

HIV prevention and risk behaviors follow weekly patterns

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The peak time for seeking information on topics related to HIV, such as prevention and testing, is at the beginning of the week, while risky sexual behaviors tend to increase on the weekends, according to a new analysis by researchers at the Johns Hopkins Bloomberg School of Public Health and the Monday Campaigns.

The researchers also found that among people living with HIV, adherence to [antiretroviral therapy](#) (ART) is slightly lower on weekends, and evidence indicates an association between breaks in daily routine and sporadic interruptions to ART adherence. The researchers say their work, published April 21 in the journal *AIDS Care*, suggests that recognizing these weekly patterns could be a first step toward finding ways to counter unsafe practices.

"Human behavior is complex, and the more we understand about behaviors related to HIV, the better equipped we are to develop effective interventions that can improve the health of people living with HIV and reduce transmission," says study leader David Holtgrave, PhD, a professor and chair of the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health.

For their analysis, the authors reviewed existing research looking for evidence of weekly patterns in HIV-related behaviors and strategically timed interventions relevant to those behaviors. Using the online search engines PubMed and EBSCO, they searched for the keywords HIV and AIDS with any combination of the terms weekly, weekend, weekday or

any of the days of the week. After eliminating irrelevant search results, a total of 61 relevant articles were analyzed.

The researchers found that evidence points to an uptick in web searches for topics related to HIV/AIDS at the beginning of the work week, and similar trends have been documented for calls to informational hotlines and queries on "ask the expert" websites. An analysis of Google search data revealed that searches for general health topics also peak early in the week, and the study's authors attributed their findings to a possible perception that Monday is a fresh start, which may motivate people to get back on track with health regimens.

The researchers also found that several promising new interventions have successfully leveraged weekly behavioral patterns to improve outcomes. For example, simple weekly text message reminders have been shown to improve ART adherence. And evidence suggests that weekend clinic hours can eliminate a major barrier to accessing care—lack of available time during clinic hours—and increase testing for HIV and other sexually transmitted infections.

"If we apply what we've learned about weekly behavioral patterns, we can meet people where they are, which is not only more efficient, but also could lead to better outcomes," says study co-author Morgan L. Johnson, MPH, director of program development and research at the Monday Campaigns, a non-profit [public health](#) initiative that dedicates the first day of every week to [health](#). "For example, if an individual has missed a dose of medication over the weekend, a Monday reminder could be just what they need to get back on track."

The availability of combination antiretroviral therapy has changed the lives of millions of people living with HIV, for whom a once fatal infection can now be a manageable chronic disease. Yet even at a time when the tools are available to effectively stop HIV transmission and

prevent disease progression, the incidence of new HIV infections remains stubbornly high. In the U.S. alone, approximately 50,000 new infections occur each year—a number that has remained largely unchanged since the 1990s. The key to lowering these numbers, Holtgrave says, could lie in better integration of evidence-based behavioral interventions with the best available biomedical treatments.

More information: "An exploration of weekly patterns in HIV-related behaviors: implications for successful interventions and future research"
www.tandfonline.com/doi/full/10.1080/1032204#.VTaTyivF-pE

Provided by Johns Hopkins University Bloomberg School of Public Health

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