\(^c\) |
|------------------------------|-------------------------------------|----------------------------|-------------------|
| **Age group, years**         |                                     |                            |                   |
| 18-21                        | 306 (33.3)                          | 48.6                       | <0.001            |
| 22-25                        | 613 (66.7)                          | 51.4                       |                   |
| **Geographic region**        |                                     |                            |                   |
| Major city                   | 722 (78.6)                          | 80.7                       | 0.1               |
| Inner regional               | 167 (18.2)                          | 16.3                       | 0.001             |
| Outer regional/remote        | 30 (3.3)                            | 3.1                        | 0.6               |
| **Country of birth**         |                                     |                            |                   |
| Australia                    | 782 (85.8)                          | 75.5                       | <0.001            |
| Other                        | 130 (14.2)                          | 24.5                       |                   |
| **Indigenous status**        |                                     |                            |                   |
| Aboriginal or Torres Strait Islander | 8 (0.9)                  | 0.9                       | 1.000             |
| Other                        | 905 (99.1)                          | 99.1                       |                   |
| **Education level\(^d\)**   |                                     |                            |                   |
| Completed year 12 or below   | 398 (43.4)                          | 57.4                       | <0.001            |
| Completed tertiary education | 519 (56.6)                          | 42.6                       |                   |

\(^a\)Numbers may not add up to 919 due to missing data.

\(^b\)Population data were sourced from the 2011 Australian Bureau of Statistics Census, with figures corrected for non-responses to add up to 100%.

\(^c\)The Chi-square test was used for all demographic comparisons.

\(^d\)Year 12 is the final year of high school in the Australian education system.

Figure 3. Participant recruitment rate based on date of expression of interest (EOI) (N=919).

Discussion

Principal Findings

Targeted Facebook advertising led to increased recruitment of young women who had not received the HPV vaccine, without employing other recruitment methods. The rationale behind over-recruiting unvaccinated women was to allow us to reliably measure any difference in the prevalence of high-risk HPV between unvaccinated and vaccinated women. We also show that recruiting through Facebook is cost-effective given that the cost per participant in this study was AUD $24.02.

Evidence from previous studies has shown that targeted Facebook advertising is effective in recruiting participants into health research [10,23,24]. In these studies, recruitment was targeted based on broad demographic characteristics such as gender, age, and location, to maximize generalizability [10,23,24]. However, there have been few studies in which Facebook advertising has been used to recruit participants with more specific characteristics [25,26]. For example, young adults who were cigarette users were sought in a study of tobacco and substance use [9,27]. To attract their target audience, investigators developed Facebook advertisements which were shown to users whose profile pages contained tobacco- or...
marijuana-related keywords drawn from their listed interests, activities, job titles as well as the Facebook pages they "liked" or groups to which they belonged [9]. Our study differed slightly from this approach. Instead of using keywords to define the people to whom our advertisements were displayed, we relied primarily on Facebook users to read and respond to the text in our customised advertisements.

Our study sample compared well with the general population in age. The significantly greater proportion of women born outside of Australia recruited via targeted advertisements compared with those recruited through general advertisements is intuitive as overseas students are not eligible for the HPV vaccine. Although young women who were born in Australia and/or had completed tertiary education were over-represented in the total sample; these biases are common in population-based studies [10,24,28]. This is perhaps because highly-educated people are more likely to be aware of health issues. Therefore, highly-educated people may choose to participate in health research to address their personal health concerns and/or because of altruistic motives such as the desire to contribute to medical knowledge and improving the health of others [29]. The difference in the distribution of women living in inner regional areas in our study sample was statistically significant but small compared with the general population (2%, P<0.001); a larger sample size is required to determine whether this is meaningful.

There is an inherent risk of introducing sampling bias when targeting Facebook advertising for specific characteristics. We found that our sample was reasonably representative of the general population, except for country of birth and education level. Another potential cause of bias associated with this recruitment method is snowball or chain-referral sampling, whereby users exposed to these advertisements share information about the study on their Facebook profile page with their friends, or relatives, who may then submit an EOI. We found that 78% heard about the study from the Facebook advertisements, whereas approximately 17% either read a post on their friend’s Facebook wall or were told by a friend to participate. These 17% referrals were constant pre and post changes to the advertisements. Given the small proportion who submitted an EOI without having seen the Facebook advertisements, we contend that this did not have a significant impact on our results.

Conclusion

We have demonstrated the utility of paid, targeted Facebook advertising as a contemporary and effective recruitment method. The ability to specifically target individuals with particular characteristics by tailoring Facebook advertisements enables researchers to recruit specific groups of individuals of interest into health studies.

Acknowledgments

This work was supported by grants from the National Health and Medical Research Council (Program Grant #568971) and the Victorian Cancer Agency (TS10_04). We would like to thank the research nurses and staff that helped collect data for the VACCINE study and also to the participants for their time.

Conflicts of Interest

None declared.

References

1. Moscicki AB. HPV infections in adolescents. Dis Markers 2007;23(4):229-234 [FREE Full text] [Medline: 17627058]
2. Walboomers JM, Jacobs MV, Manos MM, Bosch FX, Kummer JA, Shah KV, et al. Human papillomavirus is a necessary cause of invasive cervical cancer worldwide. J Pathol 1999 Sep;189(1):12-19. [doi: 10.1002/(SICI)1096-9896(199909)189:1<12::AID-PATH431>3.0.CO;2-F] [Medline: 10451482]
3. Garland SM, Hernandez-Avila M, Wheeler CM, Perez G, Harper DM, Leodolter S, Females United to Unilaterally Reduce Endo/Ectocervical Disease (FUTURE) I Investigators. Quadrivalent vaccine against human papillomavirus to prevent anogenital diseases. N Engl J Med 2007 May 10;356(19):1928-1943. [doi: 10.1056/NEJMoat061760] [Medline: 17494926]
4. FUTURE II Study Group. Quadrivalent vaccine against human papillomavirus to prevent high-grade cervical lesions. N Engl J Med 2007 May 10;356(19):1915-1927. [doi: 10.1056/NEJMoat061741] [Medline: 17494925]
5. Giuliano A, Palefsky JM, Goldstone S, Moreira ED, Penny ME, Aranda C, et al. Efficacy of quadrivalent HPV vaccine against HPV infection and disease in males. N Engl J Med 2011 Feb 3;364(5):401-411 [FREE Full text] [doi: 10.1056/NEJMoat0909537] [Medline: 21288094]
6. Palefsky J, Giuliano AR, Goldstone S, Moreira C, Aranda C, Jessen H, et al. HPV vaccine against anal HPV infection and anal intraepithelial neoplasia. N Engl J Med 2011 Oct 27;365(17):1576-1585. [doi: 10.1056/NEJMoat101097] [Medline: 22029979]
7. National HPV Vaccination Program Register. HPV Vaccination Coverage 2015. 2015 Jun 30. National (Australia) HPV 3 dose vaccination coverage for females turning 15 years of age in 2015 URL: http://www.hpvregister.org.au/research/coverage-data/HPV-Vaccination-Coverage-2015 [accessed 2016-06-20] [WebCite Cache ID 6iz23X6zC]
8. The Digital Industry Association of Australia. Sensis. 2015. Sensis social media report May 2015: how Australian people and businesses are using social media URL: https://www.sensis.com.au/assets/PDFdirectory/Sensis_Social_Media_Report_2015.pdf [accessed 2016-06-20] [WebCite Cache ID 6iz2JC347]
9. Veale HJ, Sacks-Davis R, Weaver ER, Pedrana AE, Stoov

28. Curtis B. Social networking and online recruiting for HIV research: ethical challenges. J Empir Res Hum Res Ethics 2014

27. Ramo D, Thrul J, Chavez K, Delucchi KL, Prochaska JJ. Effective strategies to recruit young adults into the TXT2BFit mHealth randomized controlled trial for weight gain prevention. J Med Internet Res 2015;4(2):e6 [FREE Full text] [doi: 10.2196/resprot.4268] [Medline: 26048581]

Pedrana A, Hellard M, Gold J, Ata N, Chang S, Howard S, et al. Queer as F**k: reaching and engaging gay men in sexual health promotion through social networking sites. J Med Internet Res 2013;15(2):e25 [FREE Full text] [doi: 10.2196/jmir.2334] [Medline: 23391459]

10. Jones J, Salazar LF. A review of HIV prevention studies that use social networking sites: implications for recruitment, health promotion campaigns, and efficacy trials. AIDS Behav 2016 Feb 22. [doi: 10.1007/s10461-016-1342-9] [Medline: 26902295]

15. Lane T, Armin J, Gordon JS. Online recruitment methods for web-based and mobile health studies: a review of the literature. J Med Internet Res 2015;17(7):e183 [FREE Full text] [doi: 10.2196/jmir.3459] [Medline: 26202991]

16. Loxton D, Powers J, Anderson AE, Townsend N, Harris ML, Tuckerman R, et al. Online and offline recruitment of young women for a longitudinal health survey: findings from the Australian longitudinal study on women's health 1989-95 cohort. J Med Internet Res 2015;17(5):e109 [FREE Full text] [doi: 10.2196/jmir.4261] [Medline: 25940876]

17. Khatri C, Chapman SJ, Glasby J, Kelly M, Nepogodiev D, Bhangu A, STARSurg Committee. Social media and internet driven study recruitment: evaluating a new model for promoting collaborator engagement and participation. PLoS One 2015;10(3):e011889 [FREE Full text] [doi: 10.1371/journal.pone.0118899] [Medline: 25775005]

18. Nelson E, Hughes J, Oakes JM, Pankow JS, Kulasingam SL. Estimation of geographic variation in human papillomavirus vaccine uptake in men and women: an online survey using facebook recruitment. J Med Internet Res 2014;16(9):e198 [FREE Full text] [doi: 10.2196/jmir.3506] [Medline: 25231937]

19. Pedersen ER, Helmuth ED, Marshall GN, Schell TL, PunKay M, Kurz J. Using facebook to recruit young adult veterans: online mental health research. J Med Internet Res Protoc 2015;4(2):e63 [FREE Full text] [doi: 10.2196/resprot.3996] [Medline: 26033209]

20. Osborne SL, Tabrizi SN, Brotherton JM, Cornell AM, Wark JD, Wrede CD, et al. Assessing genital human papillomavirus genoprevalence in young Australian women following the introduction of a national vaccination program. Vaccine 2015 Jan 1;33(1):201-208. [doi: 10.1016/j.vaccine.2014.10.045] [Medline: 25444787]

21. Young EJ, Tabrizi SN, Brotherton JM, Wark JD, Pyman J, Saville M, et al. Measuring effectiveness of the cervical cancer vaccine in an Australian setting (the VACCINE study). BMC Cancer 2013;13:296 [FREE Full text] [doi: 10.1186/1475-2401-13-296] [Medline: 23777549]

Australian Bureau of Statistics. 2011. Socio-Economic Indexes for Areas (SEIFA) 2011 URL: http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa2011?opendocument&navpos=260 [accessed 2016-06-20] [WebCite Cache ID 6c0AQTextH]

22. Kapp JM, Peters C, Oliver DP. Research recruitment using Facebook advertising: big potential, big challenges. J Cancer Educ 2013 Mar;28(1):134-137. [doi: 10.1007/s13187-012-0443-z] [Medline: 23292877]

23. Ahmed N, Jayasinghe Y, Wark JD, Fenner Y, Moore EE, Tabrizi SN, et al. Attitudes to Chlamydia screening elicited using the social networking site Facebook for subject recruitment. Sex Health 2013 Jul;10(3):224-228. [doi: 10.1071/SH12198] [Medline: 23702200]

24. Richiardi L, Pivetta E, Merletti F. Recruiting study participants through Facebook. Epidemiology 2012 Jan;23(1):175. [doi: 10.1097/EDE.0b013e318238345e] [Medline: 22157313]

25. Lord S, Brevard J, Budman S. Connecting to young adults: an online social network survey of beliefs and attitudes associated with prescription opioid misuse among college students. Subst Use Misuse 2011;46(1):66-76 [FREE Full text] [doi: 10.3109/10826084.2011.521371] [Medline: 21904047]

26. Ramo D, Thrul J, Chavez K, Delucchi KL, Prochaska JJ. Feasibility and quit rates of the Tobacco Status Project: a Facebook smoking cessation intervention for young adults. J Med Internet Res 2015;17(12):e291 [FREE Full text] [doi: 10.2196/jmir.5292] [Medline: 26721211]

27. Curtis B. Social networking and online recruiting for HIV research: ethical challenges. J Empir Res Hum Res Ethics 2014 Feb;9(1):58-70 [FREE Full text] [doi: 10.1525/jer.2014.9.1.s8] [Medline: 24572084]

28. Veale HJ, Sacks-Davis R, Weaver ER, Pedrana AE, Stoové MA, Hellard ME. The use of social networking platforms for sexual health promotion: identifying key strategies for successful user engagement. BMC Public Health 2015;15(1):85 [FREE Full text] [doi: 10.1186/s12889-015-1396-z] [Medline: 25884461]
Abbreviations

4vHPV: Quadrivalent human papillomavirus vaccine  
EOI: expression of interest  
HPV: human papillomavirus  
NHVPR: National human papillomavirus vaccination program register  
SNS: social networking sites  
VACCINE: Vaccine against cervical cancer impact and effectiveness

©Asvini K Subasinghe, Margaret Nguyen, John D Wark, Sepehr N Tabrizi, Suzanne M Garland. Originally published in JMIR Research Protocols (http://www.researchprotocols.org), 22.07.2016. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Research Protocols, is properly cited. The complete bibliographic information, a link to the original publication on http://www.researchprotocols.org, as well as this copyright and license information must be included.