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Social Networking Web Sites: How Receptive Are Users to Accessing Information about HIV?

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Abstract

The HIV/AIDS epidemic continues to pose a severe health threat to young Americans. The popularity of using social networking websites (SNSs) has grown considerably over the past few years, and they offer an opportunity to reach people with HIV prevention messages. Receptivity to messages about HIV delivered through SNSs has not been assessed to our knowledge. Our study explored users' receptivity to receiving information about HIV through the SNSs they use. We first assessed whether respondents currently use the Internet to look for information about HIV. Next, we presented several hypothetical scenarios about how they may obtain information about HIV through an SNS and gauged their reactions to each scenario. About one-quarter of respondents were receptive to receiving information about HIV via an SNS. Forty-one percent would open a message about HIV from a person or organization on their friends list, 21% would open a message about HIV if the source was not on their friends list, and 60% were interested in completing a personal risk assessment for HIV online via an SNS. The rapid growth of SNSs presents a significant opportunity to reach individuals with HIV prevention messages, but these efforts need to be evaluated to assess effectiveness.

Introduction

For more than two decades, HIV/AIDS has posed a severe health threat to people across the globe and has been responsible for millions of deaths. The Centers for Disease Control and Prevention (CDC) estimates that approximately 56,300 people in the United States were infected with HIV in 2006.¹ HIV/AIDS is an important health issue for young Americans, as persons aged 13-34 accounted for 41% of newly diagnosed HIV/AIDS cases in 2007.² Prior research has shown that people's perceived risk for HIV is much lower than their actual risk.^{3,4} Perhaps related to the disconnect between perceived and actual risk, is the disturbing fact is that approximately one-fifth of people living with HIV in the United States (U.S.) do not know they are infected.⁵ Being unaware of one's HIV serostatus is problematic because HIV-positive individuals may be infecting others unknowingly. Prior research has shown that people who learn they are infected modify their behavior to reduce the risk of transmitting HIV to others.^{5,6} Early knowledge of HIV-positive serostatus is also important so that people can be linked to medical care and other services to help reduce morbidity and mortality, and improve their quality of life.^{5,6}

Social networking websites (SNSs) focus on building online social networks of people who share interests and activities and provide ways for users to interact with each other online.⁷ Friend-networking sites, e.g., Facebook, are a specific type of SNS, and their popularity has grown swiftly over the past few years.⁸ For example, Facebook, with over 250 million users, is now among the top 10 most visited websites.⁹ Social

networking and blogging is now the fourth most popular activity on the Internet, surpassing personal e mail.¹⁰ Furthermore, time spent on social network and blogging sites is growing at over three times the rate of overall Internet use.¹⁰ The proportion of adults who use the Internet and have an SNS profile has grown from 8% of online adults in 2005 to 35% in 2008.¹¹ Adults comprise the majority of SNS users because adults make up a larger proportion of the U.S. population. However, it remains true that a larger proportion of younger than older adults use SNSs, i.e., 75% of online adults aged 18 to 24 use SNSs compared with 57% of online adults aged 25 to 34 and 7% of online adults aged 65 or older.¹¹ SNS users appear to be about equally split by gender.^{8,11}

For the most part, SNS users report using the sites more for personal than for professional reasons.¹¹ To date, the available research suggests that SNS users are primarily using the sites to communicate or reconnect with people they already know rather than browsing for new people to meet.¹¹⁻¹⁵ Furthermore, it is relatively common for SNS users to have profiles on more than one site.^{11,15} This may be because different groups of friends maintain profiles on different SNSs, so if a user socializes with more than one circle of friends, he/she may have profiles on multiple sites to keep his/her social networks separate.¹¹

One study explored the use of SNSs among young adults and found that users log into their account an average of four times per day, with men logging in more frequently

than women.⁸ About one-half of participants reported that their sites were set to private, and women are more likely than men to set their sites to private. About one-half of the study participants reported knowing all of the friends linked to their site.

Social marketers are beginning to incorporate SNSs into their campaign dissemination efforts. For example, a North Carolina campaign promoting recycling used both MySpace and Facebook to increase feedback and interactions among the target audience.¹⁶ Similarly, a campaign that promoted hand washing and other behaviors to prevent the spread of the flu used a MySpace page and accompanying blog to increase brand recognition, gain free exposure, and spread the campaign's message.¹⁷ Federal agencies are increasingly using Web 2.0 applications and utilities for message dissemination. These tools enable broad reach, reinforcement, and personalization of messages, as well as unparalleled opportunities for users to generate content and share information with other users. The practice of users generating content and sharing it with others creates an optimal environment for viral marketing. Viral marketing occurs when a message spreads quickly and exponentially among individuals online.^{18,19}

However, descriptions of this practice in the context of health communication and marketing, and results from evaluations of social marketing campaigns employing new media are scarce in the published literature.²⁰

In light of the continued HIV/AIDS epidemic in the U.S., new media seems to offer an exciting and innovative opportunity to both implement and evaluate interventions to raise awareness, educate, and promote behavior change. To our knowledge, receptivity to messages about HIV/AIDS delivered through SNSs has not yet been assessed. Thus, our study explores users' receptivity to receiving information about HIV through the SNS they already use. Our study was designed to address three main research questions:

1. To what extent are users receptive to information about HIV delivered through SNSs?
2. Are there differences between subgroups of users in receptivity to HIV information?
3. What factors are associated with receptivity to HIV messages delivered through SNSs?

Methods

The study was approved by the Institutional Review Board at RTI International. We conducted two focus groups (FGs) with users of SNSs aged 18 to 29 to gather preliminary qualitative data on individuals' use of SNSs to inform the development of a Web-based survey instrument. We conducted one FG with men ($n = 8$ participants) and another with women ($n = 8$ participants). Next, we developed a Web-based survey instrument and cognitively pre tested it with a small sample of SNS users aged 18 to 29 ($n = 5$) to improve it before fielding it to the full sample. The survey instrument included items in the following domains: demographics, health status, Internet and SNS use, receptivity to HIV information on the Internet

and via SNSs, sexual behavior, HIV testing behavior, and attitudes and beliefs about HIV. Finally, a sample of individuals aged 18 to 29 who reported using an SNS and logging into it at least once per week were drawn from the e-Rewards Web-based panel of participants (www.e-rewards.com). e-Rewards' U.S. consumer panel includes over 2 million individuals who were recruited by invitation only through multiple channels. For our survey, e-Rewards set recruitment targets to achieve a balance of gender and age across respondents. e-Rewards fielded the survey instrument to their panel members in July 2008 and delivered a raw data file to us for analysis.

Measures

Socio-Demographics

We collected data on each respondent's gender, race, ethnicity, marital status, whether they were a college student, household income, and health status (see *Table 1*, next page).

Internet Use

We collected data on the number of hours per day that respondents reported using the Internet as well as the percentage of their Internet time they spent on SNSs. In addition, we asked respondents whether they currently participate in any online discussion groups through SNSs.

HIV Risk Behaviors and Beliefs

We collected data on respondents' sexual

behaviors to assess their potential risk for HIV. We asked participants to tell us the number of sexual partners they had in the past 12 months, whether they always use condoms, and whether they have had sex with someone of unknown HIV serostatus. We also asked whether the respondent had been tested for HIV, and if so, whether their last test was within the past 12 months or more than 12 months ago. Finally, we asked respondents how worried they would be about their privacy if they got information about HIV online, with the response options of very worried, somewhat worried, a little bit worried, and not at all worried.

Table 1. Respondents' Socio-Demographic Characteristics, HIV Risk Behaviors and Beliefs.

Variable	N	%
Socio-Demographics		
Male	252	49
<i>Race</i>		
White	366	71
Black	38	7
Hispanic	66	13
Other race	48	9
Married	130	25
College student	249	48
Household Income		
< \$20,000	61	12
\$21,000-\$30,000	67	13
\$31,000-\$40,000	65	13
\$41,000-\$50,000	53	10
>\$50,000	252	49
Health Status		
Excellent	187	36
Very Good	232	45
Good	92	18
Fair/Poor	7	1
Internet Use		
Number of hours on Internet each day...mean (SD)	6	5
% of Internet time spent on SNSs...mean (SD)	39	27
Participate in online groups on SNSs	132	25
HIV Risk Behaviors and Beliefs		
How worried would you be about your privacy if you got information about HIV online?		
Very worried	75	14
Somewhat worried	100	19
A little bit worried	138	27
Not at all worried	205	40
Number of sex partners in past 12 months		
0	131	25
1	274	53
2+	113	22
Always use condoms		
Yes	155	30
No	363	70

Table 1. Cont.

Variable	N	%
Had sex with someone of unknown HIV status		
Yes	98	19
No	420	81
Last HIV test		
Never	323	62
More than 12 months ago	89	17
0-12 months ago	106	20
Perceived risk for HIV scale...mean (SD)	1.81	0.67

Note: Scores for perceived risk for HIV scale range from 1 to 4 with higher values indicating greater perceived risk.

Self-Perceived Risk for HIV Scale

We asked respondents to rate their agreement with the following three statements to capture their perceived risk for contracting HIV: (1) I should get tested for HIV because I may be at risk, (2) I rarely think about HIV, and (3) I am less likely than most people to get HIV. Response options ranged from 1 (strongly agree) to 4 (strongly disagree). After reverse coding the first item, scale scores were computed as the mean of the items (Cronbach's alpha = 0.61). Higher scores on the scale suggest greater perceived risk for HIV.

Preferences for Receiving Information About HIV

We collected information about whether the respondents would use the Internet to look for information about HIV, whether they would be interested in receiving information about HIV through SNSs, whether they would open a private message about HIV from someone who was on (or not on) their friends list, and assessed their interest in completing an online personalized risk assessment (see *Table 2*, next page).

Statistical Methods

For each of the scenarios, we conducted logistic regression models to explore possible differences in receptivity by the socio-demographic characteristics, Internet use, and HIV risk behaviors and beliefs shown in *Table 2*. Binary logistic regression was used for all of the models except the personalized risk assessment given that the response op-

tions were simply yes or no. However, when indicating receptivity to the personalized risk assessment, respondents were given three response options: very, somewhat, or not at all interested. Given that the proportional odds assumption was met, we conducted cumulative logistic regression models for this outcome.

Table 2. Respondents' Preferences for Receiving Information about HIV.

Variable	N	%
Would use the Internet to look for information about HIV		
Yes	284	55
No	234	45
Would be interested in receiving information about HIV through social networking website		
Yes	126	24
No	392	76
Would open a private message about HIV received via a social networking website from expert/organization on "friends" list		
Yes	212	41
No	306	59
Would open a private message about HIV received via a social networking website from expert/organization not on "friends" list		
Yes	110	21
No	408	79
How interested in completing a personalized risk assessment for a disease like HIV		
Very interested	104	20
Somewhat interested	208	40
Not at all interested	206	40

Note: Analyses include only respondents who indicated that they would not open a private message about HIV from a health expert/organization.

Results

Participant Characteristics

A total of 518 individuals aged 18 to 29 who reported using an SNS and logging into that site at least once per week responded to our web-based survey. Survey respondents were almost equally split by gender, three-quarters were not married, and the majority were white (see *Table 1*). Just over one-half reported annual household incomes of more than \$50,000, about one-half reported being college students, and almost all reported being in good, very good, or excellent health.

Respondents reported spending an average of 6 hours per day on the Internet with an average of 39% of their Internet time spent on SNSs. One-quarter of respondents indicated that they currently participate in online discussion groups through an SNS.

The majority of respondents reported having one sex partner in the past 12 months, about one-quarter reported having no sex partners, and just over one-fifth reported having two or more partners. The majority of respondents (70%) reported that they do not always use condoms, and almost one-fifth said that they have had sex with someone whose serostatus they did not know. The majority of respondents (62%) reported having never been tested for HIV, 17% were tested more than 1 year ago, and 20% were tested within the past year. Overall, respondents perceived their personal risk for HIV as low (mean = 1.81 out of maximum score of 4). Finally, two-thirds of respondents indicated that they were not at all or only a little bit worried about their privacy if they were to get information about HIV online.

Receptivity to Receiving HIV Information Through SNSs

When asked whether they would use the Internet to look for information about HIV, 55% said that they would (see *Table 2*). Respondents who were married, spent fewer hours per day on the Internet, and had an HIV test within the past 12 months were less likely to report that they use the Internet to look for HIV information (see *Table 3*). However, respondents who had higher self-perceived risk for HIV reported using the Internet to look for information about HIV. For the purpose of this study, we were

specifically interested in whether respondents would be receptive to receiving information about HIV through the SNS they use. Twenty four percent indicated that they would be interested in receiving information about HIV through SNSs (see *Table 2*). Being female, a college student, spending a greater percentage of one's Internet time on SNSs, and having higher self-perceived risk for HIV were associated with receptivity to receiving HIV information through SNSs (see *Table 3*, next page).

Table 3. Logistic Regression Models of Receptivity to Scenarios for Accessing HIV Information through Social Networking Websites.

Variable	Use Internet to Look for HIV Information	Receive HIV Information via Social Networking Website	Open Private Messages about HIV from Health Expert/Organization		Personalized Risk Assessment for HIV
			On Friends List	Not on Friends List	
Socio-Demographics					
Male	0.95 (0.64, 1.40)	0.60 (0.38, 0.96)*	0.67 (0.44, 1.01)	0.62 (0.38, 1.02)	0.95 (0.66, 1.35)
<i>Race</i>					
Black	0.64 (0.31, 1.34)	0.52 (0.21, 1.28)	1.48 (0.70, 3.13)	1.54 (0.70, 3.43)	1.22 (0.63, 2.36)
Hispanic	1.51 (0.84, 2.69)	1.70 (0.93, 3.11)	2.11 (1.18, 3.78)*	2.08 (1.09, 3.97)*	1.86 (1.11, 3.10)*
Other race	0.79 (0.41, 1.50)	0.79 (0.37, 1.71)	1.59 (0.81, 3.11)	1.23 (0.56, 2.72)	1.47 (0.81, 2.64)
Married	0.58 (0.34, 0.96)*	0.91 (0.49, 1.69)	0.57 (0.33, 1.01)	1.01 (0.52, 1.99)	1.12 (0.70, 1.80)
College student	0.86 (0.57, 1.28)	1.69 (1.07, 2.69)*	1.49 (0.97, 2.28)	1.20 (0.73, 1.97)	1.54 (1.07, 2.23)*
Internet Use					
Number of hours on Internet per day	0.96 (0.92, 1.00)*	0.99 (0.95, 1.04)	1.00 (0.96, 1.04)	1.04 (1.00, 1.09)	1.06 (1.03, 1.10)***
Percentage of Internet time spent on SNSs	1.05 (0.97, 1.13)	1.11 (1.02, 1.21)*	1.02 (0.95, 1.11)	1.09 (0.99, 1.19)	1.08 (1.01, 1.16)*
Participated in online groups	1.09 (0.71, 1.67)	1.54 (0.96, 2.47)	2.58 (1.65, 4.03)***	2.33 (1.42, 3.82)***	1.34 (0.91, 1.98)
HIV Risk Behaviors and Beliefs					
Worried about privacy if get HIV info online					
Very worried	0.67 (0.38, 1.18)	0.51 (0.25, 1.06)	0.64 (0.35, 1.20)	0.34 (0.14, 0.82)*	0.81 (0.48, 1.37)
Somewhat worried	1.42 (0.85, 2.38)	1.07 (0.59, 1.94)	1.52 (0.88, 2.63)	0.96 (0.50, 1.84)	1.03 (0.64, 1.66)
A little bit worried	1.51 (0.95, 2.39)	1.11 (0.66, 1.88)	1.40 (0.87, 2.27)	1.28 (0.74, 2.23)	1.25 (0.82, 1.90)
Number of sex partners in past 12 months					
1	1.43 (0.86, 2.37)	1.11 (0.62, 1.98)	1.07 (0.63, 1.80)	0.72 (0.39, 1.35)	0.75 (0.47, 1.19)
2+	0.96 (0.53, 1.76)	0.71 (0.36, 1.40)	1.04 (0.56, 1.94)	0.52 (0.25, 1.08)	0.98 (0.57, 1.68)
Always use condoms	0.82 (0.54, 1.25)	1.23 (0.77, 1.97)	0.57 (0.36, 0.89)*	0.82 (0.48, 1.40)	0.73 (0.50, 1.06)
Had sex with someone of unknown HIV status	1.20 (0.72, 2.01)	1.38 (0.78, 2.45)	1.73 (1.03, 2.91)*	1.87 (1.05, 3.35)*	1.64 (1.04, 2.60)*
Last HIV test					
0-12 months ago	0.55 (0.33, 0.91)*	1.33 (0.75, 2.36)	0.96 (0.56, 1.65)	1.09 (0.58, 2.06)	0.80 (0.50, 1.27)
More than 12 months ago	0.91 (0.53, 1.57)	0.93 (0.47, 1.82)	1.64 (0.93, 2.88)	1.44 (0.74, 2.81)	1.00 (0.61, 1.63)
Perceived risk for HIV scale	1.63 (1.17, 2.27)***	1.65 (1.14, 2.39)**	1.83 (1.30, 2.59)***	2.08 (1.39, 3.10)***	1.50 (1.12, 2.02)**

* $p < .05$; ** $p < .01$; *** $p < .001$

Note: Odds ratio (95% confidence interval); All outcomes except personalized risk assessment were analyzed using binary logistic regression models; personalized risk assessment was analyzed using a cumulative logistic regression model. Reference categories are female, white, not married, not in college, have not participated in online groups, not at all worried about privacy, 0 sex partners, do not always use condoms, have not had sex with someone of unknown HIV status, and never had an HIV test.

To learn more about SNS users' receptivity to the idea of receiving HIV information through SNSs, we presented participants with two hypothetical scenarios and gauged their reactions to each of them. The objective was to understand how receptive respondents would be to two potential social marketing approaches for promoting HIV prevention through SNSs with the anticipation that others can use these findings to develop, implement, and pilot test an actual intervention.

First, we assessed respondents' likelihood of opening a private message about HIV from a health expert/advisor or organization. We presented this scenario in two ways: (1) the private message about HIV was from a health expert/advisor or organization on the users' friends list or (2) the message was from a health expert/advisor or organization that was not on the users' "friends" list. Nearly twice as many respondents indicated that they would open a private message about HIV if the expert or orga-

nization was on their friends list compared to if the expert or organization was not on their friends list (41% vs. 21%, respectively; *Table 2*). Respondents' reasons for not opening a message by source's membership on the friends list are presented in *Table 4*. The most commonly reported reasons for not opening an HIV message from a source on their friends list related to lack of interest in the information (51%) and feeling that they are not at risk for HIV (47%). Although these reasons were also commonly reported for messages originating outside their friends list (38% and 35%, respectively), other salient reasons for not opening a message from a source not on one's friends list included lack of trust in the source of the information (41%) and thinking that the message was spam or a computer virus (48%). Interestingly, privacy concerns (i.e., "I would be worried my identity would not be protected") did not differ by the source's membership on the friends list (on friends list: 14% vs. not on friends list: 15%).

Table 4. Reasons for Not Opening a Private Message about HIV from Health Expert/Organization.

Reason	On Friends List (N = 306)	Not on Friends List (N=408)
I'm not interested in the information	51	38
I would not trust the source of the information	21	41
I would be worried my identity would not be protected	14	15
I don't have any questions right now	29	23
I use other sources of information to learn about HIV	14	15
I am not at risk for HIV	47	35
I would think it was spam or a computer virus	37	48

Note: Analyses include only respondents who indicated that they would not open a private message about HIV from a health expert/organization.

Next, we described an opportunity in which users would complete an online risk assessment survey and receive confidential feedback about personal risk factors for a disease such as HIV. The results of the risk assessment would be available immediately on a website, and the user would not be required to enter any contact information, e.g., their e-mail address, to get the results. Sixty percent of respondents said that they were either somewhat or very interested in completing an online risk assessment and getting feedback about their personal risk factors.

Finally, we compared receptivity to each of the scenarios for receiving information about HIV by socio-demographics, Internet use, privacy concerns, and actual and perceived risk for HIV. We found a few socio-demographic differences. College students were significantly more likely to be interested in receiving a personalized risk assessment relative to individuals not currently enrolled in college. Hispanic respondents were about twice as likely as white respondents to indicate that they would open a private message about HIV regardless of whether the source was on their friends list. Hispanics were also almost twice as likely as white respondents to indicate that they were interested in completing a personalized risk assessment for HIV.

We also examined whether more frequent Internet use overall (operationalized as total number of hours spent online) and more frequent use of SNSs (measured by the percentage of Internet time spent on SNSs) was associated with receptivity to the scenarios we explored. Spending more time on the

Internet and spending a greater percentage of one's internet time on SNSs was significantly associated with indicating interest in completing a personalized risk assessment for HIV. Finally, having participated in an online discussion group through an SNS was significantly associated with more than twice the odds of opening a private message about HIV whether or not the source of the message was on the friends list.

Overall, concerns about privacy did not appear to be a salient factor with only one significant finding. Those who were very worried about their privacy were less likely to open a private message about HIV from someone not on their friends list relative to individuals who were not at all worried.

Perceived risk for HIV was positively associated with receptivity for all scenarios; respondents who felt they were at greater risk were more receptive to opening a private message regardless of whether the source was on their friends list and to completing a personalized risk assessment. However, actual HIV risk behaviors varied regarding their association with receptivity. There was no significant difference by number of sex partners for any of the scenarios. Condom use was only significant with respect to opening a private message from someone on the friends list; those who said they always used condoms were less likely to say they would open the message. Finally, those who reported having sex with someone of unknown HIV status were more likely to say they would open a private message about HIV from someone either on or not on their friends list as well as complete a personalized risk assessment.

Discussion

Our study was designed to assess audience receptivity to the idea of disseminating HIV information through SNSs. We found that about one-quarter of respondents said they would be interested in receiving information about HIV through the SNS they use. Respondents' likelihood of opening a private message about HIV differed depending on whether the source of the message was on the respondents' friends list; 41% would open a message if the source was on their friends list vs. 21% if the source was not on their friends list. The majority of respondents indicated that they would be somewhat or very interested in completing a personalized HIV risk assessment online.

We only found a few socio-demographic characteristics to be associated with respondents' receptivity to the scenarios we explored. Being female and being a college student were associated with receptivity to getting information about HIV via SNSs. College students were also more likely to be interested in completing the online risk assessment. Being Hispanic was associated with interest in completing the online risk assessment as well as likelihood of opening a message regardless of whether the source was on their friends list.

Spending more time on SNSs was associated with interest in receiving HIV information via SNSs as well as interest in completing the online risk assessment, while participation in online discussion groups on SNSs was associated with the likelihood of opening a private message about HIV regardless of whether the source of the message was on the respondents' friends list.

Having higher self-perceived risk for HIV was associated with looking for information about HIV online, receptivity to getting information about HIV via an SNS, opening a message regardless of whether the source was on the respondents' friends list, and interest in completing the online HIV risk assessment. Interestingly, actual risk behaviors such as having multiple sex partners and inconsistent condom use were not associated with receptivity to the scenarios we explored. The only exception was that reporting having sex with a partner of unknown HIV serostatus was associated with the likelihood of opening a message about HIV and interest in completing the online risk assessment. Respondents' HIV testing behavior was not associated with receptivity to any of the scenarios. These findings suggest that self-perceived risk does not always align with actual risk, and is consistent with findings reported in other research.^{3,4} This may present a problem in that those with the highest actual (as opposed to perceived) risk may not attend to information about HIV presented on an SNS. However, it may also highlight an opportunity to use social media to help better align self-perceived and actual risk for those who are willing to engage in activities such as completing an online risk assessment or quiz via an SNS.

The finding that almost twice as many respondents said that they would open a message sent from someone who was on their friends list compared with a message sent from someone not on their friends list suggests that endorsement by a friend is an important factor in adding credibility. At

the same time, privacy related to receiving HIV information via SNSs did not seem to be much of a concern to the SNS users we surveyed.

We acknowledge that this study has some limitations. First, our sample was a non-probability-based quota sample of SNS users aged 18 to 29. When comparing our study sample to estimates of population based demographics of 18-29 year olds, our study sample does not differ substantially.²¹⁻²⁴ However, it is possible that individuals who chose to participate in the study may be more motivated or interested in the topic than others. For these reasons, we caution readers about generalizing findings from our study to all SNS users. Second, our study was exploratory and formative in design. Although we found that certain characteristics were significantly associated with receptivity, our study was not designed to establish a causal relationship. Therefore, we cannot determine whether modifying these factors would change individuals' receptivity to HIV information with the data from this study.

New media use is rapidly growing and constitutes a potentially valuable tool for implementing and evaluating health communication and marketing campaigns that promote awareness, education, and behavior change related to HIV prevention. The rapid growth of SNSs offers a significant opportunity to reach individuals with HIV prevention messages that can be personalized as well as offer the opportunity for users to generate content and share information with others. Some ways that SNSs can be used for disseminating HIV preven-

tion messages include sending individualized messages to users; sharing photos and videos to diffuse messages; creating new or capitalizing on existing online discussion groups to build on messages communicated through ads, websites, and other direct-to-consumer promotion; creating applications such as online quizzes or risk assessments; and launching fan pages. For example, Facebook fan pages allow for content to show up in a fan's newsfeeds, which can encourage the viral spread of the fan page and related content. SNSs can be used to both brand HIV prevention messages through imagery and peer leadership and to diffuse the messages.²⁵

Some social marketing campaigns have already employed the use of new media to complement traditional channels, although none of those in the published literature to date focused on HIV prevention.^{16,17,26,27} Furthermore, little is known about the effectiveness of these new channels because relatively few evaluation studies have been published specifically on the use of SNSs as a social marketing strategy.²⁰

This pilot study was a first step in some preliminary formative research to assess audience receptivity to the idea of disseminating HIV information through SNS. The next step would be to develop, pre-test, and implement actual HIV prevention messages via SNSs and evaluate user responses to those messages. One potential way to accomplish this would be to add an SNS component to a campaign already under development and incorporate a plan to evaluate the effectiveness of the channel as one part of the overall campaign evaluation.

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