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Combining social media and behavioral psychology could lead to more HIV testing

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Social media such as Twitter and Facebook can be valuable in the fight against HIV in the United States, where research has demonstrated they can prompt high-risk populations to request at-home testing kits for the virus that causes AIDS, suggesting a way to potentially boost testing rates.

But does it lead to actual testing, and can it work outside the United States? A new study from the UCLA AIDS Institute and Center for AIDS Research published online Dec. 15 by the peer-reviewed journal *Lancet HIV* suggests that it can. The study, conducted in Peru among men who have sex with men, found that participants in the intervention arm of a randomized controlled clinical trial were more than twice as likely to be tested for HIV than those who joined a social media group and were provided with traditional HIV prevention services.

The intervention, called Harnessing Online Peer Education (HOPE), combines social media with behavioral psychology to encourage people in high-risk populations to get tested, said Sean Young, assistant professor of family medicine at the David Geffen School of Medicine at UCLA and executive director of the UCLA Center for Digital Behavior.

"This shows that it's not just social media that got people to test, but the HOPE social media interventions and the psychological ingredients it used for changing behavior," Young said. "In other words, if you're a public health organization or worker, don't just think that throwing something on Facebook or Twitter will solve your problems and change

people's behaviors. Social media may be helpful, but the HOPE intervention was significantly more likely to change HIV testing behavior compared to traditional care through social media."

Though there have been many experimental HIV testing interventions in international settings, none have used social media technologies, said Young, who is also a member of the UCLA AIDS Institute and Center for AIDS Research, the Center for HIV Identification, Prevention and Treatment Services and the UCLA Center for Addiction and Behavioral Medicine. This study was conducted in greater Lima, which reflects the low- and middle-income countries where low-cost interventions such as HOPE could help stem the spread of AIDS.

Previous research by Young and colleagues demonstrated that the HOPE intervention increased participants' requests for testing, but was too small to determine the rates of actual testing. "That pilot study was a good enough start showing the potential of using the HOPE intervention to change testing behavior," he said.

This study builds on the prior research by increasing the number of participants by about five times—556 participants compared to 112—and it was designed with a verifiable and observable endpoint allowing the researchers to gauge the rates at which participants followed through with requests for kits and got tested.

The 556 Peruvian men who have sex with men were randomly assigned to join control groups or private intervention on Facebook for 12 weeks, with 278 assigned to each group. The control group received an enhanced standard of care, which included standard offline HIV prevention and testing services offered by local clinics and organizations and participation in Facebook groups that provided study updates and HIV testing information.

The intervention group, by contrast, received the enhanced standard of care and also incorporated the HOPE intervention behavior change model, which utilized peer leaders who sent messages, chats and wall posts and engaged the participants in general friendly conversation. The peer leaders also communicated information about HIV prevention and testing to the participants.

Of the 278 participants in each group, 26 from the intervention group did not complete the follow-up survey and 32 were lost to follow-up on the control side. Of the 252 from the intervention group who provided complete data, 43 (17 percent) went on to take an HIV test, compared with 16 (7 percent) of the controls. In the study, seven participants who tested positive were linked to care at a local clinic.

Though this research provides evidence that the HOPE intervention can increase HIV testing in low- and middle-income countries, other settings are different from Peru, so the researchers can't say for certain if these findings are applicable to other countries.

This study, however, suggests that the HOPE intervention and new technologies can be a low-cost solution for populations at risk for HIV in Peru and other similar low- and middle-income country settings, Young said.

"This could set the stage for important future work on being able to use these methods to treat people who have HIV, which is a tremendous issue in settings like sub-Saharan Africa," Young added.

More information: "The HOPE social media intervention for global HIV prevention in Peru: a cluster randomised controlled trial." DOI: dx.doi.org/10.1016/S2352-3018(14)00006-X

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