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# **‘Grey areas’: ethical challenges posed by social media-enabled recruitment and online data collection in cross-border, social science research**

Research Ethics

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[journals.sagepub.com/home/rea](https://journals.sagepub.com/home/rea)**Sara Bamdad**

University of Kent, UK

University of Liverpool, UK

**Devin A Finaughty****Sarah E Johns** 

University of Kent, UK

## **Abstract**

Are social science, cross-border research projects, where recruitment and data collection are carried out remotely (e.g. through social media and online platforms), required to follow similar ethical and data-sharing procedures as ‘on-the-ground’ studies that use traditional means of recruitment and participant engagement? This article reflects on our experience of dealing with this question when we (multi-national but UK based researchers) had to switch to online data collection due to the restrictions posed by the COVID-19 pandemic, such as the inability to travel or work in person with local communities and collaborators. Using social media platforms and online data collection when conducting research brings many advantages, such as being able to communicate remotely but directly with gatekeepers and collaborators, and in reaching potential participants on a global scale. However, neither the guidelines and advice for conducting ethically sound internet-based research, nor the

## **Corresponding author:**

Sarah E Johns, School of Anthropology and Conservation, Division of Human and Social Sciences, University of Kent, Marlowe Building, Canterbury, Kent CT2 7NR, UK.

Email: [s.e.johns@kent.ac.uk](mailto:s.e.johns@kent.ac.uk)



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academic literature focussed on building equitable research partnerships between the Global North and the Global South, offer much information regarding the ethical concerns, or address the grey areas, posed by this type of digital and distanced transnational research. In our experience, conducting research remotely made negotiations of access very challenging due to the politics of positionality between Global North and South researchers, lack of clarity on ethical processes and (mis)perceptions of gatekeepers who we could not meet in person. We hope the reflections on, and discussion of, our experience encourage deliberation on the present ethical challenges posed by online and social-media-disseminated data collection, particularly in cross-border circumstances.

## Keywords

Online research, cross-border research, Global North, Global South, gatekeepers, data protection, social media-enabled recruitment, ethical challenges, COVID-19, transnational

## Introduction

The outbreak of COVID-19 (and the subsequent global pandemic) has been a critical point for researchers and has transformed or suspended many projects. For those researchers willing to begin or continue their research during the pandemic, some studies have suggested using online research and remote participant recruitment (Byrd et al., 2020; Saberi, 2020; Stiles-Shields et al., 2020). Conducting research online offers many advantages such as allowing access to a larger groups of participants (Bender et al., 2017; Reuter, 2020), being able to connect with individuals living in remote geographical areas, providing anonymity to participants with sensitive or stigmatising conditions or opinions (Bender et al., 2017; Gelinas et al., 2017; Saberi, 2020), and avoiding the risk of undermining public health measures during the pandemic (Byrd et al., 2020). However, application of these online methods for recruiting participants and collecting data raises a series of ethical challenges. These relate to informed consent, maintaining the anonymity and privacy of the participants, identity construction and authenticity (Arigo et al., 2018; James and Busher, 2015) and the carrying out online research across borders.

This article is a reflection on the ethical dilemmas and challenges we (a multinational but UK-based research team) faced in conducting a pilot study on attitudes towards abortion access and provision in South Africa. This study was designed originally to be conducted on the ground and face-to-face, but then was amended to become an online study due to the constraints of the COVID-19 pandemic. The challenges we faced highlight the disconnect between two established bodies of literature: (A) the ethical challenges of online data collection and participant recruitment methods, particularly in health-related research, and (B) the ethical challenges of conducting cross-border, cross-cultural research between

Higher-Income countries (HIC) and Lower and Middle-Income countries (LMIC), or between the Global North and the Global South.

The majority of studies that can be categorised as contributing to (A) belong to a body of literature that interrogates the ethical challenges for online data collection in the context of clinical trials/biomedical research (see Bender et al., 2017; Reuter, 2020; Swirsky et al., 2014). For example, Reuter (2020) points to the lack of clear guidance in assisting researchers and institutional review board members on topics such as how to engage directly with patients on social media, how best to use social media, privacy policies, and adhering to the terms of use of social media platforms. This literature pays less attention to the challenges of online, non-clinical research, the ethics of recruiting participants abroad using social media, or to transnational or cross-border online data collection and data sharing. A notable exception is the ethics guidelines for internet research published by the Association of Internet Researchers (AoIR) in 2002, 2012, and 2019. While these guidelines urge researchers to consider the principles of research ethics (such as human dignity, autonomy, protection, safety and maximisation of benefits and minimisations of harm) applied to the unique context of internet based research, they also stress the need for cross-cultural awareness (Ess et al., 2002; Franzke et al., 2020; Markham and Buchanan, 2012). The current guidelines highlight the need for researchers to consider the diverse legal protections and traditions of ethical decision-making in different nations and cultures. Ess et al. (2002: 3) assert that ‘as internet research may entail a literally global scope, efforts to respond to ethical concerns and resolve ethical conflicts must take into account diverse national and cultural frameworks’. Hence, in prompting reflections about ethical decision-making, Markham and Buchanan (2012: 8–11) set specific ethics questions that attempt to draw the attention of researchers to ‘ethical expectations’, for example, they should reflect on the ‘ethical expectations of the community/participants/authors’ and the ‘ethical traditions of the cultures or countries of all involved’.

On the other hand, the literature concerned with (B), the ethics of conducting research in LMIC/Global South countries, is focussed primarily on the ethical concerns of on-the-ground data collection and is less engaged with the ethics and challenges of building partnerships, or of conducting research and collecting data remotely using the internet and social media. For example, Costello and Zumla (2000: 827) elaborate on the ‘semi-colonial model of research’ whereby parachute researchers ‘travel to Africa or Asia for a short period of time and collect biological samples’. The Lancet Global Health (2018) defines a ‘parachute researcher’ as ‘someone who drops into a country, makes use of the local infrastructure (facilities), personnel, and patients, and then goes home and writes an academic article for a prestigious journal. It further asserts that, editorially, the journal will look ‘unfavourably’ on such studies. Bockarie et al. (2018) emphasise ‘closing the door’ to fly-in, fly-out or parachute and parasite researchers, while Sultana (2007)

reflects on her experience of conducting fieldwork, and the negotiation of fieldwork dilemmas, in the Global South context. Further to this primary focus, examples of ‘ethics dumping’ in Global North-South research collaborations provided by Schroeder et al. (2018, 2020) only refer to face-to-face and on-the-ground studies. Thus, it remains unclear whether conducting research remotely online through questionnaires completed by participants on a voluntary basis, and using social media and online advertising to recruit participants can be categorised as ‘fly-in, fly-out’ type of research.

Our experience of conducting online research focussed on a LMIC and using social media as a recruitment tool, and in negotiating collaborative research relationships over the internet, highlights a significant disconnect between these two bodies of literature. We demonstrate how the lack of discussion and guidance around ethical processes for online, non-clinical, cross-border research, both in the sponsoring country and any country of interest – what we term a ‘grey area’ – leads to confusion and ambiguity, and can impede collaborative relationships. These grey areas, for us, manifested themselves in two areas of long-debated tensions/considerations: gatekeeper’s perceptions/identity construction of the researchers, and protective policies, both in terms of data collection and ownership, and collaboration.

This article is a response to the call made by Henderson et al. (2013) asking researchers to report ethical dilemmas in their practice, and we hope it will serve as a guide for those planning to conduct online research and use social media-enabled recruitment methods in another country. While internet and social media has hitherto played a ‘complementary’ role alongside traditional recruitment efforts and data collection (Reuter, 2020), the COVID-19 pandemic has shifted online data collection, and social media recruitment, into becoming the primary tools for conducting social science research for the foreseeable future. We hope that our experiences offer insight for other researchers who have resorted to online methods of data collection during the pandemic or who are planning to conduct an online, transnational study.

## **Re-designing our study**

In March 2020, when the World Health Organisation announced COVID-19 as pandemic, we were about to embark on 10-weeks of exploratory fieldwork in Cape Town, South Africa where the post-doctoral research associate hired by the project was going to have visiting scholar status at a local university. We wanted to examine the barriers to abortion services provision and access in Cape Town. Our seed-funded, 6-month pilot project had two main objectives: (1) to establish further links with potential collaborators from academic institutions and NGOs working in the field of Termination of Pregnancy (TOP) services in South Africa, and (2) to

collect small-scale, pilot data. Through establishing links with South African partners we aimed to engage with the local community, build trust and rapport with academics/activists working in the field of reproductive and sexual health in South Africa, and develop partnerships and plans with them for future projects. Moreover, in collecting pilot data, our plan was to trial a mixed-methods research design that would enable us to focus future research questions. Specifically, we were aiming to apply for ethics approval with support from our host institution, develop a protocol, and then conduct in-depth qualitative interviews with a small number of service users recruited from abortion support networks, healthcare facilities and post-abortion care service providers. We also had plans to trial an anonymised paper-based questionnaire to determine the extent of difference in the provision, experience, and access of abortion between urban communities of disparate socioeconomic status in Cape Town, South Africa.

From this pilot study, we hoped to develop a larger project and apply for collaborative grants with our South African partners. The main beneficiaries of the project in the long run were going to be the women requiring abortion, a right recognised by law in South Africa yet often denied due to the lack of resources. Any findings from the pilot project were going to be shared with our initial contacts, and any further collaborators (i.e. those organisations/groups who contributed to the project during the pilot period). However, the outbreak of COVID-19 and the subsequent lockdowns and travel bans, both in the UK and South Africa, prevented our fieldwork and visiting scholar status from commencing.

### *Recruitment strategy*

The option of postponing the project until the end of the pandemic was ruled out due to the time-constrained nature of the project's pilot funding. The funding could not be extended beyond a few months, as it was part of the Global Challenges Research Fund (GCRF) block grant distributed to our institution by Research England for the 19/20 academic year. Further, we still wanted to continue with some form of pilot data collection and collaborative development, as we suspected abortion access and provision in South Africa, like elsewhere in the world, had been affected by the national lockdown. Therefore, we redesigned the pilot project so we could achieve our initial goals, albeit remotely. We planned on establishing the network of key collaborators via online discussions, and aimed to maintain connections with our initial contacts while not increasing their administrative burden during the pandemic. We also redesigned the data collection, with this to be undertaken through an online survey. We recognised that recruiting (potentially vulnerable) service users as our participants for this online survey, or engaging with facilities with TOP provision would be extremely difficult to undertake without physically being on the ground. Thus, we shifted our focus to collecting data

on the barriers to abortion provision/care, and moved to examining the personal perceptions, on a voluntary basis, of healthcare professionals in South Africa regarding the provision of TOP services and any stigma related to providing such services.

Social media platforms such as Facebook and Twitter were seen as promising ways to recruit potential participants for our (now remote) pilot study. In using social media as a recruitment method, Arigo et al. (2018: 4) emphasise the need to consider the 'social media habits' of the target population. Given the growing use of social media in South Africa, and the fact the country has the most mobile networking users on the continent (Budree et al., 2019), social-media recruitment strategies were a feasible option. Although we recognised the benefits of recruiting through social media, we were also aware of its limitations such as a potential lack of generalisability (Swirsky et al., 2014), taking up the time of healthcare workers during the pandemic, and the tension between public and private spaces. The boundaries between public and private are sometimes blurred in online activities, and sensitive and private data can be easily accessed, shared or replicated online. For example, individuals may share their data publicly online, but be unaware that this data might be used for research purposes (Bender et al., 2017; Jones, 2011).

As our project was a pilot study and we had not yet established connections with local collaborators (although we did have existing academic contacts), we decided to employ a passive online recruitment strategy (Gelinis et al., 2017). This meant we did not target individuals to take part in our study, rather we requested that gatekeepers, (moderators of the social media platforms of healthcare-focussed, often 'grassroot', organisations in South Africa) distribute our recruitment material (i.e. our survey link and an overview of the project). A collaborative partnership with moderators of these online groups, as Rattani and Johns (2017: 27) argue, mitigates 'issues of trust, study integrity, and respect for participants during study recruitment'. Additionally, and adhering to the ethical principles of minimising harm to the participants in internet research according to the AoIR guidelines (Ess, 2002; Franzke et al., 2020; Markham and Buchanan, 2012), such gatekeepers serve as 'legitimate intermediaries between investigators and potentially vulnerable communities', 'prevent harm or misrepresentation', 'diffuse the knowledge about the study across group members' and act as 'a consultant between investigator and potential participants in terms of study recruitment strategies and conduct' (Rattani and Johns, 2017: 27). We identified a number of existing Facebook groups, including pro- and anti-abortion groups, message boards, web sites, and Twitter accounts that either reached, or had membership comprising of, South African healthcare professionals and asked their gatekeepers to share our questionnaire link and study information to their members and subscribers.



We adhered to the current ethical guidance of our institution, and that of the Association of Internet Researchers (Franzke et al., 2020), for conducting such research. Specifically, a consent form was included on the first page of our questionnaire, and we provided information regarding voluntary participation (no monetary compensation was considered for those taking part in the online survey), anonymity, confidentiality and the future use of data both in the questionnaire link and in communications with relevant gatekeepers. The study and the methods of distribution were scrutinised and approved by our own institution (Ethics reference number 010-ST-20). Notwithstanding these plans, and the measures we took to mitigate the general ethical challenges of online data collection, we still had two dilemmas: first, around the question of the need for South African ethical approval to conduct data collection online, and voluntarily, from the UK; second, on governance and management of data – the ‘grey areas’.

## Grey areas in online research

The National Health Research Ethics Council (NHREC) in South Africa does not provide any guidance on codes of ethical conduct for social media-enabled, or online research, either from within, or externally to, the country in its latest ethics guideline (Department of Health, Republic of South Africa, 2015). Thus, the first question that we raise here is the sufficiency of ethics approval from the sponsoring institution – our UK-based university – to conduct an online survey from the UK but focussed towards voluntary respondents in a country of interest – South Africa. Our study was carefully assessed and approved by the ethics review board of our own institution and they had no concerns given the non-clinical and completely voluntary nature of the data being collected. Additionally, our local academic contacts in South Africa could not provide clarity on the requirement of ethical approval for such a study from a South African Research Ethics Committee (REC). For example, our team had an online meeting with contacts from a research group in a South African university during which we specifically asked whether we needed ethics approval from a registered REC in South Africa. Their conclusion was that the voluntary, online nature of the data collection was such that it did not require this approval given the data collection was being run from the UK and had been approved by a UK institution. Guidelines published by the Association of Internet Research (AoIR), as previously mentioned, stress considering the ethical expectations of the community, but in this case the ethical standards/expectations in South Africa related to the remote, online nature of our research were unclear. However, our South African academic contacts helpfully provided feedback on draft versions of the online questionnaire and consent forms (specifically regarding culturally appropriate wording). Given the pandemic truncated timeline, and lack of any guidance, policy, or directives related to online, cross-border data



collection, either from our own institution, the NHREC guidance, existing literature more broadly, or our local academic contacts from two different South African universities, we decided to rely on gatekeeper approval and permission, coupled with our UK institutional ethics approval, to proceed with the online questionnaire distribution.

We assumed that our strategy would build rapport and trust, and further develop collaborative partnerships – for example, participants would be receiving the questionnaire link and information from a familiar organisation, our study and ethics protocol would be vetted and approved by contacted organisations for distribution to members, moderators/gatekeepers could communicate with us directly and flag issues – it raised concerns among some gatekeepers which are discussed below.

### *Distrust in collaboration*

In implementing our recruitment strategy, we contacted the gatekeepers we had identified, provided them with a summary of the project, and highlighted that their organisations could become partners in future research among established organisations and academic bodies if so desired. We also provided clear information about our project goals, along with our ethics protocol, and left the decision to them to promote (or not) our survey link and to engage/collaborate further. Additionally, we asked our previously established academic contacts to distribute our questionnaire to their networks as part of an additional ‘snowball sampling’ strategy (Goodman, 1961). Some of the contacted gatekeepers willingly, and often enthusiastically, agreed to share our survey link to followers of their social media platforms, inviting potential participants to take part on a voluntary basis, and in one case, proposed signing an MOU with our institution for further collaborations, which we were very keen to pursue. Nonetheless, the online recruitment information distributed by gatekeepers on various social media channels, some more publicly accessible than others, received attention in diverse ways.

While the majority of contacted healthcare groups, organisations and academics in South Africa showed interest in distributing our online survey and collaborating with us, others had misgivings about the project and our intentions. Such feelings of distrust can partly be tracked back to the recurrent violations of codes of ethical conduct of research in Low- and Middle-Income Countries, including South Africa, by researchers from Higher-Income Countries, particularly Western countries. These violations are well-documented, and mainly involve examples whereby Western researchers have recruited disenfranchised, local populations to conduct studies on their biological samples (Davies, 2020; Moodley and Myer, 2007). Even though our project was only asking for opinions from volunteer participants, some terminology that we used in our correspondence with gatekeepers resurfaced

this distrust of researchers based in the Global North. For example, in our first correspondence with one of the South African reproductive and sexual health activist groups, while explaining the objectives of our project, we used the term ‘conscientious objection’ – a term which we found to be widely used in the abortion literature by South African researchers (e.g. Harries et al., 2009; Ngweni, 2003). In the gatekeeper’s reply, we were criticised for using this term. They linked it to Global North researchers who had brought this ‘military term’ into the literature of South African abortion research, causing its later adoption by South African healthcare workers.

Negotiating our positionality with gatekeepers turned out to be very complex not only due to this history of unequal relationships between Global North and Global South researchers, but also our remote method of communication made our commonalities with them invisible. Because the survey link and details about the project were going to be publicly available via social media platforms, we created an official, corporate university email account to filter out bot-driven spam. Yet, this official account represented us to the gatekeepers as a homogenous, Western team of researchers, masking the diversity of our team in terms of ethnic backgrounds and identities. Also contributing to this perception was that the majority of our contact with gatekeepers was conducted via email or through their organisations’ web forms. Although we arranged a number of virtual ‘face-to-face’ meetings for gatekeepers who requested this, we remained distanced, both literally and figuratively, by our inability to travel to South Africa and connect in person. This added another level of perceived distrust and detachment from the professionals we were trying to reach. As another example, one of the organisations that had agreed to distribute our survey link published a ‘call to participate’ without further consulting with us and, quite unintentionally, their advertisement framed the project using, what could be interpreted as, colonist language. It belied our intentions and further broke down trust with groups and individuals who encountered this advertisement before having any direct contact with us. We were perceived by some as a team of ‘outsiders’ or ‘parachute researchers’ who had circumvented local ethics approval procedures and, by not having a researcher residing in South Africa, planned to collect data and follow the historical legacy of past Northern researchers; this time using social media as a novel way of ‘extracting’ South African data. The opinions of more negative and critical gatekeepers started to influence our nascent collaborative relationships. Many of our positive gatekeepers withdrew interest, or stopped engaging, when others’ criticism became known.

### *Cross-border data flow ambiguities*

Lack of clear guidelines for transnational data flow and data management plans in online research also exacerbated the breakdown of trust between our team and our

potential collaborators. While the popularity and diversity of social media platforms offers huge potential for researchers to distribute surveys globally, this method raises questions regarding the flow and management of data across borders. For example, is collecting anonymous data using online surveys distributed in South Africa, storing answers in a European data repository, and then sharing results with local stakeholders in South Africa considered a ‘fair’ data management plan? Does complying with UK General Data Protection Regulation (GDPR) ensure that a non-EU country’s anonymised data is held safely and securely? Such questions, and lack of clarity around data ownership and flow strategies introduced another ‘grey area’.

Data ownership and intellectual property in cross-border, online research is ambiguous. It requires negotiations that can be more complex and needs greater integration than is accounted for, or provided by, existing frameworks (Denison and Stillman, 2012). The context of our study illustrates this clearly at three levels: Firstly, from the vantage point of participants, it is unclear if GDPR policies (which our UK institution is obliged to abide by) ensures safety and security of personal data in transnational online research, as this policy is mainly concerned with data of EU citizens being transferred or processed outside the EU (Mulder and Tudorica, 2019). Secondly, and from the institutional perspective, our institution owns the intellectual property of its employed researchers (Intellectual Property Policy, University of Kent, 2013). Given that any potential collaboration may require data sharing, how can researchers ensure a fair collaboration while adhering to their institution’s internal policies? Lastly, and related to the country of interest’s perspective (in our case South Africa), the guidelines do not address whether studies that recruit participants or collect data through social media and online platforms require a local researcher residing in the country to be a principal or co-investigator on the project. In fact, while the NHREC obliges partnership with a resident South African principal investigator for *clinical trials* (Department of Health, Republic of South Africa, 2015), there is no such specific requirement (or even recommendation) for this in online research in the social sciences. Such ambiguities, and no clear guidance, further compounded the principle of equity in research partnerships for our project.

Despite our aims to establish equitable partnerships, as best we could while working remotely from the UK, with local networks and organisations (see Urassa et al., 2021 for recommendations), the pervasive lack of clarity as illustrated above led to some of the contacted South African gatekeepers to perceive that our data collection and management plan would result in a ‘unidirectional’ flow of data from the country. Some of the South African gatekeepers we contacted asked us to introduce them to the South African PI of the project. Not having a South African PI, even though it was not required in the guidelines, again signified ‘imperial’ and ‘neo-colonial’ behaviours whereby data are extracted from the country and the benefits from the research are publications and promotions for the research team

rather than the participating organisations and local academics (Denny et al., 2015). Such assumptions were exacerbated by the history of misconduct in biomedical research in South Africa. While a clear benefit of passive recruitment and working through gatekeepers was that the approach expanded our network of potential collaborators, the above ambiguities around data sharing and ownership, and future use created additional wariness and distrust around our research project regardless of our demonstrable plans for further partnerships with local organisations and our assurances that any data would be freely shared.

## Concluding remarks

The grey areas discussed in this paper resulted in us receiving contradictory responses from various South African gatekeepers who we approached, underscoring the extent of regulatory ambiguity. For some, our research design and data management plan resurfaced and perpetuated the neo-colonial representations of researchers based in the Global North and a reinforcement of the politics of ‘proper’ knowledge production, while other gatekeepers were willing to collaborate and exchange knowledge and information – some extremely enthusiastically. Our experience of using ‘passive recruitment’ strategies and our difficulties in negotiating our positionality with gatekeepers contributes to ‘rethinking’ the role of gatekeepers in online, remote research. Our experience emphasises the unpredictability of relationships with gatekeepers (Crowhurst and Ennedy-Macoy, 2013), and also highlights the different ways in which some gatekeepers can influence other gatekeepers’ decisions to collaborate in research. Our experience thus confirms that, when it comes to online research, developing community engagement and building rapport over the internet is a very complex and complicated process. Lack of face-to-face interactions, and the fact we could only communicate online meant that our intentions were open to interpretation by our contacts (See Ayers, 2004).

Lack of clear guidance, and the perceptions of influential gatekeepers resulted in the failure of negotiating our positionality; a negotiation that was very complicated due to our invisibility – given our interactions were mediated by the Internet – and the history of colonialism, and prior exploitative research in South Africa. In consequence, the pilot was unsuccessful. We were unable to collect data or formalise partnerships with potential collaborators in South Africa, and we chose to suspend our research to halt any further misconstructions of our intentions. Thus, we have, instead, reflected on these grey areas, as the paucity of literature on the ethics of, and guidelines for, carrying out remote, *online* research in the Global South is likely to affect many other researchers.

## *Reflections and recommendations*

The COVID-19 pandemic left our pilot project in limbo, as it became a study carried out from the UK with an interest in South Africa, rather than being based in South Africa. We had burgeoning collaborations with South African academics, but had not worked with them in person, or for long enough, before the pandemic for these relationships to be sustained as formal research partnerships under the stress of the new health crisis and from a distance. The visiting scholar status could not proceed as we could not ‘visit’, and we were cognisant that we did not want to increase the administrative burden of any of our South African colleagues during a very stressful period. Instead, we turned to our own institution’s ethics structures<sup>1</sup> and, in using established guidelines and protocols for online research, redeveloped the study to reach out to gatekeepers to recruit South African participants on a voluntary basis, remotely from the UK, with the explicit aim to be able to use our granted funding in the best way possible under highly unusual circumstances.

However, our methods of communication (i.e. email, direct messages using social media and virtual Zoom meetings) disrupted our aim of having non-hierarchical interactions with some of the gatekeepers in South Africa despite our attempts to emphasise collaboration. Lack of guidelines for us to follow regarding online research in LMICs also disrupted and challenged the process of building rapport and trust with some of the potential partners. Reflecting on our experience, we strongly recommend that researchers who are planning to conduct online, cross-border research prioritise the process of building rapport and trust. Although there is much literature that emphasises the need for community engagement in transnational research, such engagement is a very complex process to undertake remotely – and this has huge implications for internationally focussed social science projects that have been forced to continue remotely due to COVID-19. We also urge members of research ethics committees to reflect on the challenges of conducting online, cross-border research, and place a particular focus on the need to build trust when developing and revising their guidelines. A policy of using shared repositories where anonymised data can be stored and, crucially, is accessible to researchers from all involved countries could also facilitate the process of building trust. We are presently working with our own institution’s research ethics committee to develop clearer guidance pertaining to online transnational research and data flows, regardless of whether the project uses anonymised online questionnaires, focusses on a particular country or collects data worldwide, or entails online discussions with existing informants who would normally be contacted in-person during fieldwork. More than 18 months into the pandemic we are now hearing about similar online research projects from our circle of academic friends and colleagues from universities across the UK. Their projects have been re-designed to proceed online and remotely, often in Global South contexts without obtaining local ethics approval from their country of interest – this

condition is not being required by their UK academic institutions. Although anecdotal, this indicates that the guidelines for conducting online research, and the guidelines for conducting equitable research between HIC and LMIC need to connect to bridge this gap, and then be adhered to consistently by research institutions.

The ‘grey areas’ discussed in this article are just the tip of the iceberg in terms of the ethical challenges in transnational and transcultural online and social media-enabled research. Even though negotiation of, and reflection upon, the multiple axes of difference between Global South and North contexts is discussed extensively in ‘in situ’ research designs (e.g. Brasher, 2020; Fisher, 2015; Sultana, 2007), there has been little discussion around the challenges in negotiating positionality and access in online research. Ethical challenges of conducting such research, particularly that which is time-sensitive, requires reflexivity. Addressing such ‘grey areas’ in regulatory guidelines and institutional ethics protocols will lead to both better practice, and a reduction in misunderstanding-induced conflict between Global North and Global South researchers through the creation of more equitable research partnerships – more important than ever in these times when social media recruitment and online data collection is gradually replacing traditional methods, particularly as during the current pandemic.

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## ORCID iD

Sarah E Johns  <https://orcid.org/0000-0002-7715-7351>

## Note

1. Vadeboncoeur et al. (2016), in their attempt to obtain ethics approval from 101 universities across the UK to recruit students for a short online survey, highlight inconsistencies in the ethical approaches of British universities (some were more liberal and some were more protectionist). Thus, they advocate for ‘development of an overarching system or agreement about the ethical principles and processes of governance’ (Vadeboncoeur et al., 2016: 231).



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